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# Economic Stress and Domestic Violence

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## Economic Stress and Domestic Violence

Claire M. Renzetti

With contributions from Vivian M. Larkin

*“Although analyses of current financial statistics in relation to reported domestic violence (DV) incidents have yet to be completed, a sizable body of research that examines various economic indicators provides a framework for understanding how economic stress may contribute to DV. At the same time, available research indicates that DV may also produce financial hardship for DV victims. This paper reviews the research on the reciprocal economic stress - DV relationships, focusing in particular.”*

Applied Research papers synthesize and interpret current research on violence against women, offering a review of the literature and implications for policy and practice.

The Applied Research initiative represents a collaboration between the National Resource Center on Domestic Violence, the National Sexual Violence Resource Center, and the Minnesota Center Against Violence and Abuse.

VAWnet is a project of the  
National Resource Center on  
Domestic Violence.

As the recession that began in December 2007 worsened throughout 2008 and into 2009, many families saw their financial status plummet.<sup>1</sup> Unemployment rates climbed to their highest levels since the early 1980s, the average length of unemployment reached its highest level since the federal government began tracking these data in 1948, and the number of home foreclosures rose steeply as well (Andrews, 2009; Goodman, 2009). At the same time, domestic violence (DV) agencies began reporting increases in the number of calls they were receiving for help from battered women (e.g., Dethy, 2009; Smith, 2009).<sup>2</sup> Such reports are perhaps not surprising given research that shows that among couples who report subjectively feeling high levels of financial strain the DV rate is 9.5% compared with 2.7% for couples who report subjectively feeling low levels of financial strain (Benson & Fox, 2004). But while these data suggest a strong direct association between economic stress and domestic violence, studies indicate that the relationship is reciprocal in nature. That is, while economic stress and hardship may increase the risk of domestic violence, domestic violence may also cause financial problems for DV survivors and entrap them in poverty and an abusive relationship.

In this document, we review research that highlights how various aspects of economic stress and hardship may elevate the risk for DV and its impact as well as how DV may in turn contribute to economic stress and hardship. We will consider employment issues, community and social support networks, physical and mental health problems, and weaknesses in social service systems, particularly Temporary Assistance to Needy Families (TANF, more commonly called welfare). We will conclude by exploring how this research may inform advocacy and social programs. First, however, we will examine data on DV rates across social classes.

### **How Do Domestic Violence Rates Vary by Social Class?**

The claim is often made that domestic violence affects individuals in all social classes. This assertion has been critical in raising awareness about DV by reminding the public that wealth does not protect against victimization. At the same time, the data we have about DV comes from samples to which researchers have greatest access, such as individuals who use social services, and these individuals are more likely to have low incomes or be living in poverty. More financially secure women have the resources (e.g., access to private physicians, money to stay at a hotel instead of a battered women's shelter) to keep abuse hidden from public scrutiny. Nevertheless, various types of research show a strong relationship between financial status and a woman's risk for domestic violence victimization.<sup>3</sup> Although it is certainly the case that middle class and affluent families do experience domestic violence, studies consistently indicate that as the financial status of a family increases, the likelihood of domestic violence decreases (Benson, Fox, DeMaris, & Van Wyk, 2003; Benson, Wooldredge, Thistlethwaite, & Fox, 2004; Greenfeld et al., 1998; Lloyd, 1997; Raphael, 2000). For example, Benson and Fox (2004) analyzed data from the National Survey of Households and Families, which uses a large nationally representative sample of U.S. households, and data from the 1990 U.S. census. They found that as the ratio of household income to need goes up, the likelihood of DV goes down. Their findings confirm earlier analyses of data from the redesigned National Crime Victimization Survey, also derived from a large nationally representative sample, that showed DV rates five times greater in households with the lowest annual incomes compared with households with the highest annual incomes (Greenfeld et al., 1998).<sup>4</sup>

### **Economic Hardship, Employment, and Domestic Violence**

Between 1975 and 2000, the percentage of the male population age 16 and older in the civilian labor

force remained relatively stable, hovering around 71% over the 25-year period with occasional dips slightly below 70% every now and then. During the same 25-year period, however, the percentage of the female population age 16 and older in the civilian labor force rose fairly steadily, from 42% in 1975 to 57.5% in 2000 (U.S. Department of Labor, Bureau of Labor Statistics, 2009a). Intuitively, given that higher socioeconomic status is associated with lower risk of domestic violence, one would expect women who are employed and, therefore, earning an income to be less likely to experience DV than unemployed women. But research indicates that the relationship between employment and DV is a complex one.

