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Understanding the Nature and Etiology of Intimate Partner Violence and Implications for Practice and Policy: A Review of the Evidence

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Abstract

Theoretical perspectives underlying hypotheses about the nature and etiology of intimate partner violence are important as they inform professionals how they should best respond to reduce or eliminate this social problem. Therefore, it is crucial that practice led initiatives are driven by theory that is supported by good quality empirical evidence. This review aims to provide a synthesis of methodologically sound research to understand how intimate partner violence is best conceptualized, and what the implications of this evidenced based theory hold for practice and policy. A wealth of evidence supporting the need to further explore and respond to the spectrum of partner violence from a gender inclusive perspective is demonstrated. Implications of the evidence for multidisciplinary work, prevention, assessment, treatment, and policy related to intimate partner violence are discussed.

Key words: partner violence, domestic violence, etiology, practice implications

Understanding the Nature and Etiology of Intimate Partner Violence and Implications for Practice and Policy: A Review of the Evidence

Theoretical frameworks are of crucial importance in promoting understanding about the origins of behavior, as they guide professionals in their actions taken to prevent, reduce or eliminate the problem (Loseke, Gelles, & Cavanagh, 2005). Indeed, the value of adopting proven theory to steer the reduction of interpersonal violence is widely accepted in the clinical domains of sexual offending and general criminality (e.g., Beech & Ward, 2004; Andrews & Bonta, 1998). Intimate partner violence (IPV), defined here as any form of aggression and/or controlling behaviors used against a current or past intimate partner of any gender or relationship status, should be no exception to this rule. However, different schools of thought exist about the cause of this social problem, which has resulted in alternative views about appropriate policy and the design of prevention and intervention methods.

The aim of this review is to provide a synthesis of the literature to understand how the methodologically sound IPV research evidence is best conceptualized by current theory. Existing theoretical contributions will be assessed by examining each theory's explanatory power (whether the theory can explain the research evidence) and their utility in guiding effective practice. Implications that the evidence base holds for multidisciplinary work, prevention, assessment, treatment, and implications for policy are discussed.

Theoretical Perspectives of IPV

Over the past 40 years the scientific and clinical community have been engaged in a debate regarding the best way to conceptualize and respond to domestic violence or IPV. There is a wealth of writing and research that has concluded IPV is primarily a problem of men's violence against women caused by wider societal rules and patriarchal beliefs that encourage male dominance and female subordination (eg., Abrar, Lovenduski, & Margetts, 2000; Dobash & Dobash, 1979; Yllö, 2005). From this perspective

patriarchy is therefore viewed as a direct cause of IPV (Bell & Naugle, 2008), rather than one potential factor that interacts with other causes (Dutton, 2006). Some authors suggest gender is *the* most significant factor for being a perpetrator or victim of IPV (e.g., Respect, 2008b). A common conclusion that arises from such research is that if women are violent to their male partner, it should be understood as self-defense, retaliation or pre-emption for his aggression, and as such violence against women should always be studied within the wider context of patriarchy and intentions associated with the violent event. For example, Dobash and Dobash (2004, p.328) asserted that “[P]rofessionals who work with male abusers...find that violence women direct at male partners usually, though not always, occurs in a context of ongoing violence and aggression by men directed at women”. Such attributions are rarely made in relation to understanding male perpetration. Thus, violence towards women is viewed as a special case, unrelated to other forms of violence and other forms of crime.

From this gendered perspective therefore, treatment in the short term concerns educating men so they understand their aggressive behavior is caused by their gendered beliefs towards women. However, ultimately there is a need to change the root cause of men's aggression, by overturning patriarchal social structures, to prevent, reduce, and/or eliminate violence to women (Dutton, 2006). This gendered theoretical stance has been instrumental in shaping responses to IPV against women in western societies (Dixon & Graham-Kevan, 2010; Graham-Kevan, 2007). However, it has been heavily criticized as a theory that has arisen from ideological motives rather than methodologically sound empirical evidence (Dutton & Nichols, 2005; Dutton & Covro, 2006; Gelles & Straus, 1988; Graham-Kevan, 2007; Hamel, 2005a). Indeed, hundreds of research findings exist that undermine the exclusivity of the gendered perspective (e.g., Archer, 2000; 2002; Stith, Smith, Penn, Ward, & Tritt, 2004; Sugarman & Frankel, 1996; O’Leary, Slep, & O’Leary, 2007).

Typically, research supporting a gendered perspective results from work with selected samples, usually women from shelters or accident and emergency departments (Dutton, 2006). Research using samples of this nature unsurprisingly find high rates of male to female violence. Straus and Gelles (1999) refer to this as the ‘clinical fallacy’, whereby findings from research with clinical samples are inappropriately extrapolated to the general population who experience this problem. The reverse, the representative sample fallacy, has also been raised as a potential problem (Johnson, 1995). Qualitative/descriptive and correlation studies are often cited as evidence of a relationship between male patriarchal values and physical violence to female partners (Bell & Naugle, 2008). However, meta-analytic reviews which take into account the scientific rigour of studies offer limited support for this relationship (Sugarman & Frankel, 1996), or for patriarchy being the most significant risk factor for IPV perpetration (e.g., Stith et al., 2004; O’Leary, Smith Slep, & O’Leary, 2007).

