

What have we learned about intimate partner violence?

May 28 2020, by Sharita Forrest



A study by University of Illinois at Urbana-Champaign human development and family studies professors Jennifer Hardesty and Brian Ogolsky indicates that much remains unknown about intimate partner violence, including the most effective interventions for preventing recurrence and keeping survivors safe. Credit: L. Brian Stauffer

As many states issued stay-at-home orders to contain the spread of COVID-19 across the U.S., police in some areas noticed a spike in reports of domestic violence. Jennifer Hardesty and Brian Ogolsky, both professors of human development and family studies at the University of Illinois at Urbana-Champaign, recently reviewed existing research on intimate partner violence. They spoke about their study with News Bureau education editor Sharita Forrest.

Much of the research on IPV has focused on male perpetrators and female victims. How do men's experiences of being the victims of intimate partner violence differ from women's?

Hardesty: One difference would be how being a victim is perceived socially for men versus [women](#) victims. Because of stereotypes that "real men" are not victims, men may have unique experiences of shame, be more reluctant to disclose abuse experiences and not seek help. Beyond this important difference, this is challenging to answer because we lack measures developed specifically to understand men's experiences of victimization.

There is a strong indication that men's and women's victimization experiences differ in part because men's and women's perpetration of violence differ. For example, men report experiencing primarily [physical abuse](#), whereas women report more sexual violence, psychological control, injury and fear.

Unfortunately, much of the research on men's victimization to date applies what we know about women's victimization to the study of men, which limits our understanding of men's unique experiences.

Ogolsky: Furthermore, much of the research on men's victimization to

date is limited methodologically (e.g., cross-sectional, limited samples), which makes it hard to draw confident conclusions about how men's experiences differ from women's.

Are there differences in the factors that predispose women to IPV perpetration compared with men?

Ogolsky: There is some indication that anger is more strongly associated with physical perpetration in women than for men, in part because women have to pass a higher threshold before they will act physically violent. They may be slower to act than men, and anger may facilitate moving them over this threshold. However, this was among study samples in which the levels of violence were fairly low.

Across the studies you reviewed, you found wide disparities in women's likelihood of experiencing physical or sexual violence that ranged from 25-80% in countries around the globe. What factors raised women's risks and what factors were protective?

Hardesty: First of all, it is really important to note that this wide range is a function of very different methodological approaches across studies, not just greater prevalence of IPV in some areas versus others—although that plays a role, too. For example, percentages will be higher when researchers ask about broader versus more narrow definitions of violence. Broad definitions may lump together physical, sexual, emotional and verbal abuse, whereas narrow definitions may include only physical and [sexual violence](#)

Generally speaking, though, studies indicate some consistent factors that elevate women's risks, including [social norms](#) that condone violence,

discourage intervening and support women's subordination relative to men; rigid gender norms and harmful beliefs about masculinity; women's economic dependence and lack of access to resources; [childhood trauma](#) /exposure to IPV; and gender inequity at the relationship, community and social levels.

Protective factors include individual as well as social factors, for example, the presence of a supportive adult (e.g., maternal sensitivity) for children exposed to [violence](#)/trauma; increases in education for women, especially in low- and middle-income countries; and the availability and use of laws against IPV.

How do restorative justice programs for IPV differ from batterer intervention programs, and are there data indicating that one of these programs is more effective than the other at preventing violent incidents and helping victims and family members recover?

Ogolsky: Restorative justice programs create an informal dialogue between victims and perpetrators, in which victims are empowered to tell how their experiences with abuse have affected them. The focus is on repairing harm to the victim and potentially changing perpetrators' behavior by promoting understanding of its impact on the victim and other [family members](#).

Batterer intervention programs center on changing the behavior and attitudes of offenders through evaluation, educational classes and group counseling. The objectives are usually teaching offenders how they choose violent or abusive behaviors to control other people and providing them with alternatives they can choose instead.

Empirical support for each of these types of programs remains mixed.

This is partly because there really isn't a one-size-fits-all approach that will work with all situations. The dynamics, predictors and effects of IPV vary, and we need different approaches to match the diverse needs of perpetrators and victims, including combined approaches.

Provided by University of Illinois at Urbana-Champaign

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