Studies examining women's employment in relation to DV victimization experiences show that women with a history of DV victimization do not differ in their current employment status and in their desire to work from women without a history of DV victimization (Lloyd & Taluc, 1999; Riger & Staggs, 2004). Nevertheless, DV appears to substantially affect women's employment in that compared with women who have not experienced DV, women who report DV victimization also report more days arriving late to work, more absenteeism from work, more psychological and physical health problems that may reduce their productivity, and greater difficulty maintaining employment over time (Leone, Johnson, Cohan, & Lloyd, 2004; Logan, Shannon, Cole, & Swanberg, 2007; Meisel, Chandler, & Rienzi, 2003; Reeves & O'Leary-Kelly, 2007). These problems are exacerbated among women with disabilities who have experienced DV. Research indicates that DV survivors with disabilities are less likely to be employed than both DV survivors without disabilities and women with disabilities who have not experienced DV (Smith & Hilton, 2008; Smith & Strauser, 2008).

Still, employment can have a protective effect for women. Employment provides not only important financial resources, but also may raise a woman's self-esteem, thereby providing her with psychological resources to cope with or end an abusive relationship (Brush, 2003). Research also

shows that abused employed women who received social and tangible support from co-workers and supervisors experienced less social isolation, improved health, and fewer negative employment outcomes (Staggs, Long, Maaon, Krishnan, & Riger, 2007).

Several studies have documented how batterers often deliberately try to sabotage their partners' efforts to obtain and maintain paid employment. Such tactics are often referred to as *economic abuse* and include damaging or destroying women's work clothes or books and other items associated with their jobs or job training, inflicting facial cuts and bruises or other visible injuries to keep them from going to work, promising to care for their children but not showing up or becoming unavailable at the last minute, and stalking women while they are at work (Brush, 2003; Logan et al., 2007; Moe & Bell, 2004; Raphael, 2000).<sup>5</sup> For women with disabilities such abuse may include removing the battery from an electric wheelchair, taking away or breaking a telecommunication device for the deaf or hearing impaired, or not assisting with daily routines and grooming (Smith & Hilton, 2008). Employed women who experience DV, especially stalking at work, may consequently lose their jobs or give them up with the hope of increasing their safety, resulting in another pathway from DV victimization to lower financial stability and even poverty for some women (Moe & Bell, 2004; Staggs et al., 2007). More research is needed, however, to determine more precisely the impact of battering on women's employment, since studies show that numerous factors, including factors directly related to the abuse (e.g., the type, timing, and persistence of the abuse) as well as other variables (e.g., the woman's education, employment experience, availability of transportation, physical and mental health status, and discrimination on the basis of race or ethnicity) may affect employment (Lyon, 2002).

Most of the research on batterers' interference in their partners' employment has focused on samples

of women living in poverty. More research is needed that examines how DV victimization affects women who hold prestigious or high paying jobs. Although such women may have more employment benefits they could draw on to cope with DV (e.g., medical leave, paid vacation time, greater autonomy), the organizational culture of their places of employment (e.g., the expectation that a committed employee does not take time off for personal problems) may inhibit them from using these benefits (Kwesiga, Bell, Pattie, & Moe, 2007).<sup>6</sup>

