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In the past five decades, family violence has come to be recognized by scholars and practitioners alike as a major social issue that has far-reaching implications for individuals, families, and communities. This recognition is multifaceted, and encompasses efforts to document prevalence, understand risk and protective factors, develop explanatory theoretical models, and evaluate the effectiveness of intervention and prevention efforts (Daro & Dodge, 2009; Tolan, Gorman-Smith, & Henry, 2006).

One indication of the high level of interest in this field is the profound proliferation of research on family violence. The field was catalyzed in the 1960s and 1970s with several pivotal events (publication of Helfer & Kempe's *The Battered Child* in 1968, the domestic violence shelter movement of the 1970s, Straus, Gelles, and Steinmetz's first national family violence study in 1979). Over the next 30 years, research proceeded along an exponential trajectory, resulting in thousands of academic publications in the decade of the 2000s alone, development of extensive literatures on each type of family violence, and creation of more than 15 new journals devoted to publishing work on interpersonal/familial violence and aggression.

Unfortunately, there are problems with such a burgeoning literature. Tolan et al. (2006) note several key issues: there has been a predominant interest in conceptualizing, measuring, and defining each arena of violence; most work is focused on a limited set of risks or outcomes within a single type of family violence; and complex models that account for multiple types of violence are not widely available. While the field is quite multidisciplinary, to a large extent the literatures within the disciplines of family studies, psychology, sociology, social work, and criminology do not engage in an extensive interdisciplinary conversation (Edleson, Daro, & Pinderhughes, 2004; Jordan, 2009). The result is a "disparate set of studies, each with its own scientific and policy discussions" (Tolan et al., 2006, p. 558). Still, the overlaps and congruencies across the types of violence, as well as their risk/protective factors, family dynamics, and effective interventions, are recognized within the field (Edleson et al., 2004; Margolin & Gordis, 2000).

Undertaking a review of the family violence literature for this *Handbook* was a daunting task that required many decisions about what to include, and how to best present major findings. This chapter was constructed as follows. First, meta-analyses with effect sizes were emphasized in reviewing the literature, in order to assess the strength of particular findings. Second, priority was given to the many excellent studies published since the last edition of the *Handbook of Marriage and the Family*, with the focus being on three topics addressed in separate sections on

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child maltreatment, adult maltreatment, and the intergenerational transmission of violence. Third, commonalities and complexities across these three sections were analyzed, including violence across the life course, family processes of coercion and control, and understanding the ways in which gender, race, class, and sexual orientation intersect with violence in the family.

Child Maltreatment

The Incidence of Child Maltreatment

The definition of child maltreatment is still under debate, largely because it reflects the juxtaposition of a social judgment of harm/risk with the assessment of the medical/psychological status of the child (Kolko, 2002). As more complex analyses of corporal punishment, child maltreatment, and substantiated child abuse have been conducted, scholars have increasingly noted that there are, at times, very blurred lines between abusive and non-abusive behavior, especially in the realms of physical and emotional abuse (Cicchetti & Toth, 2005).

The Federal Child Abuse Prevention and Treatment Act defines child abuse and neglect as “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm” (U.S. Department of Health and Human Services, 2010, p. xi). Data from the National Incidence Study, which includes cases reported to Child Protective Services and community professionals, provide incidence rates per 1,000 children as follows: child physical abuse 5.7; child sexual abuse 3.2; child emotional abuse 3.0; and, neglect 13.1 (Sedlak & Broadhurst, 1996).

National and regional surveys of the prevalence of maltreatment yield higher estimates. For example, Finkelhor, Ormrod, and Turner’s (2009) national survey of households reported annual rates of child maltreatment (physical, emotional, neglect) ranging from 6% of 2–5 year olds to 14% of 10–13 year olds. Rates of sexual victim-

ization were reported to range from 2% of infants and toddlers to 24% of 14–17-year-old girls and 12% of 14–17-year-old boys.

The U.S. Department of Health and Human Services (USHHS) compiles annual state data from the National Child Abuse and Neglect Data System (NCANDS). During 2008 (figures released in 2010), approximately six million children were reported to child protective services for the investigation of child maltreatment (24% were substantiated). A majority of these cases were neglect (71%), followed by physical abuse (16%), sexual abuse (9%), and psychological maltreatment (7%). USHHS (2010) estimates that approximately 1,740 children (the majority under age 4) died from neglect and/or abuse during 2008.

Using NCANDS data, Jones and Finkelhor (2009) note that the rates of substantiated child abuse have been declining since the 1990s: sexual abuse decreased 49%, child physical abuse decreased 43%, and neglect decreased 6%. Finkelhor and Jones (2006) carefully examined the evidence as to whether these declines are real, or reflect changes in policy, reporting methods, or services. They concluded that the data “probably reflect at least in part a real decline in sexual abuse” (p. 688) “and in physical abuse” (p. 689). These declines are attributed to changes in the economy (particularly, the decrease in child poverty), increases in law enforcement, prosecution and child protective services, public awareness of the problem of child maltreatment, changing social norms, and improved treatment of family dysfunction and mental health. The lack of change in child neglect is more difficult to explain; a lack of public awareness and policy attention may be a factor (Finkelhor & Jones), as well as the difficulty of both defining and ameliorating neglect. However, the declines in the rates of substantiated child maltreatment in the NCANDS are in opposition to the increases seen in child maltreatment as reported by community professionals in the NIS. This could be a result in part of the different years studied (the latest NCANDS data are from 2007, whereas the latest NIS3 data are from 1993), as well as differences in study methodologies. The completion of the fourth National

Incidence Study (which is underway at present) may clear up some of these differences.

Physical Child Abuse

Despite decades of scholarship, defining and operationalizing the various forms of family violence remain challenging. Although the physical abuse of children represents relatively clear acts of commission by a parent/caregiver, it is difficult to identify (Bonner, Logue, Kaufman, & Niec, 2001). The National Center on Child Abuse and Neglect defines physical child abuse as “excessive discipline, beatings, or some other form of overt physical violence that results in injuries to a child” (Bonner et al., 2001, p. 991).