Studies supporting a gendered conceptualization historically only ask females about their victimization, as opposed to asking about both partner’s possible perpetration and victimization (e.g., World Health Organization [WHO], 2005a; Medina-Ariza & Barberet, 2003). This approach is a logical extension of the conceptualization in that if women are only violent in the context of men’s control and violence towards them, women’s perpetration is a symptom of men’s IPV, and so it is at best irrelevant, and at worst potentially damaging due to its potential to mislead. The difficulty with such an approach is that theories about female violence remain untested. Although there are exceptions (e.g. Dobash & Dobash, 2004; Giles-Simms, 1983) research concluding IPV is primarily concerned with men’s violence to women has largely omitted the measurement of women’s IPV (e.g. Johnson & Leone, 2005). A notable and oft cited exception is Dobash and Dobash’s (2004) analysis. In a stated attempt to ‘unpick the puzzle’ of women’s IPV Dobash and Dobash (2004) investigated IPV in a sample of couples who were recruited from the criminal justice

system, whereby all the men were convicted domestic violence perpetrators, and all the women were their victims. In spite of this highly selected sample the authors concluded that their findings showed "...IPV is primarily an asymmetrical problem of men's violence toward women, and women's violence does not equate to men's in terms of frequency, severity, consequences and the victim's sense of safety and well being" (p.324). In this female 'victim'/ male perpetrator sample 79% of women reported that their partner was violent toward them, interestingly however, 54% reported they were also violent to their partners. One quarter of the women and half of the men did not attribute the women's IPV to self defensive motives, which is particularly challenging to theory which conceptualizes such women as archetypal IPV victims (Johnson, 1995; Kelly & Johnson, 2008).

Furthermore, research that adopts a qualitative approach to analysis where women's explanations are accepted (e.g. Dasgupta, 1999), and their actions interpreted differently to men's, are open to criticism. For example, Dobash and Dobash (1984) explained that when the women in their sample initiated IPV (i.e. they hit a partner who was not currently causing any threat to them) this was evidence of her "asserting herself". It is unlikely that any scholar or clinician would make such attributions regarding the same behavior from a man. This lack of scientific rigour in empirical evidence that has concluded IPV is a gendered issue has led to a growing number of researchers and other professionals to disregard these findings (Dutton, 2006), particularly when results from studies using much more rigorous designs directly contradict these interpretations (e.g. Moffitt, Caspi, Rutter, & Silva, 2001).

A gender inclusive perspective encourages examination of both men's and women's use of IPV, and incorporates a variety of theoretical standpoints that guide research to understand why heterosexual and homosexual men and women engage in IPV (e.g. power theory (Straus, 1976; 1977); social learning theory (Bandura, 1971, 1973); personality theories (Dutton, 1995; Holtzworth-Munroe & Stuart, 1994); and nested ecological theory (Dutton, 2006)).

From this perspective factors associated with the individual are important, as is psychological assessment and therapy aimed at the individual or couple (if appropriate). The gender inclusive perspective grew from the findings of nationally representative surveys in the US which began in the 1970s. These surveys revealed remarkably similar prevalence rates of IPV perpetrated by both men and women (Straus, Gelles, & Steinmetz, 1980; Straus & Gelles, 1985). This apparent gender-symmetry was an unexpected finding (Straus, 1979), and responses tended to be either outright rejection framed around methodological issues (e.g. Dobash, Dobash, Wilson, & Daly, 1992; Straus, 1990) or a search for testable theoretical explanations. Typically, criticisms of this survey methodology focus on the simplicity of tools used to measure violence, which ask respondents to indicate from a list of discreet acts which they have experienced, and do not consider the context in which the IPV takes place (e.g., male dominance and female self defense; see Dobash & Dobash, 2004). This assertion is typically used to persuade researchers, clinicians, and policy makers to question or disregard figures of male victimization. In addition, sceptics of the gender symmetry findings claim that surveys carried out with representative community samples will almost exclusively showcase lower levels of couple violence that may occur for reasons other than power and control. These cases are thought far more likely to be sampled using this methodology, than are severe cases of 'Intimate Terrorism', where a gendered approach would suggest the victim is likely to be the woman in a heterosexual relationship (Johnson, 1995), which are the very cases with which professionals should be concerned (Johnson & Ferraro, 2000).

Perspectives tend to guide methodological approaches to research. Unsurprisingly different outlooks produce different outcomes causing uncertainty among researchers and clinicians alike. In order to explore this uncertainty, this review will now consider the empirical evidence for key contentious areas of rates of IPV and perpetrator sex; women's

use of violence as self defense; risk factors associated with perpetration; and the role of the couple.

Understanding Theoretical Discrepancies Using the Evidence

Rates and Sex of Perpetrators

Research has investigated prevalence rates of IPV in the community. Whilst this may intuitively seem a straightforward task, estimating a true prevalence figure is extremely difficult as the very measurement of IPV prevalence is controversial.

Crime survey data has frequently provided evidence of the gendered nature of IPV (e.g. Dobash et al., 1992). This support however is largely contingent upon the participants being assessed within a 'domestic violence' or 'criminal assault' context. This type of contextual framing essentially requires the research participant to define what is meant by 'domestic violence' rather than the researcher. This is problematic as many people do not view their victimization or perpetration as domestic violence which leads to large underestimation of prevalence (Mihalic & Elliott, 1997; Moffit et al., 2001), especially for men's victimization (Straus, 1999a; Povey, Coleman, Kaiza, Hoare, & Janssen, 2008). In response to such concerns, more recent surveys have adopted an act based approach whereby both men and women are asked to report of the use of a variety of aggressive and non-aggressive acts in a context of conflict in relationships (rather than crime or domestic violence). This method does not prime individuals to interpret questions in the context of crime, safety, violence or men's aggression (e.g., National Family Violence Surveys [NFVS], Straus et al., 1980; Straus & Gelles, 1985). This conflict tactics approach may explain higher rates of self report in surveys that use this methodology (Straus, 1999a).

For example, although the National Violence Against Women Survey (Tjaden & Thoennes, 1998) asks male *and* female participants about victimization, it does so in the context of violence towards women and personal safety (Archer, 2000; Straus, 1999b). Such

demand characteristics hinder analysis regarding sex-differences (Dutton & Nicholls, 2005), although this is not always acknowledged by those who present the data as evidence of IPV being a gendered social issue (e.g. Johnson & Ferraro, 2000; Tjaden & Thoennes, 1998). Further, as the study asks about victimization only, reciprocity cannot be investigated. This survey found higher US rates of female (1.5%) than male (0.9%) victimization for rape, and/or physical assault by an intimate partner in the previous 12 months. These rates however are a fraction of those found in other national surveys, with surveys without such demand characteristic typically finding rates of around 12% for both men and women, 50% of which is reciprocal (Straus, 1999b).