Women have reported that their attempts to obtain paid employment outside their homes precipitate or aggravate their partners' abuse and efforts to control them (Brush, 2003; MacMillan & Gartner, 1999; Raj, Silverman, Wingood, & DiClemente, 1999). Indeed, the paid employment of a female intimate partner may be threatening for some men, especially men who are themselves unemployed or underemployed. Abusive partners may perceive a loss of status and power and use violence or coercion to regain control. In one study, for example, researchers found that women who received income from their male partners had a lower likelihood of being abused by these men. As the women's income relative to that of their male partners increased, so did their likelihood of being abused (Raj et al., 1999). Thus, in exploring the relationship between employment and DV, we must consider not only women's employment status, but also women's employment status relative to the employment status of their male intimate partners. Research indicates that men who experience unemployment are at greater risk of DV perpetration. For example, Benson and Fox (2004) report that among couples where the male partner was consistently employed, the DV rate was 4.7%; it increased to 7.5% for couples where the male partner experienced one period of unemployment, and rose to 12.3% for couples where the male partner experienced two or more periods of unemployment. Thus, the research on employment and DV indicates that cultural norms of masculinity that prescribe male dominance in intimate relationships and families may affect the employment—DV relationship.

These issues are likely to become increasingly salient given that data from the U.S. Department of Labor, Bureau of Labor Statistics (2009b) show that men's unemployment rate is higher than that of women and that, as a result, the percentage of women who are the sole breadwinners in married-couple households is also increasing (Rampell, 2009).

### **Social Support Networks**

Norms of male dominance have also been used to explain why domestic violence rates are higher in communities and neighborhoods characterized by economic disadvantage compared with more economically stable or affluent communities and neighborhoods. The social and structural contexts in which people live help shape their values and norms, including gender norms. This observation has led some researchers to hypothesize that unemployed and underemployed men who live in neighborhoods of concentrated economic disadvantage may experience high levels of stress because they cannot achieve the type of masculine success most valued in our patriarchal culture, i.e., financial success. But while these men may not be successful in the breadwinner role, they may measure masculine success in other ways. For example, they may assert dominance through violence, be it violence against one another, against those who disrespect them or cross them in some way, and against women (Anderson, 1990; Benson et al., 2004; Miller, 2008; Raghavan, Mennerich, Sexton, & James, 2006). Some studies indicate that economically disenfranchised men often associate with one another in male peer support networks that collectively devalue women and regard them as legitimate victims who deserve physical and sexual abuse (Bourgois, 1999; DeKeseredy, Alvi, Schwartz, & Tomaszewski, 2003). While some studies indicate that sexual conquest and asserting social and physical control over women may be a source of power and a measure of success for powerless men who are unsuccessful by traditional patriarchal success markers, such as wealth, there is also considerable research that shows similar

attitudes and behaviors among more privileged men, including members of college fraternities (see, for example, Sanday, 2007). Male peer support networks supportive of violence against women, then, are prevalent across social classes.

While some researchers hypothesize that social support networks may be a significant contributing factor to men's perpetration of domestic violence, others have examined how women's social support networks may influence their risk of DV victimization as well as their options if victimization occurs. As we have already noted, the support of co-workers and job supervisors can have a protective effect for abused women. But most women's social support networks are primarily composed of their family members and friends. When these social supports are weak or tenuous, women's options are curtailed and they may be more likely to enter into or to remain in insecure, unsafe, or harmful situations, including abusive intimate relationships (see, for example, Rosen, 2004). This is the case regardless of one's social class. But even when a woman's social support networks are strong and family and friends are worried or concerned about the DV she is experiencing, family and friends may not be able to offer much in the way of tangible assistance to a DV survivor if their own financial circumstances are precarious. This lack of tangible aid from social support group members, though it may be understood by the DV survivor to be due to real financial limitations, may nonetheless reinforce the survivor's isolation and her emotional and economic reliance on the abuser (Raghavan et al., 2006). As the economy has worsened, then, many DV survivors have likely found that they cannot count on family and friends to help them in tangible ways because these individuals are experiencing greater financial distress themselves.