Individual factors. Traditionally, child abuse research has concentrated on the characteristics of the abusing parent (Stith et al., 2009). Parent demographic characteristics, such as gender, have been found to be inconsistent risk markers. For example, while early studies concluded that women were more likely to perpetrate physical child abuse, more recent meta-analyses demonstrate that there is either no association (Black, Heyman, & Slep, 2001a) or that the effect sizes for parent gender are small¹ (Stith et al., 2009). Similarly, while it was once thought that single parenthood was a significant risk factor for child physical abuse, recent work demonstrates either no or weak relationships (Black, Heyman, & Slep, 2001a; Stith et al., 2009; Tolan et al., 2006). Child physical abuse is more likely among younger, less educated, unemployed, and low-income parents, although again the effect sizes are usually small (Black, Heyman, & Slep, 2001a; Sedlak, 1997; Stith et al., 2009). Rates of substantiated physical abuse and neglect are higher in neighborhoods that have high levels of poverty, childcare burden,

vacant housing, alcohol availability, and residential instability (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007; Freisthler, Merritt, & LaScala, 2006). Still, the general pattern established by early research, that the physical abuse of children cuts across every income and educational level, remains accurate (Barnett, Miller-Perrin, & Perrin, 2005).

Empirical research on the physical abuse of children has concentrated on the mental health and psychological characteristics of the abusing parent. Physically abusing parents display heightened levels of psychopathology, dependency, depression, and anxiety disorders, lower impulse control, and a history of antisocial behavior (Bornstein, 2005; Kolko, 2002; Stith et al., 2009). The risk of mothers’ maltreatment of their children is also raised by the presence of parenting stress and domestic violence (Slep & O’Leary, 2001; Taylor, Guterman, Lee, & Rathouz, 2009). Other characteristics of the abusing parent include heightened levels of substance abuse, criminal behavior, problems with anger control, deficits in problem-solving skills, low self-esteem, and low frustration tolerance (Barnett et al., 2005; Black, Heyman, & Slep, 2001a; Tolan et al., 2006). Effect sizes for these findings vary widely, with medium effect sizes seen most consistently for depression, psychopathy, anxiety, and self-esteem (Stith et al., 2009).

Risk factors for child victimization have been examined, although researchers are very careful to point out the near impossibility of determining cause and effect. Boys and girls comprise nearly equal numbers of substantiated cases of physical abuse. Evidence on child age is mixed, but among substantiated cases, the risk of abuse is highest among younger children. Nearly one-third of cases occur among children ages 0–3 and another one-fourth of cases occur among children ages 4–7 (U.S. HHS, 2010). However, when data from the National Incidence Study are examined, the risk of abuse is greater for older children (Sedlak, 1997; Sedlak & Broadhurst, 1996). Still, an overall pattern is that effect sizes for most child characteristics, including child age, gender, prenatal/neonatal medical problems, and disability, are largely nonsignificant (Stith et al., 2009).

¹I use the demarcations found in Stith et al. (2009) to describe effect sizes when the r statistic is used (small $r=0.10-0.20$, medium $r=0.20-0.30$, large $r>0.31$); using the r to d conversion formula found in Rosenthal and DiMatteo (2001), the corresponding values of d would be 0.20, 0.41 and 0.63.

Family interaction. Catalyzed by Patterson's (1982) work on cycles of coercion in parent–child relationships, scholars have conducted detailed examinations of parent–child and family interaction, as well as parenting styles and parent perceptions of child behaviors. These studies view child abuse and neglect as “part of ongoing interactions that constitute the parent–child relationship,” and draw on social-interactional views of family systems, and attachment theory (Wilson, Rack, Shi, & Norris, 2008, p. 897). Because these studies are cross-sectional, they show only associations with abuse and are not predictive. Nonetheless, they illuminate the other family interactions that may accompany physical abuse of children.

Stith et al.'s (2009) meta-analysis examined family variables across both observational and survey studies that compared physically maltreating parents and non-maltreating controls. They found large effect sizes for heightened parent anger/hyperreactivity and family conflict, and lowered family cohesion. Additionally, they found moderate effect sizes for parent–child interaction (high negativity, low attachment), and parent seeing the child as a problem. Wilson et al. (2008) conducted a meta-analysis of observational studies, and found consistent differences (with medium effect sizes) between physically maltreating and non-maltreating controls in levels of involvement and positivity toward their children. These effect sizes were higher when the observation was longer and done in the home. Similarly, Black, Heyman, and Slep (2001a) found higher rates of verbal aggression and harsh discipline, and lower rates of positive strategies, among mothers who physically abuse their children. Black et al. further note that the few studies of father–child interaction show results similar to those of abusing mothers.

The effects of physical child abuse. Physical abuse has far-reaching effects on children. Cognitively, both language and academic development are delayed; these may be a result of the lack of a stimulating context or a result of high levels of parent–child conflict (Bonner et al., 2001; Wekerle & Wolfe, 2003). In the socioemotional realm, there is consistent evidence for the

presence of insecure attachment and affectionless control (Baer & Martinez, 2006; Rikhye et al., 2008). Physically abused children, when compared to children who have not been subjected to this kind of abuse, exhibit higher levels of peer aggression, difficulty maintaining self-control, and greater frequency of externalizing behaviors (including conduct disorders, aggression, delinquency, and hyperactivity). Other common outcomes of physical abuse by parents are internalizing behaviors (depressive symptoms, somatic complaints), self-isolation, and anger responses to the negative emotions of others (Bonner et al., 2001; Kolko, 2002; Wekerle & Wolfe, 2003). Stith et al. (2009) note that the effect sizes across a wide range of studies (with diverse samples of children) show strong relationships between child physical abuse and lowered social competence, and heightened externalizing behaviors and internalizing behaviors.

Adults who experienced physical abuse as a child show long-term consequences, including higher levels of dependency as young adults (Bornstein, 2005), lifetime PTSD (Widom, 1999), antisocial personality, criminal behavior, alcohol issues (women), anxiety, depression, and emotional problems (Barnett et al., 2005; White & Widom, 2008). However, most conceptualizations of this link emphasize that “maltreatment is a general risk factor for psychopathology, rather than a *specific* risk factor for antisocial behavior or other disturbances” (Wekerle & Wolfe, 2003, p. 657).

