

Understanding intimate partner violence in the context of the family

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Understanding Intimate Partner Violence in the Context of the Family

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Presentation Content

- Review of the literature – brings together two areas of the family violence literature
 - The overlap of intimate partner violence (IPV) and child maltreatment (CM) in the family
 - The findings of a Gender Inclusive approach to the study of IPV perpetration
- Lessons learned from the literature
- Presentation of preliminary research investigating patterns of aggression in the family
- Discussion of implications for practice and policy



Background

The Overlap Between Child and Intimate Partner Maltreatment

- Research and services treat CM and IPV as separate entities
- Empirical research demonstrates that IPV and CM do co-occur within the family
 - Edelson's (1999) review of 31 studies
 - 30-60% overlap
 - Appel and Holden (1998) reviewed 31 studies between 1967 and 1996
 - Battered women or abused children: 40% (range 20 -100%)
 - Representative community samples: 6% in the USA



Cont'd

Background

Consequences

- Consequences of CM and exposure to IPV (from Herrenkohl et al 2008, p85)
 - Emotional consequences:
 - isolation, shame, fear, guilt, and low self-esteem
 - Psychological consequences:
 - post-traumatic stress disorder, anxiety, and depression
 - Behavioural consequences:
 - eating disorders, teen pregnancy, school dropout, suicide attempts, delinquency, violence, and substance use
 - Relational consequences:
 - less secure attachments, poor conflict resolution skills, and vulnerability to further victimization or perpetration of violence
- "Double whammy"



Cont'd

Background

Risk Factors

- It is important to understand the complexity of family violence and the risk (and protective) factors that families experience
- Slep & O'Leary (2001):
 - Shared risk factors for CM & IPV: age, poverty, social isolation, family size, substance abuse, depression, impulsivity, peer aggression, verbal aggression, relationship discord, unrealistic/rigid expectations
- Families with concurrent abuse have additional adversities:
 - Social stressors, caregiver mental health problems, substance abuse, paternal criminal convictions (Hartley, 2002), maternal childhood abuse (Coohey, 2004), neighbourhood disadvantage (Fantuzzo et al., 1997), poor quality of parent-child relationships (O'Keefe, 1995)



Cont'd

Background


- In families characterised by IPV, *both* mum and dad can perpetrate CM
- Slep & O'Leary (2005): Co-occurring aggression in the family is common
 - Most frequent form of any aggression:
 - Both parents to child (27%); followed by 22.5% male and female partners abusing each other and the child
 - Most frequent form of severe aggression:
 - Wife to husband (8.8) and reciprocal partner (6.2)
 - Sole perpetrator aggressing against both partner and child were rare:
 - Father: 0.7% any aggression; 0.2% severe aggression
 - Mother: 2.6% any aggression; 0.7% severe aggression
 - Victims of IPV can also maltreat their children:
 - Father – Mother – Child: 0.7% any aggression; 0.2% severe aggression
 - Mother – Father – Child: 0.2% any aggression; 0.7% severe aggression
- IPV and CM warrant consideration together in research and practice



Cont'd **Background**


Findings of a Gender Inclusive Approach in the Study of IPV

- Feminist theory: societal rules which support male dominance and female subordination
 Yllo (2005):
"Violence grows out of inequality within marriage (and other intimate relations that are modelled on marriage) and reinforces male dominance and female subordination within the home and outside it. In other words violence against women...is a part of male control...It is not gender neutral any more than the economic division of labor or the institution of marriage is gender neutral." (p22)
- Influential in the study of partner violence
- Dutton (2007) - ideologically driven perspective that has not been developed from sound empirical evidence
- Dutton and Nicholls (2005):
"A gender paradigm has developed in the domestic violence literature in which perpetrators are viewed as exclusively or disproportionately male.....Any data inconsistent with this view are dismissed, ignored, or attempts are made to explain them away." (p682)



Cont'd **Background**


- One side of the story
- A Gender Inclusive approach considers the possibility that both genders can be perpetrators and/or victims of partner violence
- Partner violence is not committed exclusively by men (E.g., John Archer 2000, 2002)
 - Unidirectional violence occurs from woman to man
 - Reciprocal partner violence has been documented
 - Women initiate violence at least as frequently as men
 - Women were slightly more likely than men to use physical aggression against an intimate partner
 - Men constitute approximately one third of those injured
- It is important to explore both sides of the story in research to avoid bias



Cont'd **Background**

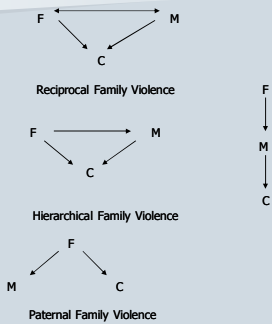
What Can We Learn from Considering Both Camps of Literature Together?