One area in which the tangible assistance of family and friends has been especially critical for DV survivors is housing. From 25% to 50% of DV survivors report housing-related problems when separating from their abusive partners (Baker,

Cook, & Norris, 2003). Women who leave their abusive partners often stay with family members or friends, at least initially. If family members and friends cannot house them, they may go to domestic violence or homeless shelters. Research shows that nearly one fifth of DV survivors combine informal (family/friends) and formal (domestic violence/homeless shelters) sources of housing assistance when they leave abusive partners (Baker et al., 2003). But this same research also shows that more than a third of DV survivors report becoming homeless as a result of trying to end the abusive relationship (Baker et al., 2003). This percentage may rise because of the current economic downturn. Indeed, this may account for an increase in the number of calls that DV service providers have been receiving. The increase in calls may be due less to an actual rise in DV incidents and more the result of greater financial constraints within women's social support networks that limit the tangible assistance network members can offer. Unfortunately, besides survivors and their relatives and friends potentially experiencing more financial difficulties, the already strained budgets of service providers, including domestic violence and homeless shelters, are being cut at the same time that they are facing greater need.

### **Economic Hardship, Health Concerns, and Domestic Violence**

Women's social support networks also impact their physical and psychological health, which in turn affect their employability and, thereby, their financial stability. Before reviewing research on social support networks and health, however, it is important to consider the relationship between DV and health.

Studies show that women who have experienced DV report more physical health problems than women without DV experiences; the more severe the abuse, the greater the number of health problems reported (Coker, Smith, Bethea, King, & McKeown, 2000). Physical health problems reported by DV survivors include chronic fatigue, insomnia, and recurrent nightmares; headaches; chest pain; back

pain and other orthopedic symptoms; stomach and gastrointestinal disorders; respiratory problems; and gynecological symptoms, such as chronic pelvic pain and menstrual disorders (Coker et al., 2000). Importantly, these symptoms tend to diminish when the abuse subsides or ends (Sutherland, Bybee, & Sullivan, 1998).

At the same time, studies also show that women living in poverty or who experience financial hardship have more health problems than more financially stable women (Dunn & Hayes, 2000; Stonks, Van de Mheen, & Mackenbach, 1998). People who are poor are often forced to live in substandard housing and have a greater likelihood of being exposed to communicable diseases, environmental toxins, and other environmental and situational hazards that negatively impact their health. And while those living in poverty are more likely to experience health problems, their lack of financial resources makes it difficult, if not impossible, for them to obtain treatment or forces them to postpone seeking treatment until the condition is severe. Ill health affects one's ability to work as well, in some cases precluding the possibility of obtaining jobs that provide health insurance benefits.

Research, then, has established a relationship between DV and poor health, and between financial hardship and poor health. To what extent are the health problems reported by women who are poor and who experience DV a result of their economic disadvantage or their DV victimization? More research is needed to answer this question, but at least one study has found that regardless of income, abused women have more physical health problems than non-abused women (Sutherland et al., 2001). In this study, DV had a significant effect on women's health beyond what could be explained by their income alone. Still, for women who are poor, DV was more strongly associated with health problems than it was for women with higher incomes (Sutherland et al., 2001). Romero and her colleagues summarize these findings best: "Poverty

and violence may interact synergistically to the detriment of women's health, safety, employability, and solvency" (Romero, Chavkin, Wise, & Smith, 2003, p. 1233).

Similar findings emerge from research on psychological health. The stresses associated with financial hardship increase the risk of psychological problems, such as depression and anxiety disorder, while DV victimization also elevates the risk of psychological health impairments (Campbell & Lewandowski, 1997; Stonks et al., 1998; Tolman & Rosen, 2001; Williams & Mickelson, 2004). The relative contributions of financial hardship and DV to women's psychological distress have not been studied extensively. However, several studies have found that welfare recipients who have experienced abuse have higher rates of depression and post-traumatic stress disorder (PTSD) than welfare recipients who have not been abused (Lyon, 2002). These findings are qualified somewhat by additional research that shows that over time the psychological effects of abuse on welfare recipients diminishes; in other words, women who had been severely abused more recently were more likely to have a mental health disorder than women whose abuse had occurred in the more distant past as well as those who reported no severe abuse (Lyon, 2002). Improvement in mental health of DV survivors receiving welfare may be the result of their help-seeking, successful interventions, and their personal resilience (Lyon, 2002).