Therefore, failing to ask respondents about perpetration and victimization within intimate relationships, in a non-priming context, is likely to result in large underestimates of women's, and particularly men's IPV victimization (Straus, 1999a; Santovena & Dixon, in submission). It is also important in light of research which shows that both men and women systematically under report their own aggression (Archer, 1999), and/or over report their partner's violence (Riggs, Murphy, & O'Leary, 1989). Self reports from both parties can be used to control for this effect, and allow sex-differences to be investigated (Graham-Kevan, 2007). Furthermore, where victimization and perpetration are both measured, the dyadic nature of IPV can also be studied.

Empirical research that addresses many of the issues listed above, typically finds mutual aggression the norm in dating and marital relationships (Archer, 2000, 2006; Anderson, 2002; Capaldi & Owen, 2001; Davies, Ralph, & Hawton, 1995; Graham, Wells, & Jelley, 2004; Graham-Kevan & Archer, 2009; Johnson, 1995; Straus et al., 1980; Straus & Gelles, 1985; Whitaker et al., 2007). It also finds women are frequently the initiators of this aggression (e.g. Capaldi, Kim, & Shortt, 2004; 2007; DeMaris, Pugh, & Harman, 1992). In cases of one sided assaults women are more likely to be the perpetrator (Anderson, 2002; DeMaris, 1987; Gray

& Foshee, 1997; Morse, 1995; O'Leary, Barling, Arias, & Rosenbaum, 1989; Riggs, 1993; Roscoe & Callahan, 1985), even when using data from arrest sheets (Simmons Lehmann, Cobb, & Fowler, 2005). Research has found that women's use of IPV increased the frequency and severity of men's IPV (e.g. Graham-Kevan & Archer, 2005), and mutual aggression increased the likelihood of injury for both men and women (e.g. Capaldi et al., 2007; Fergusson, Horwood, & Ridder, 2005; LeJeune & Follette, 1994; Milardo, 1998; O'Leary & Slep, 2006).

Archer (2000) provides the most comprehensive investigation into sex differences in heterosexual IPV to date. He examined 82 research studies in a meta-analytical review of the literature. Each study provided data on the perpetration of IPV by men and women, which accumulated to a total sample size of 64,487 people. Archer found women were slightly more likely than men to use physical aggression against a partner ($d = -.05$), but that overall women were slightly more likely to be injured ($d = +0.15$), and require medical treatment for their injuries than men ($d = +0.08$). In addition, he found younger and non-clinical samples more likely to have higher rates of female aggression. Criticism of Archer's (2000) meta-analysis arose because it included a large proportion of student samples, and he therefore conducted a second meta-analysis using national community samples (Archer, 2006). Findings showed either sexual-symmetry or slightly more female to male IPV to be the norm across western society, but in more patriarchal societies IPV was more likely to be perpetrated by men than women. This suggests that a gendered conceptualization of IPV may have some explanatory power in international comparisons, but not in modern western nations like the US and Europe.

Female Perpetration: Self defense or Retaliation?

Findings of sexual symmetry have undoubtedly presented a challenge to a gendered conceptualization of IPV. Patriarchal explanations lead to expectations that apparent

reciprocal aggression between partners, is actually due to women's violence being predominantly 'self defensive'. Research has presented accounts of women's violence which has been interpreted as self-defense or in some way a reaction to men's IPV (Dasguta, 1999; Dobash et al., 1992; Dobash & Dobash, 1984; 2004; Henning & Feder, 2004). More, empirically rigorous research has found little support for the primacy of self-defensive explanations for women's IPV (Gray & Forshee 1997; Straus & Gelles 1988; Stets & Straus 1990), particularly for those women who are violent towards non-violent male partners (Morse 1995; Simmons et al., 2005; Straus & Ramirez, 2004), or lesbian IPV (Dutton, 1994). Rather, such studies have highlighted alternative motivations for female IPV, such as control, anger, jealousy, and to get through to their partner (Carrado, George, Loxam, Jones, & Teplar, 1996; Graham-Kevan & Archer, 2005; Harned, 2001).

Neither does a gendered explanation fit with longitudinal data that suggests both men's and women's IPV can be predicted from risk factors present in childhood (Moffitt et al., 2001), or even before birth (Côté, Tremblay, Nagin, Zoccolillo, & Vitaro, 2002; Tremblay et al., 2004). Longitudinal data has found risk factors for aggressive and antisocial behavior tend to be shared by both boys and girls (Broidy et al., 2003; Côté, Tremblay, Nagin, Zoccolillo, & Vitaro, 2002; Moffitt et al., 2001), and that the same influences predict both general aggression and partner aggression in men and women (Moffitt et al., 2001, Tremblay et al., 2004). These shared risk factors suggest the different forms of aggression are developmentally similar, and likely co-occur. Furthermore, research has identified that one of the strongest risk factors for female victimization is a woman initiating violence toward her male partner (e.g., Graham-Kevan & Archer, 2005; Stith et al., 2004). These findings should not be interpreted as 'blaming' women, but as highlighting the need to adopt a problem-focused, systemic approach whereby IPV is understood within a family or relationship context, occurring almost always within interpersonal interactions. This type of research

moves from a blame/accountability model to a needs based approach (e.g., Stith et al., 2004).

Therefore, there is strong empirical support for studying men and women's IPV in a gender inclusive manner.

Risk Factors for IPV

Much research has investigated the etiology of IPV, examining a multitude of factors (including patriarchy) that may be associated with an increased risk of male and female IPV perpetration. Empirical research examining multifactor models of IPV risk and characteristics of perpetrators is reviewed in this section in order to assess the evidence for monolithic explanations, such as patriarchy, as *the* risk factor for IPV.