Adult intimate relationships are also affected. In a prospective study, Colman and Widom (2004) found that after controlling for parents' marital status and socioeconomic status, adult intimate relationships were more likely to be disrupted (higher levels of walking out and divorce) for both males and females, and to be dysfunctional (being dissatisfied and engaging in infidelity) for females (see also Anderson, 2010). And the risk of intimate partner violence (IPV) is raised by a history of childhood maltreatment; while retrospective studies consistently find a heightened risk for both men and women (Barnett et al., 2005), White and Widom's (2003) prospective study finds that this risk is higher for women than for men.

Neglect

One of the ironies of the family violence literature is the near lack of attention given to the most common form of maltreatment, neglect (Stith et al., 2009). This is likely due to the difficulty of developing conceptual and operational definitions of neglect, the challenges of researching neglect in self-report studies, the fact that neglect involves omission rather than commission, as well as the inability to separate the effects of poverty (Connell-Carrick, 2003; Schumacher, Slep, & Heyman, 2001). Neglect is most commonly defined as the failure to provide adequate care to a child; in the NIS, neglect was categorized as physical (including inattention to physical needs, refusal/delay of health care, abandonment, expulsion, inadequate supervision), emotional (inadequate nurturance, chronic/extreme spouse abuse, permitted drug/alcohol abuse, refusal/delay/failure to provide needed psychological care), or educational (permitted chronic truancy, failure to enroll, inattention to special needs) (Sedlak, 2001).

Individual factors. Schumacher et al. (2001) and Stith et al. (2009) provide excellent reviews of the empirical evidence on neglect, with analyses of effect sizes. Both note that the only demographic factors with moderate to strong effect sizes are fertility (including more unplanned conceptions, pregnancies, and births) and family socioeconomic status (with lower incomes and more unemployment among neglecting parents). Results for parent demographic factors such as race, gender, and family structure are either equivocal, or small. It should be noted, though, that single parents and mothers are disproportionately represented among those who come to the attention of the authorities (Sedlak & Broadhurst, 1996).

In examining child characteristics, researchers strongly emphasize the impossibility of teasing out risk factors vs. effects. While the meta-analyses conducted by Stith et al. and Schumacher et al. noted that effect sizes for child gender and age were nonsignificant, the Third National Incidence Study indicates that boys are emotionally neglected more often than girls, and that children

in the middle childhood years are maltreated more often than younger or older children (Sedlak & Broadhurst, 1996). Neither the NIS3 nor the meta-analyses of Stith et al. (2009) and Schumacher et al. (2001) discovered consistent differences in race.

Family factors. Stith et al. (2009) found large effect sizes for risk factors related to the parent-child relationship, including lower relationship quality, parental perception of the child as a problem, higher parenting stress, and lower parent problem-solving. Parent characteristics with moderate to strong effect sizes include personal stress, anger/hyperactivity, low self-esteem, psychopathology, depression, poor relationship with own parents, and lowered social support. Schumacher et al. (2001) found similar results, with moderate to strong effect sizes for the relationship between neglect and parental self-esteem, impulsivity, substance abuse, stress, lack of social support, and lowered level of verbal and nonverbal interaction between mother and child. Other reviews corroborate the consistent relationships between a history of maltreatment in the parent's childhood, poor parenting skills, parental mental illness, and alcohol/drug abuse (Bonner et al., 2001; Carter & Myers, 2007; Connell-Carrick, 2003).

Stith et al. (2009) note that some parent factors are more strongly related to neglect than to physical abuse, including parent self-esteem and stress, parent unemployment, and family size. They conceptualize these differences in terms of "factors pertaining perhaps to personal adequacy, competency, or resilience" (p. 25). Studies of parent-child interaction patterns support this conceptualization; neglecting mothers (as compared to non-neglecting mothers) show less positive interaction with their children, less affect, more negative perceptions of their children, disengagement and distraction, and information processing deficits in understanding their children's needs and emotions (Hildyard & Wolfe, 2007; Wekerle & Wolfe, 2003). Wilson et al. (2008) found large effect sizes for lack of involvement and medium effect sizes for lack of positivity. Wilson et al. concluded "neglect is evident not

just in a parent's failure to meet a child's basic needs (e.g., clothing, supervision) but also in a more subtle failure to display attentiveness and responsiveness" (p. 909).

There are several studies that have created typologies of neglecting families. In a cluster analysis of 160 families with substantiated primary neglect, Chambers and Potter (2009) identified three distinct groups of families: (1) substance abusing, (2) economic problems, domestic violence, and mental health problems, and (3) low needs families (i.e., very low income and lack of transportation). Of these three, group two exhibited the highest level of risk to the child, as well as higher levels of previous placement. Similarly, Littell and Schuerman (2002) identified different groups of maltreating families, clustering around drug addiction, housing problems, mental illness of the parent, and parenting difficulties.

The effects of child neglect. Neglected children consistently exhibit lower levels of social competence, and higher levels of both externalizing and internalizing behaviors (Stith et al., 2009). They have the lowest levels of academic and cognitive achievement in every age group (as compared to children who were not abused, and to children who were physically or sexually abused), as well as higher rates of school failure; these differences appear even when welfare status is taken into account (Wekerle & Wolfe, 2003). Socioemotional development is also deeply affected, with neglected children displaying comparatively more insecure attachment, behavior problems, social withdrawal, limited peer interaction, and less emotion understanding (Bonner et al., 2001; Sullivan, Bennett, Carpenter, & Lewis, 2008; Wekerle & Wolfe, 2003). Adults who were neglected as children also display more difficulty with intimate relationships, lifetime PTSD, and depression (Colman & Widom, 2004; Widom, 1999).

Emotional Abuse

One of the relatively new areas of research in child maltreatment is that of emotional or psychological abuse, a topic first investigated in the

late 1980s (Yates & Wekerle, 2009). Despite the fact that emotional abuse is believed to be a frequent form of child maltreatment, it remains difficult to define and assess (Black, Slep, & Heyman, 2001). Indeed, it has become clear that emotional abuse is both a core component of all types of abuse as well as a distinct form of maltreatment (Iwaniec, Larkin, & Higgins, 2006). Part of the difficulty in assessing emotional abuse stems from the challenge of determining the threshold at which parent behaviors such as isolation or denial of affection become abusive (Wright, 2007). Certainly, the consequences of emotional abuse for child and adult functioning can be devastating and disabling (Shaffer, Yates, & Egeland, 2009); intervention is further complicated as the appearance of overt problems may occur much later in development (Yates & Wekerle, 2009).