### **Public Assistance and Domestic Violence**

We have discussed the obstacles to employment that battered women face, but most recognize the potential benefits of employment, and most women, whether living in poverty or not, whether they have experienced DV or not, state quite emphatically that they want to work. We have also seen that although employment may have protective effects for some women, for others DV escalates when women seek job training or work outside the home. And employment is not necessarily sufficient to keep women out of poverty if the jobs they obtain are low

paying and have few, if any, benefits, such as health insurance. Nevertheless, impoverished women who are battered and battered women who become poor as a result of leaving abusive relationships may have no choice but to work, given requirements of public assistance (commonly referred to as welfare) passed by Congress in 1996.

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) replaced the former means-tested federal entitlement program, Aid to Families with Dependent Children (AFDC) with Temporary Assistance to Needy Families (TANF) (PL 104-193). TANF established time limits and low family caps on aid receipt. Lifetime receipt of cash assistance is limited to five years, although states may choose to impose even lower limits or, conversely, to extend the five-year limit under certain circumstances. Quotas were also imposed on states for establishing paternity and enforcing child support orders, since child support is considered an important source of income for TANF applicants. TANF applicants who are single parents are required to cooperate with child support agencies by assisting them in establishing paternity, locating the absent parent, and obtaining a child support order. Such requirements are dangerous for DV survivors, as they put them at further risk of DV by, for instance, making abusers aware of their location or angering the abuser with a child support order (Casey, Fata, Orloff, & Raghu, 2009; Pearson, Griswold, & Thoennes, 2001).

Congress was made aware of the particular barriers to work that DV survivors face and that trying to meet TANF requirements could jeopardize their safety. In response, Congress included in the PRWORA the Family Violence Option (FVO), which was designed to ensure that women would not be unfairly denied public assistance because DV prevents them from meeting TANF requirements. The FVO allows state welfare offices to grant DV survivors temporary waivers or exemptions from TANF requirements and to waive time limits on the receipt of benefits, as well as provide referrals to battered women's services when appropriate.

Adoption of the FVO was optional for the states and although most have adopted it, only a minority (.5%-3% out of an estimated 20%-30% of applicants who are eligible) of TANF clients disclose DV to their caseworkers, request an FVO waiver or exemption, or utilize DV victim services (Lindhorst, Meyers, & Casey, 2008; Pearson et al., 2001). To some extent, this discrepancy is due to the failure of TANF caseworkers to adequately and sensitively screen TANF applicants for DV (Busch & Wolfer, 2002; Lein, Jacquet, Lewis, Cole, & Williams, 2001; Lindhorst et al., 2008). Another barrier to full DV disclosure is fear among women, especially women living in poverty, that reporting DV may trigger an automatic report to child protection authorities, and potentially result in losing custody of their children.

At the same time, while women who have obtained the waivers report that waivers gave them extra time to pull their lives together and prevented them from losing TANF benefits if their abusers interfered with job training or work, many DV survivors do not see the waivers as the best way to meet their multitude of needs (Lein et al., 2001; Renzetti, 2003; Riger & Staggs, 2004). In fact, DV survivors living in poverty often report that DV is not the most serious problem they face. Of greater concern to them are the challenges posed by living daily life in unrelenting financial hardship: getting a job that pays enough for them to support themselves and their children; access to safe, reliable and affordable child care; safe and reliable transportation to and from work; and safe and affordable housing (Renzetti, 2003). Thus, effectively meeting the needs of low-income and impoverished battered women and women who are forced into financial hardship because of DV requires multidimensional, collaborative strategies that simultaneously address the intersecting problems and consequences of poverty and DV.