The literature has consistently evidenced that perpetrators of IPV are not a homogenous group (Dixon & Browne, 2003; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Babcock, Miller, & Siard, 2003), and a range of risk factors for IPV perpetration have been studied (e.g., Stith et al., 2004; O'Leary et al., 2007), and applied to the development of specific risk assessment tools (e.g., Kropp, Hart, Webster, & Eaves, 1999). Investigations into other areas of aggression have shown the advantages of using multifactor models to understand the etiology of behavior (e.g., Beech & Ward, 2004; Browne & Herbert, 1997; Cicchetti & Lynch, 1993) as opposed to single theoretical explanations. Therefore, whilst the gendered perspective of IPV promotes the importance of patriarchy in understanding men's violence against women (and indirectly women's violence towards men), other researchers have highlighted the importance of adapting existing ecological models to the domain of IPV (Dutton, 2006). Dutton proposes a 'Nested Ecological Model' as the most appropriate way to consider the etiology of IPV. This model encompasses social and psychological perspectives to provide a comprehensive guide of the potential causes of IPV from which theories about the function of an individual's behavior can be hypothesized and tested. This model highlights the importance in considering the interaction of various risk factors at four social

levels. Importantly, it explains why people in similar social circumstances do not all behave in the same manner, and stresses the importance of individual differences in a complex set of interacting factors.

Testing the validity of the Nested Ecological Model is in its infancy, nevertheless various avenues of support for the model can be found within the empirical literature. Stith et al., (2004) conducted a meta-analysis of 85 studies that examined the association of risk factors at each level of the model with physical IPV perpetration and victimization in heterosexual, married or cohabiting partners. For male perpetration large effect sizes were found for the use of emotional and verbal abuse, forced sex, marital [dis]satisfaction, illicit drug use, and attitudes condoning violence. Moderate effect sizes were found for career/life stress, history of IPV, anger/hostility, alcohol use, depression, and traditional sex role ideology. For female victimization large effect sizes were found for initiating violence, and moderate effect sizes for depression and fear of future abuse. The findings of this meta-analysis suggest that patriarchy is one moderately predictive factor among a host of other predictors. Due to the lack of insufficiently high quality research investigating female perpetration, analysis exploring risk factors for female IPV was limited. It did however find that marital [dis]satisfaction showed a moderate effect size for female perpetration. Insufficient data was found to explore risk factors for male victimization.

O'Leary et al., (2007) built structural equation models to test the direct and indirect relationships of several risk factors with IPV perpetration for both men and women. In a study of 453 representatively sampled US couples they showed that both male and female perpetrator's behavior was explained by a complex path of direct and indirect predictor variables, accounting for 47 and 50% of the variance respectively. Three direct predictors of partner aggression were the same for both men and women, namely, dominance/jealousy; marital adjustment; and partner responsibility attributions. For men three further direct paths

were identified (exposure to family-of-origin aggression, anger expression, and perceived social support). For women, one additional direct path was found (a history of their own aggression as a child or teenager). Therefore, whilst dominance featured in the model, it did so for male and female IPV, and was fed by a power imbalance and low marital satisfaction, not patriarchal values.

Research has shown constellations of risk factors are more representative of certain types of male IPV offenders (e.g., Dixon, Hamilton-Giachritsis, & Browne, 2008; Faulk, 1974; Gondolf, 1988; Holtzworth-Munroe & Meehan, 2004; Holtzworth-Munroe et al., 2000; Saunders, 1992). Pioneers of this research are Holtzworth-Munroe and Stuart (1994) who constructed a hypothetical typology from a review of the literature, which has since been successfully tried and tested by several studies (Dixon & Browne, 2003; Holtzworth-Munroe et al., 2000; Dixon et al., 2008). Three dimensions of severity, generality of violence, and psychopathology/personality disorder were proposed to classify three main types of perpetrator. These were labelled the Family Only (FO), Generally Violent/Antisocial (GVA), and Dysphoric/Borderline (DB), and were hypothesized to account for 50%, 25%, and 25% of male perpetrators in the community respectively. Research that has begun to explore typologies of female perpetrators has found similarities to male offenders (Babcock et al., 2003; Dixon, Fatania, & Howard, in submission), however this work is in its infancy.

Considered collectively, the aforementioned research demonstrates the multifactor and complex nature of male and female IPV perpetration. Therefore, it is important that a broad range of potential factors are considered when professionals assess the nature of the problem. A narrow theoretical focus will exclude potentially important explanatory factors at all levels of the ecological model.

The Role of the Couple

Whilst the vast majority of research has examined perpetrators or victims in isolation, exploration of relationship dyads has begun to evolve. It has long been suggested that to fully understand aggressive behavior we should consider the interaction of the victim, perpetrator, and environment in which it takes place (White & Kowalski, 1998).

Bartholomew, Henderson, and Dutton (2001) have focused on the attachment styles of couples to understand IPV. They explain how different patterns of IPV manifest as a result of the interacting attachment styles of both members of the couple. Contrary to the gendered perspective described, such research highlights that couples do not always present with a clear cut dichotomy of who the victim and perpetrator is in the relationship. This highlights the need for professionals to consider the role that both partners play in the violent interaction. Indeed, Hamel (2005b) recommends that professionals should aim to interview both members of the couple where possible (separately, at least at first) in order to gather information from both, and to avoid premature closure through making pre-determined judgements about the type of relationship, and who the victim or perpetrator is.