Emotional abuse is defined as repeated or extreme parental behaviors that "negate a child's developmental and social needs" (Iwaniec et al., 2006, p. 73), by conveying to the child that he/she is "worthless, unwanted, endangered, or of value only in meeting someone else's needs" (Bonner et al., 2001, p. 1011). Brassard and Hardy (1997) classify emotional maltreatment into six categories: spurning, terrorizing, isolating, exploiting/corrupting, denying emotional responsiveness, and unwarranted withholding of medical care, mental health services, or education. Although such refined definitions exist, outside of studies of substantiated cases of emotional abuse and the NIS, most research relies on relatively narrow assessments such as verbal aggressiveness directed at the child (Black et al., 2001).

Individual and family factors. The risk of emotional abuse is higher in low-income families, and for older children; the risk is not related to family structure, family size, race, or child gender (Sedlak, 1997). Black et al. (2001) note that while very low-income families are at higher risk, an effect size for this relationship has not been published. Parental risk factors include neuroticism, aggression and hostility, less caring relationships with one's father, and being yelled at daily as a child; these factors all evidence moderate

effect sizes (Black et al., 2001). Although Iwaniec et al. (2006) conclude that there is not a clear profile of parental risk factors, they theorize that the experience of maltreatment in the family of origin, physical and mental illness, and substance abuse may increase the risk of emotionally abusing one's child.

The effects of emotional abuse. The effects of emotional abuse on the child have been more extensively examined. They include academic underachievement, low aspirations (Iwaniec et al., 2006), social withdrawal, and increased aggression in middle childhood (Shaffer et al., 2009). Other common outcomes include internalizing and externalizing symptoms (Reed, Goldstein, Morris, & Keyes, 2008), depression, shame (Webb, Heisler, Call, Chickering, & Colburn, 2007), eating disorders, anxiety, substance abuse, and psychiatric symptoms as adults (Iwaniec, Larkin, & McSherry, 2007). Recent investigators also have reported that emotional abuse is predictive of PTSD symptoms, and dating violence perpetration (males) and victimization (females) in adolescence (Crawford & Wright, 2007).

Developmental processes have been examined as well. Yates (2007) theorizes that emotional abuse alters the child's neurological stress responses, which can contribute to the heightened levels of stress, anxiety, and depression seen in later developmental stages. Wright, Crawford, and Del Castillo (2009) discovered that childhood emotional neglect and abuse are related to development of schemas of defectiveness and shame, vulnerability to harm, and self-sacrifice; these schemas mediated the relationship of abuse to young adult anxiety and depression (for both emotional abuse and neglect) and to dissociation (for emotional neglect).

Sexual Abuse

Child sexual abuse has been the most extensively studied form of child maltreatment, and research has consistently documented that child sexual abuse has the most pervasive and negative impact

on later mental health and adjustment (Fergusson, Boden, & Horwood, 2008). Since definitions of child sexual abuse differ as a function of purpose (e.g., investigation by Protective Services vs. research endeavors), there is not a single standard definition (Haugaard, 2000). Despite this lack of definitional consensus, child sexual abuse can be defined broadly as "the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not fully comprehend and to which they are unable to give consent" (Bonner et al., 2001, p. 1002). Like all forms of family violence, child sexual abuse presents many methodological and operational challenges, including reliance on specialized and known populations (such as Protective Service clients, and those who seek psychiatric treatment), and overreliance on retrospective designs (Fergusson et al., 2008; Widom, Raphael, & DuMont, 2004). This literature is further complicated by the fact that studies of child sexual abuse often simultaneously examine both intra- and extra-familial perpetrators (Whitaker et al., 2008).

Individual and family factors. Adults who perpetrate sexual abuse of children vary widely in age; however, there is some evidence that juvenile offenders may constitute a sizeable portion of perpetrators (Barnett et al., 2005). The majority of perpetrators are male (90%), and known to the child (70–90%) (Finkelhor, 1994). Perpetrators tend to be less educated and poorer (with moderate to strong effect sizes, Black, Heyman, & Slep, 2001b), though Finkelhor (1994) cautions that these findings are based primarily on data from official reports and are not replicated in nationally representative surveys.

Whitaker et al. (2008) conducted a meta-analysis of risk factors for sexual abuse perpetration. In comparing child sexual abuse perpetrators to non-offenders, they discovered medium to large effect sizes in six categories: family of origin relationships (harsh discipline, poor attachment, poor family functioning, history of abuse), externalizing behaviors (aggression and violence, anger/hostility, non-violent crimes, substance abuse, antisocial personality disorder, paranoia), internalizing behaviors (anxiety, depression, low

esteem), social deficits (low social competence, relationship difficulties, loneliness, and insecure attachment), sexuality (more deviant sexual interests), and attitudes/cognitions (tolerance of adult-child sex, minimization of culpability).

A constellation of family risk factors has been documented. Family structure shows moderate effect sizes, with single parent and stepfamilies at greater risk (Black, Heyman, & Slep, 2001b). There is increased risk for children who experience lack of supervision, parental inadequacy, emotional maltreatment, parental conflict, and a poor parent-child relationship (Finkelhor, 1994); effect sizes are moderate to strong for poor-parent-child relationships, low parent satisfaction, and inadequate supervision (Black, Heyman, & Slep, 2001b). And, there is evidence that the families of sexually abused girls are less cohesive than are the families of non-abused girls (Noll, 2005).

There are also consistent victim risk factors. Approximately 75–80% of victims are female (Sedlak & Broadhurst, 1996; Tjaden & Thoennes, 2000a), although it is believed that boys are underreported in official statistics and national surveys (Barnett et al., 2005). The risk of child sexual abuse increases with age, with steep increases seen for girls in the 14–17-year-old group (Finkelhor et al., 2009); girls are also more likely to be abused by a family member than are boys (Tjaden & Thoennes, 2000a). And, in retrospective studies, gays and lesbians report higher levels of childhood psychological, physical, and sexual violence as compared both to their heterosexual siblings and to heterosexual adults (Austin et al., 2008; Balsam, Rothblum, & Beauchaine, 2005; Tjaden, Thoennes, & Allison, 1999). In their meta-analysis, Black, Heyman, and Slep (2001b) found medium effect sizes for age, gender, race, living in a dangerous community, living in a poor community, poor child academic achievement, and externalizing problems (boys only).