### **Implications for Advocacy and Social Programs**

Given the severe economic recession in which the United States is currently immersed, we should expect the problems of unemployment, economic stress, poverty, and DV to continue and perhaps

worsen for a time. The economic downturn is also having a negative impact on already reduced municipal, state, and federal budgets for social programs when the need for funding and services is increasing. Service providers in various arenas – domestic violence, welfare, housing, health care, legal advocacy – must resist attempts to place them in competition with one another for scarce resources and instead position themselves as critical elements of a comprehensive social safety net. Developing stronger collaborative working relationships that recognize and better communicate the interconnections among the various social problems they each address would be one step in this direction. Another step that would directly benefit DV survivors is early and universal DV screening of clients seeking assistance, with referrals to appropriate providers with whom each agency has a memorandum of agreement. This approach requires that all agency staff – from administrators to supervisors to front line workers – receive training in best practices for DV screening, recognize DV as a serious, widespread problem, and are motivated to respond sensitively and effectively. Early screening is important because many agencies have screening tools available but do not use them until non-compliance issues surface. At the same time, universal screening resists further marginalizing the poor. Although DV appears to be more prevalent among women living in poverty, it is not a problem that only affects poor women. Early universal screening breaks down stereotypes about both poverty and DV and has the potential to benefit all women.<sup>7</sup>

As job losses and home foreclosures mount throughout the country, more women will likely be seeking not only DV services, but also welfare assistance. Welfare “reform” went into effect when the economy was robust and job growth was steady. But even with the recent severe economic recession, it is likely that there will be resistance to rescinding mandatory work requirements, lifting lifetime cash assistance caps, and increasing unreasonably low TANF benefits (see, for example, DeParle, 2009a, 2009b; see also Casey et al., 2009). It is essential,



therefore, that both DV advocates and anti-poverty advocates continue to call for public policies and funding that truly address poverty and more effectively assist women in becoming financially stable and independent and increase their access to comprehensive services to address other issues in their lives, including DV, housing-related problems, and substance abuse.<sup>8</sup>

At the same time, employers must be enlisted to protect and assist their employees who are experiencing DV. There is cause for employers to be vested in this effort, since studies indicate that DV-related injuries to women cost about \$5 billion a year in medical expenses and lost productivity, and about 50% of this cost is born by the private sector in the form of payments for health insurance and sick leave (Reeves & O'Leary-Kelly, 2007; Rothman & Corso, 2008). DV often spills over into the workplace with batterers sometimes stalking, assaulting, and murdering their intimate partners at work. Nevertheless, employers have been slow to respond to the problem of domestic violence, and some male employees who have perpetrated domestic violence even report that their employers have supported them by, for example, posting their bail or testifying on their behalf in court (Rothman & Corso, 2008).

Employers must be educated about the dangers of colluding with batterers and about measures they can take to increase their victimized employees' safety, while also helping them maintain their jobs and their financial stability. There are several relatively easy steps that employers can take to address DV. For instance, employers may offer an employee who is being abused paid leave or a job transfer to perhaps another company office or plant in a different state (Moe & Bell, 2004). Employers could change the employee's telephone exchange, move the employee to a safer office in the building, or alert security by providing a photo of the abuser. Adopting and publishing a non-discrimination policy that explicitly states that employees experiencing abuse will not be disciplined or terminated because of the domestic violence will encourage abused

employees to disclose to their employers and make use of available relief. Simply providing emotional support to an employee experiencing abuse also benefits the employee (Staggs et al., 2007). Such formal and informal efforts on the part of employers help employees experiencing abuse by maintaining their primary source of income, while also increasing their safety. They also benefit employers who will be able to retain knowledgeable employees and generate loyalty and goodwill among employees generally (Moe & Bell, 2004).

In the final analysis, the wishes of DV survivors must be paramount. In a recent study of service utilization in the aftermath of DV, Postmus and colleagues (2009) found that the interventions service providers prioritized and that women typically received, such as emotional, psychological, and legal support, were not what the DV survivors in their sample most wanted or regarded as most helpful. Rather, tangible support in the form of food, housing, and financial assistance were considered by DV survivors as most helpful along with religious or spiritual counseling (Postmus, Severson, Berry, & Yoo, 2009). Similarly, a recent study conducted before the current economic downturn confirmed that along with personal safety needs, DV survivors who use shelter services rank housing and economic assistance among their primary service needs; 93% sought help with finding affordable housing, job training, transportation, education, and managing money (Lyon, Lane, & Menard, 2008). As the Postmus and colleagues (2009) conclude, intervention strategies must do more than simply offer emotional support; they must help DV survivors identify and secure the types of tangible services (financial assistance, child care, transportation, housing, and educational assistance) that they most need and want to support themselves and their children and to address the abuse. In this period of severe economic stress and hardship, such assistance is ever more challenging, but ever more critical to provide.