- The rates of overlap and consequences of IPV and CM warrant consideration of both together in research and practice
- We should not let gender bias get in the way of carrying out evidenced based assessments of individual families which will inform treatment
- Together, these points warrant a gender inclusive investigation of different patterns of family violence
- Need to build theories of family aggression to explain their aetiology and maintenance which will inform treatment




Cont'd **Background**

■ Dixon & Browne (2003)



The diagram shows three models of family violence:

- Reciprocal Family Violence:** A triangle with F at the top left, M at the top right, and C at the bottom. Arrows point from F to M, F to C, and M to C.
- Hierarchical Family Violence:** A triangle with F at the top left, M at the top right, and C at the bottom. Arrows point from F to M and F to C.
- Paternal Family Violence:** A triangle with F at the top left, M at the top right, and C at the bottom. Arrows point from F to M, F to C, and M to C.




Aim

- To examine the feasibility, rates and nature of the Paternal, Reciprocal and Hierarchical patterns of family violence proposed by Dixon & Browne (2003) within a sample of children in the child protection system

Research Questions


1. Examine the rates of patterns of family violence in the present sample
2. Examine the type of child maltreatment perpetrated by mothers and fathers in each pattern
3. Examine the extent to which parenting couples (dyads) who both maltreat their child use the same form of child maltreatment
4. Examine differences in risk factors between mothers and fathers in each pattern

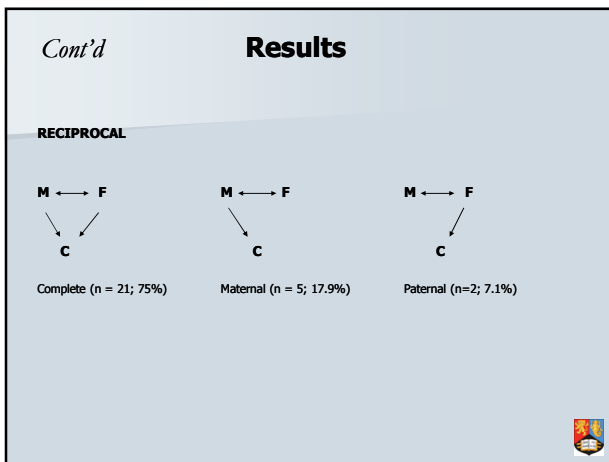
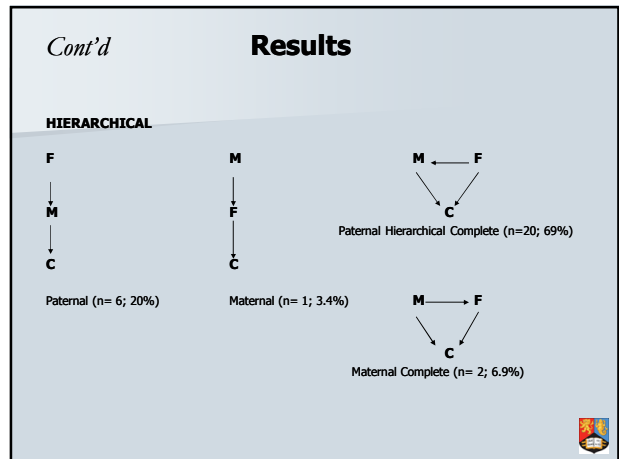
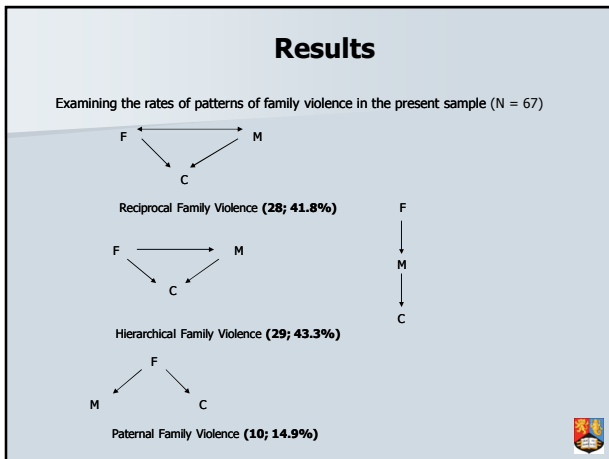