The impact of child sexual abuse. Both acute and long-term effects of sexual abuse have been studied extensively. Acute symptoms include somatic complaints, sleep problems, regression, sensitivity to touch, genital complaints, urinary infections, sexualized behavior, trauma symptoms,

and severe emotional and behavioral difficulties (Barnett et al., 2005; Wekerle & Wolfe, 2003). Long-term effects during childhood include traumatic sexualization, difficulty focusing, emotional over- or under-reactivity, and declines in school performance and peer interaction (Wekerle & Wolfe). Adults who have been sexually abused exhibit higher levels of depression, PTSD, anxiety, sexual problems, and drug and alcohol abuse (Bonner et al., 2001; Hunter, 2006). Female survivors of child sexual abuse show both heightened levels of adult romantic relationship dissatisfaction/disruption (Colman & Widom, 2004), and parenting difficulties (including use of harsh punishment, permissiveness, and boundary issues) (DiLillo & Damashek, 2003). In addition, there is recent evidence that child sexual abuse predicts resource loss (social, instrumental, and material) as an adult, which in turn predicts both depressive mood and PTSD (Schumm, Stines, Hobfoll, & Jackson, 2005). Both short and long-term effects may be heightened when: abuse is severe and of longer duration, the perpetrator uses coercion or force, the perpetrator is the father or father figure, the family responds negatively to disclosure of abuse, and the victim blames him/herself for the abuse (Barnett et al., 2005; Hunter, 2006). Still, not all sexually abused children/adults exhibit these effects; up to 40% of victims appear to have few or none of these problems (Bonner et al., 2001; Colman & Widom, 2004).

Children of Violent Marriages

There has been a surge of research in the past decade on the consequences of children's exposure to IPV in their families. While this literature began with an emphasis on children as passive witnesses of their parents' violence, recent work has emphasized children's agency in making sense of the violence, as well as their resilience in navigating through the terror associated with IPV (Holt, Buckley, & Whelan, 2008; Kerig, 2003). Since IPV is estimated to be present in about 30% of two-parent households, child exposure rates are alarmingly high (McDonald, Jouriles, Ramisetty-Mikier, Caetano, & Green, 2006).

There is a high level of comorbidity of IPV with child abuse and neglect. At the most basic level, exposure to the abuse of one's parent may be considered a form of emotional abuse. IPV in the home is also associated with increased risk of physical and sexual abuse of children, as well as child neglect (Holt et al., 2008; Margolin & Gordis, 2000). A high proportion of children reported to Child Protective Services for child maltreatment are also exposed to IPV (estimates range from 29% in a study of neglect, Antle et al., 2007; to 71% of CPS families in crisis, Osofsky, 1999), and the risk of re-report is heightened by the presence of IPV (Casanueva, Martin, & Runyan, 2009). Studies of battered women indicate that between 60 and 75% of their children are also battered (Osofsky, 2003).

Family and parent dynamics are emphasized in the literature on children exposed to IPV because the quality of parenting is clearly affected, as is the ability of parents to meet the needs of their children. Mothers who are severely abused, in particular, show high levels of stress and depression, which may result in emotional unavailability and parenting difficulties (Osofsky, 2003; Slep & O'Leary, 2001). Children respond to parental conflict with high levels of negative affect, negative cognitions, withdrawal, and lower levels of positive coping, though all these findings show small effect sizes (Kitzmann, Gaylord, Holt, & Kenny, 2003). Samuelson and Cashman (2008) demonstrated that mothers' level of PTSD symptoms, rather than the level of violence, was predictive of children's emotional dysregulation. Despite living in fear and terror, however, mothers make many efforts to protect their children and to compensate for the abuse their children witness or experience (Margolin, Gordis, Medina, & Oliver, 2003). Some evidence exists, for example, that mothers may be spurred to leave an abusive partner at the point at which their partners begin to direct violence toward their children (Kirkwood, 1993).

Although the father-child relationship has been investigated less often, there is evidence that fathers who are violent towards their wives use more negative parenting practices, and are more controlling and less consistent in their child

discipline (Holt et al., 2008). Fathers are characterized by lower self-esteem, low trust, high dependency, and an inability to see the impact of maltreatment on their children and wives (Holt et al.). Fathers who perpetrate both IPV and child abuse also show heightened characteristics related to a criminal lifestyle and higher levels of antisocial characteristics (Dixon, Hamilton-Giachritsis, Browne, & Ostapuk, 2007).

Kerig (2003) describes four risk processes of the negative effects of IPV on children. First, the child may be triangulated into the parents' conflicts by witnessing violence, being the topic of the argument, and being inappropriately drawn into the process (e.g., asking the child to mediate). Second, children who witness IPV give more negative appraisals about their parents' conflicts, including feeling more threatened, self-blame, hopelessness, and shame. Third, IPV affects children's emotional security through processes of unregulated distress and insecure representations of family relationships. Fourth, IPV spillover may result in abuse of the child, parenting inconsistency, and emotional unavailability of the mother.

Children who are exposed to IPV evidence many of the same effects as children who are emotionally maltreated. They display difficulties in attachment, a disruption of the need for safety and security, fear of parental loss, heightened levels of behavioral and social problems, difficulty with empathy, lower self-esteem, and problems in forming healthy relationships with peers and intimate partners (Holt et al., 2008; Osofsky, 2003). Other severe outcomes are internalizing symptoms (including depression, helplessness, shame, anxiety, and PTSD), and externalizing symptoms such as aggression and oppositional behavior (Fedorowicz, Brown, Warren, & Kerig, 2000; Kerig, 2003). Adolescents are at increased risk for risk-taking behaviors such as delinquency, school truancy, eating disorders, and alcohol/drug abuse (Margolin & Vickerman, 2007). And adults who were exposed to IPV as children have an increased likelihood of perpetrating or experiencing violence in adulthood (Temcheff et al., 2008).