### Endnotes

1. Throughout this document, we will use the terms *financial status*, *socioeconomic status*, and *social class* interchangeably, although sociologists typically distinguish *class* and *status*, defining *social class* in strictly economic or financial terms and *status* in terms of prestige.
2. The media have also reported an increase in familicides (the murder of all family members by another family member who then takes his or her own life) with the perpetrator typically being a husband/father depressed over a job loss or severe financial problems (e.g., Reimer, 2009). An important question to raise in reading these accounts, however, is why some men think that killing all the members of their family because they themselves have lost a job or become financially stressed is an acceptable response to an economic crisis. One must consider the level of proprietary control such men feel over their wives and children when attempting to understand familicides under these circumstances.
3. We acknowledge that men may be victims of domestic violence and that domestic violence occurs in same-sex relationships. However, the overwhelming majority of DV incidents involve a male perpetrator and a female victim.
4. Some researchers have argued that social class has a greater influence on DV risk than does race/ethnicity. A full discussion of the relative importance of social class and race/ethnicity in DV perpetration and victimization is beyond the scope of this paper, but several points are worth noting here. Since the 1980s, researchers have reported higher rates of DV for African American couples than white couples (Greenfeld et al., 1998; Hampton & Gelles, 1994; Sorenson, Upchurch, & Shen, 1996; Straus, Gelles, & Steinmetz, 1980; Tjaden & Thoennes, 1998). But in studies that compare the DV rates of African Americans and whites with similar incomes, the findings have been inconsistent. For instance, Benson and Fox (2004) report that African Americans and whites with high incomes have comparable DV rates, although African Americans with low and moderate incomes have DV rates significantly higher than whites in the same income categories. Another factor that appears to influence the race/ethnicity—social class—DV relationship, though, is the economic status of the neighborhood in which one lives. Benson and Fox (2004) found that African Americans, regardless of income, were more likely than whites to live in economically disadvantaged neighborhoods and that DV rates are significantly higher in economically disadvantaged neighborhoods compared with more affluent neighborhoods. The higher rates of DV among African Americans, then, may be another byproduct of residential segregation by race. It should also be noted here that studies that have examined DV rates by race typically include only two racial groups, African Americans and whites. Research that has included Hispanics has produced inconsistent results, with some studies showing higher rates of DV and others showing similar or lower rates relative to those of non-Hispanic whites. These inconsistencies are likely due not only to differences in samples and measures, but also to diversity across Hispanic ethnic groups. Such inconsistencies also occur in research with Asian American samples. Studies of Native American women, though, consistently show them to have the highest DV victimization rates of any racial/ethnic group of women (Grossman & Lundy, 2007; Luna-Firebaugh, 2006).
5. Other types of economic abuse include the abuser forcing the employed woman to turn over her pay checks to him; purposely ruining the woman's credit rating; incurring large debts without the woman's knowledge, but for which she may be held responsible; and taking money, credit cards, or other property without her knowledge. Despite the serious consequences of economic abuse for survivors, though, the general public seems largely unaware of the problem. In a recent national telephone survey of 708 Americans, for instance, the Allstate Foundation (2009) learned that 8 out of 10 respondents thought that the term economic abuse refers to negative Wall Street forecasts or irresponsible spending rather than a type of domestic violence.