Research has also classified couples involved in violent relationships along dimensions of their own, and their partner's use, of controlling behaviors and IPV (Graham-Kevan & Archer, 2003a; 2003b; 2009; Johnson, 1995; 1999). Johnson (1995) stated that the most severe type of IPV is Intimate Terrorism (where one partner is highly controlling and physically aggressive towards a non-controlling partner). Whilst Johnson (1999) reports Intimate Terrorists are likely to be men, and their victims women, recent research (Graham-Kevan & Archer, 2003a; 2003b; 2009) including one using a large representative Canadian sample (LaRoche, 2008), has found no support for sex-differences in classification, that is men and women are equally likely to be Intimate Terrorists. Johnson also used the term 'Common Couple Violence' (later classified as Situational Couple Violence (Johnson, 1999)) to describe relationships where one or both members used non-controlling physical

aggression toward the other. Their IPV was conceptualized as borne out of conflict, rather than a power and control dynamic. This type of low level IPV was thought to be experienced by the majority of IPV couples in community samples. Such conceptualizations have led to some researchers asserting that principles underlying a national strategy to IPV should be directed at men's violence to women (Dobash & Dobash, 2004). These authors argue "[W]hile any and all conflict and negative encounters between couples is regrettable, policies and interventions, particularly those of criminal justice, are not developed to provide wide scale responses to such encounters; nor are public resources spent upon them" (p. 344).

Such a policy ignores the literature that suggests reciprocal aggression is more likely to result in injury for both parties in comparison to uni-directional violence by men and women (Straus, 2008; Whitaker et al., 2007). Considering the frequency of reciprocal violence (approximately half of all IPV), and the large overlap between IPV and child maltreatment (Appel & Holden, 1998; Eddleson, 1999), it is likely that reciprocal IPV is the most common type experienced by children (Slep & O'Leary, 2005). Child witnesses of IPV are at high risk for experiencing a host of emotional and behavioral problems in comparison to children who have not experienced this violence (Wolak & Finklehor, 1998), regardless of whether the perpetrator is their mother or father (English, Marshall, & Stewart, 2003). Taking into account the potential negative effects associated with reciprocal IPV, it can be argued that it is not only misleading, but dangerous to underplay its negative effects, and minimize law enforcement and service response to its prevention and intervention.

Summary of Evidence

Taken together, the current empirical literature suggests that both men and women use physical aggression in their intimate relationships. Additionally, the similarity and complexity of risk profiles of men, women, and couples who perpetrate IPV provides little support for a patriarchal or gendered conceptualization of IPV. Patriarchy is neither sufficient

nor a prerequisite for IPV, but is instead one factor among many that contributes to the occurrence of IPV. More support is found for a gender inclusive approach to the study of IPV where researchers and practitioners reserve judgement until they have considered a multitude of potential risk and protective factors. These multifactor explanations of IPV aid accurate assessment and understanding of its etiology and function regardless of perpetrator sex.

Whilst the above review provides an interesting academic debate about the evidence based nature of theoretical perspectives of IPV, the issue has far wider reaching implications for professionals seeking to prevent the social problem, and/or intervene with perpetrator/victim behavior. As previously stated, empirically supported theory should guide the choices for appropriate action to combat IPV. As with other forms of interpersonal violence (e.g., Beech & Ward, 2004; Andrews & Bonta, 1998), it is important that we adhere to the perspective best supported by the evidence base. Based on the aforementioned review we argue that the literature supporting the multifactor nature of IPV should not be ignored. If effective responses and interventions are to be produced professionals should take advantage of academic and theoretical developments in research on both IPV and other types of aggression.

Implications of Evidence Based Theory for Clinical Practice

The Need to Consider the Co-occurrence of IPV and Child Maltreatment

It is important that any theory describing the etiology of IPV considers the substantial overlap of this aggression with other forms of family violence. The number of children exposed to IPV (hearing or seeing violence and/or its consequences, or simply being aware of IPV in the family home) has proved difficult to determine due to discrepancies in research methodology. However, despite differences in rates, international figures highlight the magnitude of the problem. For example, the 1975 National Family Violence Survey approximated that in the US three million children witnessed minor to more severe acts of

aggression each year (Straus, Gelles, & Steinmetz, 1980), whilst adult retrospective reports in the 1985 survey produced a figure approaching 10 million (Straus, 1992). An English national prevalence study of 2,869 young men and women aged 18-24 found that 26% had witnessed IPV at least once and 5% witnessed frequent and ongoing IPV (Cawson, 2002). In addition to children's exposure, research has consistently demonstrated that IPV and child maltreatment co-occur within the family (e.g., Appel & Holden, 1998; Chan, Brownridge, Yan, Fong, & Tiwari, 2011; Edleson, 1999; Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; Moffitt & Caspi, 2003). Commonly cited reviews show an overlap rate of non-fatal maltreatment of 30-60% in clinical samples of children and/or female victims of IPV (Appel & Holden, 1998; Edleson, 1999), and an estimate base rate of co-occurrence at 6% in the USA (Appel & Holden, 1998). Empirical research has demonstrated the negative impact that child maltreatment and/or exposure to IPV can have on a child's social, emotional, behavioural, and cognitive development (e.g., Gewirtz & Edleson, 2007; Margolin & Gordis, 2000; Osofsky, 1999), including an increased risk of continuing the intergenerational cycle of family violence (Kaufman & Zigler, 1987; Egeland, Bosquet, & Chung, 2002). In addition, children who experience both child maltreatment and IPV in comparison to those living with one form have been shown to experience greater negative effects (Chiodo, Leschied, Whitehead, & Hurley, 2008; Herenkohl & Herenkohl, 2007; Herenkohl et al., 2008). Despite this information, services and researchers dealing with family violence often treat the two forms as separate entities, rather than adopting a multidisciplinary approach to combat both forms (Dixon, Browne, Hamilton-Giachritsis, & Ostapuk, 2010). Considering this evidence, it is important that IPV is understood and assessed within the context of the family unit where applicable. For instance, a considerable amount of research has investigated risk factors associated with IPV and child maltreatment separately. However, Slep and O'Leary (2001) demonstrate many risk factors that are

independently associated with each form overlap. This suggests that particular characteristics increase the probability of both types of aggression occurring within the family unit, which further negates the notion that patriarchy is *the* risk factor for IPV.