Kitzmann et al. (2003) conducted a meta-analysis of the effects of exposure to IPV on children. Comparing witnesses with non-witnesses,

effect sizes were moderate for PTSD, academic problems, internalizing behaviors and externalizing behaviors (exclusive of aggression). Smaller effect sizes were found for other psychological and social problems (such as attention problems, and poor peer relationships) and were very small for aggression (average $d=0.14$). Although child witnesses consistently differed from non-witnesses on a host of adjustment variables, they did not differ from physically abused children.

Exposure to multiple forms of maltreatment increases the seriousness of the effects on children (Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). For example, men's severe IPV in particular is often accompanied by aggression toward the child, and, in this constellation of violence, children's internalizing problems and threat appraisals are heightened. When the mother is aggressive toward the child and towards her partner, externalizing problems are heightened for boys (McDonald, Jouriles, Tart, & Minze, 2009).

Holt et al.'s (2008) review article notes that child outcomes also are mediated by age (younger children are more dependent on parents' caregiving, and less able to make sense of what is being witnessed), gender (boys show more externalizing and girls more internalizing symptoms), and severity (duration and nature) of the violence to which the child is exposed. However, the meta-analyses by both Wolfe et al. (2003) and Kitmann et al. (2003) found non-significant effect sizes for the moderators of age and gender.

Adult Maltreatment

Maltreatment that is perpetrated by adult family members against one another, including IPV, dating violence, and abuse of the elderly, is alarmingly prevalent.² Official definitions of adult

maltreatment vary widely. The Uniform Crime Report examines only those actions that meet the definition of a crime, including homicide, aggravated assault, simple assault, and forcible rape. In contrast, the World Health Organization (WHO) uses definitions that emphasize the intentionality of the action, and include aspects of abuse that do not meet the level of a crime, such as deprivation and psychological maltreatment (Kilpatrick, 2004). For example, the WHO report on violence and health defines IPV as "any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship" (Heise & Garcia-Moreno, 2002, p. 89).

Estimates of the incidence of intimate partner and dating violence vary widely. Tjaden and Thoennes (2000b) note that the range of estimated lifetime prevalence for adult women's experience of heterosexual IPV in national surveys is between 9 and 30%. Similarly, Hickman, Jaycox, and Aronoff (2004) found the following estimates of adolescent victimization: 8–57% of girls and 6–38% of boys experience physical violence, and 14–43% of girls and 0.3–36% of boys experience sexual victimization. Rates of physical and/or sexual assault in same-sex relationships are 11.4% for lesbians and 15.4% for gay men (Tjaden et al., 1999). And approximately 6% of elders experience maltreatment (Cooper, Selwood, & Livingston, 2008).

Fortunately, there are several nationally representative surveys that have assessed the incidence of partner violence. The National Violence Against Women Survey (NVAWS) found the following lifetime prevalence rates for intimate partner relationships (includes dating, cohabitation, and marriage, same and opposite sex, ages 18 and above): 22.1% of women and 7.4% of men report being physically assaulted, 7.7% of women 0.3% of men report being raped, and 4.8% of women and 0.6% of men report being stalked (Tjaden & Thoennes, 2000a). The NVAWS also examined the experience of psychological aggression, and found prevalence rates of 12.1% for women and 17.3% for men (these rates are without physical or sexual aggression present) (Coker et al., 2002). For the year 2007, the Youth Risk Behavior Surveillance Survey of ninth to twelfth

²Barnett et al. (2005) note that *intimate partner violence* is the preferred term for describing the physical, sexual, or psychological violence that occurs between adult partners who are/were sexually intimate, and married or cohabiting. *Dating violence*, in contrast, refers to the violence that happens between adolescents or unmarried college students (p. 251). I follow their use of terminology here.

grade students found rates of heterosexual teen dating violence as follows: 11% of males and 8.8% of females reported experiencing physical violence, and 4.5% of males and 11.3% of females reported experiencing forced intercourse (Eaton et al., 2008).

Much like the arena of child maltreatment research, work on adult family maltreatment is beset with a host of methodological issues. A lack of consistent terminology, let alone differing definitions and operationalizations, is common. Methodological issues include the fact that study participants are difficult to recruit, agreement across members of the same couple is inconsistent, the accuracy of retrospective recall may be questionable, and the explication of contextualized and mediated models is limited (Jordan, 2009; Rosenbaum & Langhinrichsen-Rohling, 2006).

Physical Violence in Heterosexual Relationships

Individual factors. There are several consistent demographic risk factors for physical IPV. Younger individuals are more likely to both perpetrate and experience intimate violence (Barnett et al., 2005). Economic factors are consistently associated with partner violence, such as having a lower income, living in a neighborhood with few economic opportunities, living in an urban area, and low levels of formal education (Barnett et al., 2005; Carlson, Worden, van Ryn, & Bachman, 2003). However, effect sizes for economic variables and age are small (Stith, Smith, Penn, Ward, & Tritt, 2004). In contrast, consistent relationships are found between alcohol use and physical partner violence, with complex relationships among the factors of alcohol use, gender, race, income, and physical partner violence (Schafer, Caetano, & Cunradi, 2004). The effect sizes for males' alcohol use are moderate, whereas the effect sizes for women are small (Stith et al., 2004). Finally, while early studies noted that pregnancy was a risk factor, Jasinski (2004) notes that support for this relationship has been inconsistent.

Race and gender are considered to be inconsistent risk factors for IPV. Although some studies

find a heightened risk for minority women, when other factors such as income are controlled, race differences disappear (Carlson et al., 2003). The debate over the relative rates of violence perpetration by men vs. women continues to rage. Both representative and unrepresentative surveys using the Conflict Tactics Scale find gender symmetry (e.g., Straus & Gelles, 1990), whereas measures used by the National Institute of Justice and the Uniform Crime Reports find higher rates of male perpetration and female victimization (see Tjaden & Thoennes, 2000b).

