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Informing Intimate Partner Violence Prevention Efforts: Dyadic, Developmental, and Contextual Considerations

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The use of physically aggressive tactics during disagreements between romantic partners, a critical dimension of intimate partner violence (IPV), has been named a significant public health problem (White, 2009) and is the focus of the current Special Section. The consequences of IPV are far reaching and include health and mental health impacts (Breiding, Black, & Ryan, 2008; Coker et al., 2002), difficulties associated with an increased probability of being involved in the legal system (Jordan, 2004), loss of income and work productivity (Rothman & Corso, 2008), and financial costs associated with medical and psychological treatment and recovery (Bonomi, Anderson, Rivara, & Thompson, 2009; Brown, Finkelsteing, & Mercy, 2008). Unfortunately, even once IPV has come to clinical attention, evidence indicates that existing perpetrator treatment programs are relatively ineffective (Babcock, Green, & Robie, 2004; Jackson et al., 2003). In addition, a recent review concludes that many existing teen dating violence prevention programs also have had a disappointing level of impact on recipients (Whitaker et al., 2006).

Consequently, in the current Special Section, we argue that existing IPV prevention and intervention programs have had reduced effectiveness because they were designed prior to a full understanding of the etiology and complex dynamics associated with IPV. Moreover, a number of recent empirical findings have challenged some of the widely held beliefs about IPV (Ehrensaft, 2008). As a result, many researchers and clinicians are calling for new approaches to understanding (Zurbriggen, 2009) and preventing (e.g., Dutton & Corvo, 2006) IPV. These approaches are being constructed with the assumption that theory-driven *and* evidence-based interventions will provide stronger protection for both women and men who are involved in IPV.

Preventing IPV is also likely to reduce the occurrence of mental health disorders and adjustment problems among children residing in families struggling with IPV (e.g., El-Sheikh, Cummings, Kouros, Elmore-Staton, & Buckhalt, 2008). Ehrensaft (2008) further suggests that research in the IPV field has rarely employed a developmental focus. She posits that existing IPV prevention programs have had limited impact, perhaps because of their overreliance on universal programs with a gender-based format. Some other recent and controversial empirical findings that need to be considered when designing more effective IPV prevention and intervention programs are briefly summarized below.

Substantial evidence has emerged in recent years that IPV encompasses more than men's violence against women. It is increasingly apparent that women's violence toward men is also an important phenomenon that has implications for prevention and intervention programs (Capaldi, Kim, & Shortt, 2007; Langhinrichsen-Rohling, 2010). Generally, men and women's IPV in relationships has been shown to be remarkably common among young people. For example, Moffitt and Caspi (1999) compared the findings of three studies with large samples in order to determine rates of IPV in late adolescence and young adulthood

(under age 25 years). Across these studies, physical violence perpetration rates ranged from about 36% to 51% for girls/women and from 22% to 43% for boys/men. These rates may be even higher in high-risk samples such as in couples with a partner with a substance abuse problem (Feingold, Kerr, & Capaldi, 2008).

Across this Special Section, we assert that a dyadic, developmental, and contextual consideration of both men and women's IPV perpetration and victimization will be essential to enhance the effectiveness of IPV prevention and intervention programs. This approach has been articulated as a Dynamic Developmental Systems perspective (Capaldi et al., 2009). The degree to which sex of the participant is the main contextual factor on which to focus, however, (as recently argued by White [2009] and Zurbriggen, [2009]) remains controversial among the papers included in this Special Section. Certainly, some of the relatively recent findings regarding women's violence have been among the most divisive in the field. For example, adolescent girls and women generally have been found to perpetrate a similar or even higher frequency of physically aggressive behavior toward their male partners than have adolescent boys and men toward their female partners (Archer, 2000; Fergusson, Horwood, & Ridder, 2005; Williams & Frieze, 2005). Likewise, survey data of both dating and marital couples indicate highly similar or even slightly higher rates of physical aggression by women against men than vice versa for both married (e.g., Straus & Gelles, 1986) and dating (Laner & Thompson, 1982; Sugarman & Hotaling, 1989) couples. Same-sex couples, both gay and lesbian, show a similar prevalence of violence toward their partners as do heterosexual couples (Blosnich & Bossarte, 2009; Burke & Follingstad, 1999; Murray & Mobley, 2009). Also, both men and women report injuries as a result of their IPV victimization (Archer, 2000), even though women are more likely than men to suffer severe injuries (Cascardi, Langhinrichsen-Rohling, & Vivian, 1992; Stets & Straus, 1990). Moreover, physical aggression that does not result in physical injuries can have other impacts that are destructive to the relationship and to the well-being of both partners (Bradbury & Lawrence, 1999; Gelles & Harrop, 1989). These impacts include declines in relationship satisfaction (Shortt, Capaldi, Kim, & Laurent, 2010) and a higher probability of relationship breakups, dissolutions, and divorce, with accompanying negative effects such as loss of income and housing (Menard, 2001). Individuals experiencing physical violence in their romantic relationships also report more personal distress including fear, depressive symptoms, and posttraumatic stress disorder (PTSD) than nonvictims (Afifi et al., 2009; Bennice, Resick, Mechanic, & Astin, 2003). The experience of physical violence in romantic relationships is also associated with unwanted pursuit behavior and stalking (Langhinrichsen-Rohling, Palarea, Cohen, & Rohling, 2000), and the perpetration of unwanted pursuit behaviors after a relationship breakup has been shown to be similarly common for women and men (Langhinrichsen-Rohling et al., 2000). As a whole, these findings call into question the utility of treatment approaches that mandate a unilateral view of IPV perpetration (i.e., in unilateral interventions, only the motivation and behavior of one partner, namely the primary perpetrator who is often assumed to be the man, is considered).