6. Also needed is research that examines intimate partner economic abuse of elderly women. Studies examining economic abuse of elderly women have focused solely on financial exploitation by professional predators as well as adult children, other family members and acquaintances. See, for example, National Center on Elder Abuse, 2009; Paranjape, Corbie-Smith, Thompson, and Kaslow, 2009.
7. For example, according to Sutherland et al. (2001), battered women often seek medical attention not only for injuries from the abuse, but also for health problems that do not appear related to an injury or a predisposing health condition. Routine, universal screening by health care professionals when women present for treatment could result in early detection of abuse and allow for appropriate referrals to other services such as counseling and legal advocacy as well as documentation of the woman's abuse history. Regardless of who is doing the screening, battered women consistently say that interest, empathy and sensitivity on the part of screeners is critical in their decision to disclose abuse (Busch & Wolfer, 2002; Lindhorst et al., 2008). See Martin, Moracco, Chang, Council, & Dulli (2008) as well as Baker et al. (2003) and Olsen (2008) for further discussion of the importance of cooperative relationships among various agencies.
8. Among the tools available to assist battered women in achieving greater financial stability is the Economic Empowerment Curriculum, developed by the Allstate Foundation in collaboration with the National Network to End Domestic Violence. The curriculum is designed to help women understand their current financial situation and learn both short-term and long-term financial planning. The curriculum is available by request on the Foundation's website, <http://www.ClickToEmpower.org>. For an example of an innovative economic strategy that draws on existing legislation to help battered women become more financially stable, see Christy-McMullin (2000). Finally, programs to assist women in maintaining housing are critically needed. Ending abuse has long been equated with leaving the abusive partner, which for many women has meant leaving their homes.

Ironically, Baker et al. (2003) found that the women in their study were more likely to receive housing assistance *after* they became homeless. See Bassuk, Volk, and Olivet (2009) for recommendations on housing supports and services for homeless families, including battered women and their children.

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## In Brief: Economic Stress and Domestic Violence

Claire M. Renzetti with contributions from Vivian M. Larkin

The severe economic recession that began in December 2007 has renewed interest in the relationship between economic stress and domestic violence (DV). Although analyses of current financial statistics in relation to reported DV incidents have yet to be completed, a sizable body of research that examines various economic indicators provides a framework for understanding how economic stress may contribute to DV. At the same time, available research indicates that DV may also produce financial hardship for DV victims. This paper reviews the research on the reciprocal economic stress—DV relationship, focusing in particular on employment issues; social support networks; physical and mental health problems; and social services, including Temporary Assistance to Needy Families (TANF).

Studies that have examined DV across social classes show a strong inverse relationship between financial status and a woman's risk of DV victimization: as social class increases, the likelihood of domestic violence decreases. This does not mean that middle-class and wealthier women are immune from DV, and the observed relationship may be due in part to the ability of middle-class and more affluent women to keep DV victimization hidden. Nevertheless, the consistency of the finding across studies using a variety of samples and methods indicates that the relationship is a significant one.

Employment is one of the most commonly used indicators of financial health and stability. Studies that examine women's employment in relation to DV victimization show that women who have experienced DV do not differ in their desire to work from women without a history of DV, although depending on the recency and severity of the DV as well as other factors (e.g., availability of child care), women who have experienced DV may have more employment problems (e.g., greater absenteeism) and greater difficulty maintaining work than women who are not DV survivors. Women who experience DV also report more physical and psychological health problems that, in turn, may affect employment.

Abusive partners may deliberately sabotage women's efforts to find and sustain work. There are contradictory findings regarding whether employment has protective effects for women or whether it precipitates or aggravates DV. Studies suggest that it is important to examine partners' relative employment status, rather than simply the employment status of the female partner, as well as norms of male dominance, in order to understand the complex relationship between employment and DV. More nuanced research on this topic is needed.

Studies also show that social support networks may influence DV perpetration and victimization. Women DV survivors typically turn to family and friends for emotional and tangible support, such as temporary housing. The current economic recession may limit the ability of concerned family members and friends to assist DV survivors, resulting in increased strain on battered women's and homeless shelters and the potential for more DV survivors and their children to experience homelessness.

As the economic recession has worsened and unemployment has risen, other social services, including TANF, have seen increasing demand. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) allows states to waive or exempt DV survivors from TANF requirements through the Family Violence Option (FVO), but studies show that the majority of DV survivors applying for TANF benefits do not disclose DV for a variety of reasons. The paper concludes by discussing strategies that may simultaneously address the intersecting problems of financial distress and DV, including universal screening for DV, responses by employers, and collaboration among social service providers.