The aforementioned literature demonstrates the need to examine women's IPV perpetration in addition to men's. Expanding this idea further, the conduct of non-biased research which explores the potential of both mothers and fathers to maltreat each other and their child(ren) is required if professionals are to fully understand IPV in the context of the family. Slep and O'Leary (2005) found that co-occurring family physical aggression was common in a representative community sample of 453 families with a child aged 3-7 years. Of the 90% reporting any physical aggression the most frequent form was both parents aggressing against their child (27%), followed by both parents aggressing against each other and their child (22.5%). Of the 31% reporting severe physical aggression the most frequent form was unidirectional female to male (8.8%), followed by reciprocal IPV (6.2%). In families where severe reciprocal IPV existed the risk of the child also being physically abused by one or both parents was approximately three times higher than in those families characterized by unidirectional IPV perpetrated by either a male or female partner. In the simplest terms, the child's greater risk of physical harm makes sense as children living with reciprocal IPV are exposed to two violent parents (Slep & O'Leary, 2001). The research also showed that victims of IPV were capable of physically aggressing against their child, with female victims responsible for 0.7 and 0.2 %, and male victims for 0.2 and 0.7 %, of any and severe physical aggression respectively. Male victims of IPV were therefore at greatest risk of acting out severe physical aggression toward their child in the context of their victimization in this study. Indeed, some researchers have suggested the stress of being the victim of IPV may reduce a mother's ability to effectively manage child misbehavior, possibly contributing to abuse or neglect, or that she may alter her parenting to placate her

abusive partner (Slep & O’Leary, 2001). Such explanations would probably be appropriate for male victims of IPV also, although reasons as to why men in this situation may maltreat their child are currently lacking in the literature.

It is important to understand such issues around the overlap of partner and child maltreatment, and the sex of perpetrators so that comprehensive non-biased assessments of families can take place. Where one form of violence is apparent, professionals need to actively assess for the other form on a routine basis. Professionals also need to be aware that mothers, fathers or both may be perpetrating or experiencing IPV, and/or perpetrating child maltreatment. Whilst a gendered approach to understanding IPV recognizes the link between partner and child maltreatment, this perspective assumes female perpetration stems from motives of self defense. The evidence shows (Carrado et al., 1996; Graham-Kevan & Archer, 2005; Harned, 2001; Stith et al., 2004) motivations for female IPV are not limited to self defense, and false assumptions about the nature of this aggression may color expectations about a mother’s potential to perpetrate child maltreatment.

It is imperative that professionals do not let their expectations or bias come into the assessment process of understanding perpetration and safety planning. It could prove a serious threat to the child in safe guarding proceedings if professionals do not thoroughly explore who has maltreated the child and the antecedents to abusive events. D’Ambrosio (2008) captures this point; “Many jurisdictions handle domestic violence cases on a one-size-fits-all basis, with a presumption in favor of a finding of child neglect and removal when children are exposed to domestic violence. Such a standard fails to recognize that not all domestic violence is the same and not all families are equally affected” (p. 654). Research shows both male and female perpetrators, and/or victims of IPV, have the potential to maltreat their child. Equally, just because a parent is the victim of IPV does not mean they are not providing good enough parenting for their child, or cannot do so with support and/or

intervention. This knowledge should be borne in mind when trying to prevent, assess and treat IPV. Professionals need to recognize the links between IPV and child maltreatment, and carry out thorough assessments that are not colored by professional bias or expectations (Dutton & Nichols, 2005). It should be noted that currently there are no standardized assessment protocols for assessing families for victimization, and that much work needs to be done in this area. As such, it is important that practitioners are open to the aforementioned facts to inform their clinical judgement about how to best assess a family presenting with IPV.

In summary, the need for professionals to understand IPV as a family issue for the significant proportion of cases where children are present is warranted. For such cases it is necessary that a holistic approach to the assessment of violent and aggressive dynamics within a family is apparent, rather than adopting a gendered analysis of IPV, which may fragment understanding and assessment of the family interaction as a whole. Only then can we move toward successful prevention and intervention with families experiencing concurrent abuse.

Risk Assessment

In addition to the above, risk assessment requires the professional to determine factors present in the individual that may increase their risk of offending and/or re-offending against their intimate partner. Thus, it is important for professionals to be aware of what the evidence tells us about individual characteristics associated with IPV in order for assessments to be carried out comprehensively, and with an open mind, aiding the professional to determine all the facts without bias. The synthesis of perpetrator typologies is useful in this endeavour, as they help structure and interpret data gathered during assessment.

A gendered approach to IPV would assume gender to be the most significant risk factor for perpetration, which according to the evidence base discussed in this review, could mislead

assessment and resultant treatment. Indeed, the empirical evidence advocates a multifactor ecological approach (Dutton, 2006; Stith et al., 2004; O'Leary et al., 2007). As a result of multifactor empirical investigations, several risk assessment tools have been developed that have proved important in a number of domains, such as sentence planning, safety planning for victims and family members, developing a treatment plan and evaluating post treatment risk (Hamel, 2005b). Several tools are on the market to date, such as the Danger Assessment (Campbell, 1986; Campbell, Webster, & Glass, 2009); Spousal Assault Risk Assessment (Kropp et al., 1999); Brief Spousal Assault Form for the Evaluation of Risk (Kropp, Hart, & Belfrage, 2004); Ontario Domestic Assault Risk Assessment (Hilton et al., 2004); Domestic Violence Screening Inventory (Williams & Houghton, 2004), and the Partner Abuse Scale (Dutton, Landolt, Starzomski, & Bodnarchuk, 2001). Such tools are tried and tested, and allow professionals to determine risk of harm in an accurate and reliable manner. To date these tools have been developed with male perpetrators, their applicability to female perpetrators is currently unknown. However, a meta-analysis by Hanson, Helmus, and Bourgon (2007) demonstrates tools assessing risk of recidivism of IPV have similar predictive accuracy to risk assessment tools for general interpersonal violence. Indeed, the literature shows considerable overlap exists between risk factors for IPV and interpersonal violence in general (e.g., Holtzworth-Munroe et al., 2000; Moffitt et al., 2001). Indeed, Hanson et al. (2007) suggest, the utility of specific risk tools for IPV above and beyond tools designed to assess general and violence recidivism needs to be determined.