Method

Sample

- 67 families from the English Midlands & South Wales, who had been assessed by a Forensic Psychology consulting service for their suitability to parent their child/ren, following allegations of child maltreatment – all deemed to be at risk of significant harm.
- Content analysis of the Psychological reports of parents assessed by the practice between June 1996 and June 2003
- Parent ages ranged from 18 – 48 years (mean age 30; SD = 7.4)
- The age of the index child ranged from 1 month to 15 years (mean age = 4.3, SD = 4.1)
- 90% parents were classified as white UK





Cont'd Results

Examining the type of child maltreatment perpetrated by mothers and fathers in each pattern

Pattern	MOTHERS		FATHERS	
	Physical and/or sexual child abuse n %	child neglect n %	Physical and/or sexual child abuse n %	child neglect n %
Paternal (n = 10)			10 (100)	0 (0)*
Paternal Hierarchical Complete (n = 20)	5 (25)	15 (75)*	16 (80)	4 (20)*
Reciprocal Complete (n = 21)	11 (52.4)	10 (47.6)	13 (61.9)	8 (38.1)

*P<0.01

Cont'd Results

Examining the extent to which parenting couples (dyads) who both maltreat their child use the same form of child maltreatment

Pattern of Family Violence	PARENTS ADOPTING SAME FORM OF CHILD MALTREATMENT		PARENTS ADOPTING DIFFERENT FORMS OF CHILD MALTREATMENT	
	Both parents physically and/or sexually abuse or neglect their child		One parent physically and/or sexually abuses the child and the other parent neglects the child.	
	n	%	n	%
Paternal Hierarchical Complete (n = 20)	11	(55)	9	(45)
Reciprocal Complete (n = 21)*	17	(81)	4	(19)

*P < 0.01

Conclusions and Limitations

Conclusions

- The 3 hypothesised patterns of family violence, proposed by Dixon and Browne (2003), exist in this sample
- Start to see differences in families experiencing both IPV and CM
 - and start to think about possible theoretical explanations for each different pattern and appropriate interventions

Limitations

- Small sample - Cannot compare all patterns; generalise findings
- Specific sample

Practice and Policy Implications

- IPV and CM frequently overlap - actively assess for the other form of abuse where one form exists on a routine basis
- Not all family violence is the same – assessments should be done without bias
 - We need offer thorough evidence based assessment for each family, we cannot offer effective treatment if we do not fully understand the nature of the problem
- Tailor interventions to meet specific needs of family members
 - Treatment may be enhanced by extending the focus of intervention to address both forms, rather than intervening for one type of abuse only
 - A family systems approach may be suitable in some circumstances
- Gender Inclusive debate around IPV - professionals need to recognise that mothers may be the perpetrator of IPV, CM or both
 - It could provide a serious threat to the child in child care proceedings if professionals do not really consider or explore this possibility

Cont'd Practice and Policy Implications

- Recent studies have estimated 3-19% of pregnant women report IPV in the child bearing year (Sharps et al 2008)
 - Suggested routine screening for IPV should take place in the perinatal period
 - Suggested this period could be used to provide intervention to mothers at risk of IPV
- Multiagency work needs to be encouraged
 - Need to evaluate the effectiveness of multiagency work and hold agencies accountable for good practice

Overall Conclusion

- We need to recognise the links between IPV and CM and carry out thorough evidenced based assessments and multiagency work not coloured by professional bias or expectations
- Only then can we move toward successful prevention and intervention with families experiencing concurrent abuse