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DIFFERENT TYPES OF INTIMATE PARTNER VIOLENCE LIKELY REQUIRE DIFFERENT TYPES OF APPROACHES TO PREVENTION: A RESPONSE TO BUZAWA AND BUZAWA

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Abstract

Buzawa and Buzawa (this issue) assert that there are different typologies of intimate partner violence (IPV) defined by the extent to which the violence is part of a general pattern of coercive control. They center their discussion on batterers, who are understood to be responsible for the most severe forms of abuse and injury. Economic factors are believed to be “only a weak predictor of violence” in these cases. Thus, they argue that, in the face of severe budget constraints, there is a need to focus on the chronically violent offender and support-coordinated services for IPV victims. We agree that there are different types of IPV distinguishable by the extent to which the violence is occurring within a pattern of general coercive control and that each type has different risk and protective factors. We also agree economic factors interact with other factors in complex ways and vary in the extent to which they predict different types of IPV. However, we argue economic factors should not be ignored as an important strategy in preventing situational couple violence (SCV) and helping victims to escape from intimate terrorists (ITs). Relying on response (rather than prevention) strategies, such as coordinated community response—for which there is limited evidence of effectiveness—is unlikely to significantly impact rates of all types of IPV.

THE IMPORTANCE OF ECONOMIC ASSISTANCE AS PART OF OUR STRATEGIES TO PREVENT AND INTERVENE WITH IPV PERPETRATORS AND VICTIMS

Buzawa and Buzawa state, “nor is it intuitively obvious why economic assistance for the current relationship would prevent them from entering future abusive relationships.” While

we agree that there are no guarantees that economic assistance would prevent from women re-engaging in abusive relationships, there is evidence to suggest that economic support is instrumental in allowing women to escape from ITs. Financial dependency and inability to successfully access public and private assistance—such as Temporary Assistance to Needy Families, food stamps, housing, and employment assistance—have distinguished between women who stay in and women who leave abusive relationships (Kim and Gray, 2008; Koepsell, Kernic, and Holt, 2006). Further, recent evidence suggests that among women fleeing abusive relationships, housing instability (a direct result of economic hardship) predicts negative outcomes for women above and beyond the level of violence in the relationship (Rollins et al., 2012). Therefore, we argue that it is clear that providing economic assistance to women leaving abusive partners could substantially improve their long-term outcomes and those of their children.

Buzawa and Buzawa also state that there is “no consistent pattern between a victim’s participation in the workforce and susceptibility to violence” without distinguishing between types of IPV and attending to the dynamics between workforce participation and IPV. As we stated, it is likely that workforce participation may threaten an IT’s perception of control, and violent events may increase when women increase their participation in the workforce. For SCV, workforce participation may decrease financial stress and thereby decrease instances of violence. The two proposed effects run in opposite directions, and without distinguishing between the two, it is plausible that the literature finds no consistent pattern between workforce participation and IPV.

THERE IS A NEED TO BUILD AN EVIDENCE-BASE FOR IPV PREVENTION AND INTERVENTION PROGRAMS THAT CONSIDERS ECONOMIC SUPPORT

Buzawa and Buzawa state that the best programs are those that address fragmentation and lack of coordinated services and cite coordinated community response and Family Justice Centers as examples. The CDC evaluations of coordinated community responses demonstrated no overall impact of these programs on IPV (Klevens et al., 2008; Post et al., 2010) and the CDC-funded DELTA program has not yet been evaluated for its effects on IPV, as it is focused on capacity building. Given the lack of evidence for these approaches in preventing IPV, we suggest it is premature to disregard other IPV prevention strategies in favor of these approaches. We need to continue to rigorously evaluate all approaches, with an eye to how programs may impact the different types of IPV, and to understand how promising and effective IPV programs can be coupled with economic support to bolster their impacts on reducing and preventing IPV. The IMAGE Study, which coupled microfinance and gender equity programming, was associated with a 55 percent reduction in IPV (Pronyk et al., 2006). In sum, evidence suggests that economic factors may play different roles in preventing and intervening in the different forms of IPV, so it is unlikely that one approach will suffice. There is a need to better understand how economic factors and interventions can differentially impact SCV and IT in order to better meet the varying needs of individuals affected by all different types of IPV.

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References

- Kim J, Gray KA. Leave or stay? Battered women's decision after intimate partner violence. *Journal of Interpersonal Violence*. 2008; 23:1465–1482. [PubMed: 18309037]
- Klevens J, Baker CK, Shelley GA, Ingram EM. Exploring the links between components of coordinated community responses and their impact on contact with intimate partner violence services. *Violence Against Women*. 2008; 14:346–358. [PubMed: 18292374]
- Koepsell JK, Kernic MA, Holt VL. Factors that influence battered women to leave their abusive relationships. *Violence and Victims*. 2006; 21:131–147. [PubMed: 16642735]
- Post LA, Klevens J, Maxwell CD, Shelley GA, Ingram EM. An examination of whether coordinated community responses affect intimate partner violence. *Journal of Interpersonal Violence*. 2010; 25:75–93. [PubMed: 19196879]
- Pronyk PM, Hargreaves JR, Kim JC, Morison LA, Phetla G, Watts C, Busza J, Porter JD. Effect of a structural intervention for the prevention of intimate partner violence and HIV in rural South Africa: A cluster randomized trial. *Lancet*. 2006; 368:1973–1983. [PubMed: 17141704]
- Rollins C, Glass NE, Perrin NA, Billhardt KA, Clough A, Barnes J, Hanson GC, Bloom TL. Housing instability is as strong a predictor of poor health outcomes as level of danger in an abusive relationship: Findings from the SHARE study. *Journal of Interpersonal Violence*. 2012; 27:623–643. [PubMed: 21987519]