In conclusion, while there is insufficient evidence for a gold standard risk assessment tool to date, they ensure professionals assess the nature of a problem in an empirically guided and non-biased manner. The development of such tools for use with female perpetration, couples or to detect the likelihood of partner and child maltreat occurring concurrently also warrant development.

Prevention

Interpersonal violence has been recognized as a public health problem, as WHO (2005b) state “Interpersonal violence – violence between individuals in families and communalities – is a public health problem...In response, many governments, nongovernmental organizations and communities are supporting the development and implementation of prevention strategies” (p. 1). The principles of public health have been used as a framework to understand the causes and consequences of violence, and how it can be prevented. The approach is risk factor, evidence base and population oriented, in that it aims to provide maximum benefit for the largest number of people possible. Therefore, primary, secondary, and tertiary prevention methods are advocated to target the whole population (Hamilton & Browne, 2002). Primary prevention strategies aim to prevent the development of social problems in an entire population, and refer to those services that can be accessed universally by all members of the population, such as TV series and poster campaigns. Secondary prevention strategies aim to prevent the occurrence of a social problem in those people deemed at high risk of experiencing it, and refers to targeted services shown to identify and reduce the susceptibility of high risk individuals (see risk assessment section). Tertiary prevention refers to services delivered to those people who have already experienced the stated problem in an attempt to reduce its reoccurrence and negative impacts, such as IPV perpetrator programs in this instance (see treatment section).

In terms of primary prevention, research shows that media campaigns have proved extremely useful in the reduction and prevention of various social problems (Biglan, 1992). Research has further demonstrated that only when a large proportion of the population is reached is reduction in the prevalence of a problem evidenced (Biglan, 1995). Therefore, in order to make noticeable reductions at societal level Universal campaigns should be put into practice.

It is important that primary prevention campaigns actually map onto what the majority of the general population experience as IPV, otherwise the message may not be internalized by the majority as something that applies to them. Universal campaigns containing messages which only apply to smaller, specific sub groups of people (e.g., men at high risk of unidirectional control and violence to a female partner) may lead the majority to assume that only severe violence to women is 'IPV', and anything less is 'normal' in relationships, especially aggression by women towards men. For example, data from the British Crime Survey (Povey et al., 2008) showed the majority of total respondents (65%) who reported some level of IPV victimization in the previous 12 months did not view this as 'domestic violence', although female victims were more likely to view such acts as 'domestic violence' than were male victims (39% compared to 30% of men). Furthermore, 29% of victims thought this was 'something that just happened in relationships' (36% and 23% of male and females respectively), and 30% thought the acts were wrong but not a crime (29% and 30%). Such figures raise questions about what professionals are doing wrong if a large proportion of the population who experience legally defined violent acts from a partner do not consider this to be 'domestic violence' or 'criminal', but rather an inherent part of every day relationships.

Understanding IPV as a problem experienced predominantly by women supports the development of policies and interventions to combat severe cases of men's violence to women that reach the criminal justice system (Dobash & Dobash, 2004). However, the appropriateness of a lack of investment into behaviors most commonly experienced as IPV by the general population can be questioned. Whilst concern has been raised that advocating the existence of sexual symmetry will serve to reduce the successful work that has been put into recognizing violence against women (Dutton & Corvo, 2006), informing the public that lower levels of violence and aggression by men and women are not acceptable may serve to increase general understanding about relationship dynamics. This in turn may serve to reduce

the number of men and women experiencing a range of violent acts of different severities and frequencies from an intimate partner. Indeed, contrary to understanding IPV as a problem motivated by patriarchy, current research shows normative beliefs in Western societies are chivalrous, that is they are more accepting of female violence toward male partners than vice versa (Dixon, 2010; Felson, 2002; Simon et al., 2001; Taylor & Sorenson, 2005), elevated levels of which have been associated with female to male aggression, and reciprocal violence (Dixon, 2010).

Therefore, it is imperative that professionals begin to take note of what surveys with representative community samples tell us about male *and* female victimization, *and* perpetration rates. Despite the wealth of evidence that exists showing similar rates of male and female perpetration, the majority of universal campaigns typically advertise women (and sometimes children) as the unidirectional victims of male IPV (Dixon, 2010). Such campaigns may actually be serving to increase the rates of female violence against men, as some evidence would suggest (Whitaker et al., 2007), and as female perpetration is a risk factor for male perpetration (Stith et al., 2004), it may also serve to increase reciprocal violence via this mechanism (Dixon, 2010).

Based on US representative community surveys (e.g., Slep & O'Leary, 2005; Straus et al., 1980; Straus & Gelles, 1985), it would appear universal campaigns that portray the message 'violence in families by any member is not acceptable' would best represent the experiences of the majority. This is especially important considering the overlap of IPV and child maltreatment, and the intergenerational cycle of abuse (Dixon, Browne, & Hamilton-Giachritsis, 2005).