Age is clearly another important contextual factor to consider. It is now well understood that young dating couples show higher levels of physical aggression toward their partners than do older married couples (Gelles & Straus, 1988; Kim, Laurent, Capaldi, & Feingold, 2008; McLaughlin, Leonard, & Senchak, 1992). In fact, both cross-sectional and longitudinal studies indicate that physical aggression toward one's partner peaks at relatively young ages, even perhaps as early as late adolescence, and declines with age (Kim et al., 2008; Nocentini, Menesini, & Pastorelli, 2010; O'Leary, Heyman, & Neidig, 1999). Arrests for IPV also tend to occur at younger ages (Capaldi et al., 2009). Taken as a whole, these evidence-based findings make a strong case for the importance of targeting prevention programs toward youth and adolescents, even as they are embarking on their first dating experiences.

Intimate Partner Violence as a Dyadic Behavior

The need for a new conceptual approach is also found in work indicating that much physical aggression toward a partner is bidirectional or mutual (Cascardi et al., 1992; O'Leary et al., 1989; Stets & Straus, 1990; Vivian & Langhinrichsen-Rohling, 1994) and is related to unskilled dyadic interactions (Capaldi, Shortt, & Kim, 2005). Of adolescent dating couples showing any physical aggression toward a partner, reported rates of bidirectional aggression vary from around 50% to as high as 71% of couples (Capaldi & Crosby, 1997; Gray & Foshee, 1997; Henton, Cate, Koval, Lloyd, & Christopher, 1983; Whitaker, Haileyesus, Swahn, & Saltzman, 2007). Most often the partners in mutually aggressive couples report about equal frequency and severity of the physical aggression being perpetrated as being sustained (Gray & Foshee, 1997; Henton et al., 1983). It has also been found that both partners are responsible for initiating the behavior (Henton et al., 1983). This finding suggests that both partners have to take responsibility for the presence of physical aggression in the relationship. Couples who report or who are observed to use mutual or bidirectional physical aggression also report sustaining and initiating greater amounts and more types of physical aggression, and they experience more injuries than those who report unidirectional physical aggression in their relationship (Capaldi et al., 2007; Whitaker et al., 2007). These findings support the importance of understanding mutual violence as completely as possible and specifically targeting these types of couples in prevention and intervention programs (Langhinrichsen-Rohling, 2010).

Emergence of Intimate Partner Violence in Adolescence

Studies across the previous two decades provide evidence that a propensity for violence toward romantic partners is predictable for both boys and girls during adolescence (Dutton & Corvo, 2006) and that dating violence is connected to child maltreatment, bullying, and harassment, among other things (Wolfe, Crooks, Chiodo, & Jaffe, 2009). Specifically, antisocial behavior that develops by adolescence predicts later aggressive behavior toward a romantic partner, not only for young men (e.g., Capaldi & Clark, 1998; Magdol, Moffitt, Caspi, & Silva, 1998; Simons & Johnson, 1998) but also for young women (Andrews, Foster, Capaldi, & Hops, 2000; Ehrensaft, Cohen, Brown, Smailes, & Johnson, 2003; Giordano, Millhollin, Cernkovich, Pugh, & Randolph, 1999; Magdol et al., 1998; Woodward, Fergusson, & Horwood, 2002). Individual psychopathology must be recognized as a predictor of IPV for both men and women. These findings also suggest that there may be similar developmental pathways for IPV perpetrated by men and women. In particular, causes associated with the development of conduct problems, such as poor parenting practices and lack of parental monitoring, also tend to be associated with later IPV. This is likely because of their mediating role in the development of conduct- and aggression-related problems (Capaldi & Clark, 1998; Lussier, Farrington, & Moffitt, 2009; Miller, Gorman-Smith, Sullivan, Orpinas, & Simon, 2009).