Personality risk factors have been studied extensively. Young women's risk of experiencing physical violence in dating relationships is associated with the extent to which they demonstrate externalizing problems, internalizing problems, prior victimization in a romantic relationship, more romantic and sexual partners, and low academic achievement (Cleveland, Herrera, & Stuewig, 2003; Vezina & Hebert, 2007). Young men's risk of victimization is related to having been hit as a child by an adult, low self-esteem, and physical fights with peers (Foshee, Benefield, Ennett, Bauman, & Suchindran, 2004).

The characteristics of men who perpetrate physical partner violence have been examined in both clinical and community samples. Anger and hostility are higher in men who perpetrate intimate violence, and this relationship holds (with effect sizes in the medium to large range) even when marital discord is taken into account (Norlander & Eckhardt, 2005). Physically aggressive men show higher levels of antisocial/delinquent behaviors, non-conformity, poor social skills, problems with anger management, affect dysregulation and impulsivity (White, McMullin, Swartout, Sechrist, & Gollehon, 2008), and poor empathic accuracy and perspective taking (Clements, Holtzworth-Munroe, Schweinle, & Ickes, 2007; Covell, Huss, & Langhinrichsen-Rohling, 2007). Men who perpetrate physical violence also are likely to engage in verbal abuse and forced sex (effect sizes are large). These men tend to have a past history of partner abuse, hold attitudes condoning violence, hold traditional sex role attitudes, be depressed, display anger/hostility (moderate effect sizes), and display jealousy

(small effect) (Stith et al., 2004). Men who perpetrate at a clinical level (i.e., causing injury, requiring police or social service intervention) display both childhood and adolescent psychopathology, and have extensive personality deviance (Ehrensaft, Moffitt, & Caspi, 2004).

Research on men who perpetrate physical partner violence has emphasized their heterogeneity. Holtzworth-Munroe and Stuart (1994) identified three types of violent men: borderline/dysphoric (who also display volatility, hostility, and dependency on the partner), generally violent/antisocial (who display high levels of control of the partner), and family only (those who are violent only with family members; these men are the least violent and do not exhibit psychopathology). The violence of men with borderline personality disorder is reactive and enacted out of emotion (and this group is characterized by preoccupied attachment), whereas men diagnosed with antisocial personality disorder are more proactive/controlling in their use of violence, and display dismissing attachment (Babcock, Jacobson, Gottman, & Yerington, 2000). Prentky (2004) suggests three dimensions that underlie such batterer differences: misogynistic vs. general anger, hostile masculinity, and impulsive/antisocial behavior.

The characteristics of women who use violence in their relationships has been studied less extensively; indeed, in their meta-analysis Stith et al. (2004) were unable to assess effect sizes for individual-level variables due to a dearth of evidence. There is some evidence that women who perpetrate partner violence are generally more aggressive, which may be a result of assortive mating that matches antisocial men and women who had begun to show conduct problems in adolescence (Ehrensaft et al., 2004). Babcock, Miller, and Siard (2003), using a sample of women referred for treatment for violent behavior, identified two types: (1) *partner-only* violent women who used violence out of fear or self-defense (i.e., in reaction to the partners' violence) and (2) *generally violent* women who used more instrumental violence, and reported more traumatic symptoms. Other research indicates that women engage in physical violence in self-defense, and to express

negative emotion, regain control, or gain retribution for emotional hurts or past abuse (Caldwell, Swan, Allen, Sullivan, & Snow, 2009; Lloyd, Emery, & Klatt, 2009).

Family factors. Prior victimization (including violence in the family of origin, community violence, and peer harassment) is a clear risk factor for both perpetration and victimization in dating and adult intimate relationships (Afifi et al., 2009). Having friends who use violence also plays a role; indeed, Arriaga and Foshee (2004) note that having peers who use dating violence predicts dating violence better than family of origin violence.

Other family of origin characteristics related to dating violence include inadequate parental supervision, use of harsh discipline, and lack of closeness to parents during adolescence (Vezina & Hebert, 2007). Parenting in the family of origin that is neglectful, rejecting, coercive, or harsh is related to general antisocial behavior, which in turn is related to partner physical violence. Such parenting models coercive/rejecting behavior, and is related to poor attachment and maladaptive relational schemas, and negative intrapersonal and interpersonal development (Schwartz, Hage, Bush, & Burns, 2006).

Relationship dynamics have been studied for both adolescent and adult IPV. In dating relationships, high levels of conflict and destructive anger expression, and seriousness of the relationship, are related to higher levels of violence directed at young women (Vezina & Hebert, 2007). Both men and women report anger, jealousy, and love as precipitators of their aggression (Gonzalez-Mendez & Hernandez-Cabrera, 2009; Hettrich & O'Leary, 2007), and dynamics of power and control are integrally tied to IPV (Olson, Fine, & Lloyd, 2005). Wolf and Foshee (2003) found that both direct and indirect destructive anger expression was associated with violence perpetration for females, whereas only direct destructive anger expression was associated for males. These anger styles also mediated the relationship between witnessing/experiencing violence in the family of origin and dating violence.

The relationship of marital satisfaction and conflict to IPV has been extensively examined.

Recent research indicates that a consistent relationship exists between both verbal conflict and male domination and partner violence directed at women (Vives-Cases, Gil-Gonzalez, & Carrasco-Portino, 2009). Stith, Green, Smith, and Ward (2008) note that the association between marital dissatisfaction and physical violence is stronger for victims than for perpetrators, and for clinic vs. community samples (overall, effect sizes are medium).

Laboratory observations of couple interaction have yielded strong support for negativity and power as core mechanisms when nondistressed, distressed-nonviolent, and distressed-husband violent couples are compared. Couples with a violent husband exhibited higher levels of negative affect, aggressive cognitions, cycles of attack and defense, as well as lower levels of facilitation and de-escalating behaviors (Clements & Holtzworth-Munroe, 2009; Cordova, Jacobson, Gottman, Rushe, & Cox, 1993). Aggressive husbands used belligerence, contempt, provocative forms of anger, and controlling behavior, and were likely to reject their wives' influence (Coan, Gottman, Babcock, & Jacobson, 1997; Jacobson et al., 1994). And, observed interaction predicted the level of relational violence 4 years later (Hellmuth & McNulty, 2008). Ultimately, couples with a violent husband are characterized by a relational climate that includes a volatile relationship, long-standing anger, and persistent frustrations. This climate is accompanied by interaction patterns that are ineffective and ritualized, in which husbands react with hostility and belligerence toward their wives (Lloyd & Emery, 2000a).