Treatment

Empirical research has highlighted the importance of multifactor risks, and resultant models/tools to guide professionals in their assessment of IPV, which is a far cry from

understanding the main cause of IPV as patriarchy resulting from a male dominated society. Multiple risk factors demonstrate the need for treatment to be targeted at the criminogenic need and risk level of perpetrators, as intervention with other forms of aggressive behavior (Andrews & Bonta, 1998). This is in contrast to popular psycho-education programs, designed on the belief that IPV is caused by patriarchy, and typically based around the Duluth Model (Pence & Paymar, 1993). However, as this review has highlighted, there is a lack of empirical support for understanding IPV as caused by patriarchy (see Archer, 2006; Stith et al., 2004; Sugarman & Frankel, 1996). Indeed, the current perpetrator programs derived from this perspective are not effective in reducing recidivism (Babcock, Green, & Robie, 2004).

For policy makers and clinicians current and future interventions should be judged on

- well-designed programs should have a firm and explicit theoretical basis which is supported by empirical research;
- programs should be based on accurate assessment of the ‘risk’, ‘needs’, and ‘responsivity’ of offenders;
- there should be strategic targeting of such risk and need factors through program features;
- programs should be delivered to consistently high standards, using treatment responsivity (McGuire, 2002).

Only programs which can demonstrate that they assess, target, and reduce criminogenic need, and are able to demonstrate treatment or program efficacy, can be deemed to have integrity. Generalized assumptions regarding sex-differences in IPV that are not supported by well designed research studies will not suffice as an evidence base to inform treatment. Instead, the risk and needs factors of perpetrators, victims (or in the case of couples who wish to remain together) must be assessed prior to treatment planning (McGuire & Priestley, 1995). Ideally, this assessment needs to include both partners’ motivations for using IPV, the

behaviors they use, and consequences this has on both their victim and themselves. Research consistently finds that mutual violence is not only the most common form of IPV but is also likely to result in the highest levels of injury (e.g., Slep & O'Leary, 2005; Whitaker et al., 2007). It is therefore imperative that this important risk factor is acknowledged and explored during assessment and treatment. The predominance of mutual IPV also highlights the need for IPV treatment for both men and women, and also couples therapy for those wishing to remain together. There is little evidence for any substantial sex-differences in risk factors for IPV (e.g. Moffitt et al., 2001; O'Leary et al., 2007; Straus, 2009), which suggests men and women have the potential to benefit from the same programs. As there is currently no agreed upon model for IPV programs that has a proven efficacy, it would be appropriate for service providers to seek good practice from intervention programs not specially designed for IPV.

Policy

It is clear that the evidence discussed holds several implications for policy that guides services and practical interventions with individuals and families experiencing IPV. Despite much evidence that undermines the gendered perspective of IPV, this approach is often reflected in the aims of many organizations to date. For example, in the UK, the National Society for the Prevention of Cruelty to Children (NSPCC, 2011) state in their definition of domestic violence: "It is usually men being abusive to women.....But men can experience it too". The National Coalition Against Domestic Violence (NCADV, 2011) clearly define that "Intimate partner violence is intrinsically connected to the societal oppression of women, children, people of color, people with disabilities, people who are lesbian, gay, bisexual and trans, elders, Jewish people, and other marginalized groups..... The work to end domestic violence must necessarily include the fight against all oppressions". On the subject of who is battered, they go onto state "In all cultures, batterers are most commonly male..... There is not a typical woman who will be battered - the risk factor is being born female". Furthermore,

as previously stated, researchers have extrapolated findings from research with selected samples to suggest that principles underlying a national strategy to address IPV should be directed at men's violence to women (e.g., Dobash & Dobash, 2004).

Indeed, this gendered approach to IPV is represented in the intervention policy of influential organizations. For example, Respect, the UK National Association for Domestic Violence Perpetrator Programmes and Associated Support Services, lobbies the UK Government and other statutory agencies to inform policy regarding work with partner violence perpetration. It is responsible for the accreditation of male perpetrator programs in the UK, and as such organizations requiring accreditation must meet the requirements set out in the Respect Accreditation Standard (2008a). The ethos of Respect's work is captured in their position statement (Respect, 2008b), which states "Respect believes that practice experience and analysis of rigorous research demonstrates that a thorough understanding of the complex dynamics of gender is vital to responding effectively to domestic violence" (p. 1).

The first part of this review shows that such gendered approaches to policy are not informed by findings from methodological sound empirical research. This policy may implicitly encourage a lack of understanding and relaxed response to other types of physical assault towards intimate partners, such as same sex, female to male or reciprocal IPV. In terms of recognizing the overlap of IPV with child maltreatment, it is essential that not only are multiagency procedures encouraged, but that gender inclusive policy is in place to encourage professionals to be open to the idea that men and women can be perpetrators and/or victims of IPV. It must be understood that regardless of the violent dynamics or the sex of the perpetrator, the risk of harm to the child is increased if IPV is present in the family home. As such national and organizational policy needs to be consistent with the

methodologically sound evidence to increase the likelihood of an effective response to family violence.

Conclusion

This review has collated the methodologically sound research to evaluate how IPV is best conceptualized. It is clear from the synthesis of literature that the theoretical perspective and resultant methodology used to investigate IPV can effect how the etiology and nature of this behavior is understood. Therefore, policy makers, academics and practitioners should all be aware of the need to examine the methodological rigour of research studies before reaching conclusions about their validity, and applying findings to the prevention and intervention of IPV. Evidence based practice is essential if the field is to move toward developing strategies to effectively combat this, and other forms of family violence.

Taking this critical approach, it is apparent from this review that a wealth of quality research has consistently found evidence for a complex etiology of IPV, arising from the interaction of many factors. Furthermore, IPV can be used by men and women in a unidirectional or reciprocal manner, and can overspill into the parent-child relationship.

In conclusion, this review supports the use of a gender inclusive approach to understand and guide research and practice into IPV. It also highlights the need for professionals to recognize the potential for bias in their beliefs about the nature of the social problem, and how this may effect their practice and research. The different types of aggression on the IPV spectrum need to be understood and responded to in a non-biased and evidenced based manner to promote the message that ‘violence in the family unit is not acceptable by anyone’, only then can professionals work collectively towards reducing this family problem.

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