One of the most widely studied risk factors for adolescent IPV is having witnessed IPV between one's parents as a child (Langhinrichsen-Rohling, Hankla, & Stromberg, 2004). However, much work on this topic has either been retrospective (e.g., Dumas, Margolin, & John, 1994) or has not taken into account the influence of other co-occurring risk factors – for example, that parents engaging in higher levels of IPV are also likely to have lower socioeconomic status and show higher levels of poor parenting practices (Fang & Corpo, 2008). At the current time, results suggest that parental IPV is associated with IPV in children (Ehrensaft et al., 2003; Magdol et al., 1998; Miller et al., 2009), but the influence of this risk factor alone appears to be relatively weak (Fergusson, Boden, & Horwood, 2006; Stith et al., 2000). A direct intergenerational transmission of IPV, however, is just one of the possible negative child outcomes (e.g., others may include anxiety, poor school

achievement), and it is likely that preventing IPV in adult relationships will have a positive impact on the overall mental health and eventual relationship behavior of children who would otherwise be witnessing parental IPV.

Articles Included in this Special Section

The articles included in this Special Section showcase the level of maturity that research focused on understanding and preventing IPV has reached. With the foundation of prior work establishing links between IPV and family factors, conduct problems, and depressive symptoms in conjunction with numerous studies establishing that individuals of both sexes are involved in perpetrating IPV; current studies, such as those included here, are able to address more fine-grained questions regarding the patterns of etiology, course or outcomes, and mediational and moderational effects, including gender differences across these patterns. The opening paper in this special section is by O'Leary and Slep (2012). These authors draw on studies of the etiology of IPV as well as on clinical studies on the effectiveness of treating perpetrators. They argue for the importance of understanding and quantifying the roles of both men and women in violent heterosexual relationships. They also make the case for the necessity of preventing IPV in young couples. The next four studies are noteworthy for their presentations of longitudinal findings pertaining to the etiology and course of IPV, while considering the intergenerational transmission of this behavior. Specifically, Reyes, Foshee, Bauer, and Ennett (2012) focus on the role of alcohol use in dating violence perpetration in Grades 8 to 12, and the degree to which exposure to violence in three key developmental contexts -- namely, family, peer, and neighborhood -- may moderate that association. Chiodo et al. (2012) also focus on emergence of IPV in mid to late adolescence (Grades 9 to 11). They examine factors that might help explain why boys' physical violence toward a partner was responsive to a school-based prevention program, whereas girls' physical violence toward a partner was not. They compare the contributions of early victimization, proximal aggression toward peers (e.g., sexual harassment), and symptoms of psychological distress, as well as substance use, as predictors of IPV for boys as well as girls. Shortt et al. (2012) move to an examination of IPV in the early adult period. They empirically consider issues of stability in both physical and psychological aggression from approximately ages 21 to 32 years. The effects of changing one's partner (relationship transitions) and partners' levels of IPV on these changes are examined for men and women. In a prospective three-generation study, Ehrensaft and Cohen (2012) take the next step by examining the contribution of family violence to the intergenerational transmission of externalizing behavior, which is the best established childhood precursor of IPV in adolescence. They also test a comprehensive model including other factors involved in the intergenerational transmission of risk for problem behaviors. In the sixth and final paper, Langhinrichsen-Rohling and Turner (2012) present the first findings from an efficacy trial of a brief, four-session IPV prevention program targeted toward at-risk female adolescents. The participants were pregnant adolescent girls who were receiving services at an inner-city Teen Pregnancy Center and who were interested in building more loving relationships with their baby's father. In keeping with the focus on potential mechanisms for the intergenerational transmission of IPV, Langhinrichsen-Rohling and Turner (2012) also offer a preliminary look at how these participant's insecure attachment styles may impact their response to the IPV prevention program.

These articles are followed by commentaries by Drs. Donald Dutton, (2012) Andra Teten Tharp (2012), and Debra Pepler (2012). Finally, Drs. Langhinrichsen-Rohling and Capaldi (2012) offer concluding comments and recommendations for the field. We hope that this set of articles and commentaries will serve to advance understanding of the etiology and course of IPV in ways that will inform the development and dissemination of increasingly effective evidence-based prevention and intervention efforts.

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