The effects of physical violence. The majority of studies on the impact of IPV examine the effects of violence on women. Research by Holtzworth-Munroe (2005) indicates, for example, that psychological disorders more often are seen as consequences of women's receipt of violence and as causes of men's perpetration. Short-term effects on women include injury (with the risk of injury being much higher for women, Tjaden & Thoennes, 2000b), and fear and self-blame (Lloyd & Emery, 2000b). Mental health effects for women are often found to be a consequence of

both dating and IPV, with the two most common being PTSD and depression (Holtzworth-Munroe, 2005). Women also display heightened anxiety, hopelessness, somatization, suicidal behaviors, and substance abuse (Briere & Jordan, 2004; Vezina & Hebert, 2007). Women evidence a wider range of mental health outcomes, including internalizing disorders, externalizing behavior, and suicidal ideation, whereas men display externalizing disorders (Afifi et al., 2009). And when coercive behaviors are examined as well as physical violence, the experience of coercion emerges as a stronger predictor of mental health outcomes than does violence, with higher adverse effects occurring for women (Prospero, 2009). Finally, the adjustment of women who have experienced physical partner violence is mediated by levels of self-blame (both characterological and behavioral), perceived control, and social support (Beeble, Bybee, Sullivan, & Adams, 2009; O'Neill & Kerig, 2000).

Briere and Jordan (2004), in discussing the dynamics of the effect of physical violence on women, distinguish between direct victimization effects and victim-specific variables. Direct effects include trauma that may cause injuries, acute stress disorder, and PTSD; and disruptions in schemas for safety, intimacy, and trust in others, which may lead to negative mood states. Certainly, the frequency and severity of the physical violence experienced heighten these effects. Victim-specific variables also affect mental health outcomes; outcomes are exacerbated by a history of prior trauma (childhood physical or sexual abuse), a tendency to react to trauma with heightened fear and negative connotations or to dissociate, and comorbid mental disturbance and substance abuse. Ultimately, Briere and Jordan (2004) conclude that women's responses to physical violence can best be characterized in terms of "response complexity," rather than any particular syndrome, given the broad range of post-trauma symptoms and moderating variables.

Evidence on the impact of IPV on men is scarce (Frieze, 2008). Here too, there is considerable debate about the extent of the abuse experienced by men in intimate partnerships. Saunders (2002) concludes that female to male violence

is not behaviorally the same as male to female violence, while Straus (2008) concludes that female assaults on men are a major social problem. Cook (2009) provides a qualitative assessment of the impact of domestic violence against men noting that immediate effects include bewilderment, shame, not hitting back, hiding their experiences of violence, and fear of leaving their children behind. Williams and Frieze (2005), in a nationally representative study, note that male victims of minor violence report little distress, whereas male victims of severe violence do report psychological distress (but at levels that are significantly lower than reported by female victims). Clearly, this is an arena of IPV research that bears further systematic scrutiny.

Sexual Violence in Heterosexual Relationships

Adult sexual violence has been extensively studied, and this arena of study encompasses a wide variety of study methodologies, measurement techniques, and individuals studied (from strangers to partners in a long-term committed relationship). Christopher and Pflieger (2007) note that there are two interrelated forms of sexual violence: *sexual coercion*, which includes manipulation, psychological pressure, lying, and incapacitation, and *sexual assault*, which includes threats or use of force (in line with common definitions of rape and attempted rape). In this section, I concentrate where possible on sexual coercion and assault that occur in the context of a heterosexual relationship, including casual and serious dating, cohabitation, and marriage. It should be noted however that studies do not always differentiate between acquaintances, casual or serious dating relationships in the presentation of their findings.

Individual factors. Certainly, gender is the most consistent risk factor, with women at greater risk of sexual coercion and assault (Struckman-Johnson, Struckman-Johnson, & Anderson, 2003). Indeed, women constitute 86% of rape victims, their rapists are male in 99.6% of cases,

and their rapes are generally more likely to take place in an ongoing relationship (Tjaden & Thoennes, 2006), although women who are divorced or separated are also at heightened risk of sexual assault by the former partner (Martin, Taft, & Resick, 2007). Alcohol use has been a consistent risk marker for both perpetrators and victims of sexual violence, although the majority of evidence here is for proximal alcohol use rather than long-term alcohol abuse (Testa, 2004). And the most consistent risk factor for women is prior sexual victimization as children or young adolescents (Widom, Czaja, & Dutton, 2008).

The factors that place men at risk for heterosexual sexual assault victimization are not well understood. There are distinct gender differences in the relationship between perpetrator and victim; Christopher and Pflieger (2007) note that in the NSVAW, 18% of sexual assaults against men and 62% of sexual assaults perpetrated against women were committed by an intimate partner. Men are more likely to be raped by an acquaintance (including co-workers, friends, teachers, neighbors), and by a male perpetrator (85.2% of cases), with 48% of these sexual assaults occurring before the age of 12 for males (Tjaden & Thoennes, 2006). Tewksbury (2007) notes that gay and bisexual men are overrepresented among male victims, and men's risk of adult sexual victimization is higher among those who were victimized as children.

Men who perpetrate sexual violence have been studied extensively. There is consistent evidence in the dating violence literature that sexually coercive men display hypermasculinity, hostility towards women, hypersexuality and high levels of pornography consumption (Adams-Curtis & Forbes, 2004; Ryan, 2004; Vega & Malamuth, 2007). Acceptance of rape myths (e.g., "the woman's dress or behavior led to her assault") also has been widely documented as a correlate of men's use of sexual coercion (Ryan). Men who perpetrate marital sexual assault are more likely to be unemployed, have witnessed marital violence in their families of origin, view sex from an impersonal perspective, engage in sexually coercive fantasies, use alcohol and drugs, and demonstrate hypermasculine qualities (Martin et al., 2007).

Men who are sexually coercive in dating relationships also have social networks that are supportive of sexual violence, with the research on this topic being focused largely on members of fraternities and sports teams (Adams-Curtis & Forbes, 2004). Murnen and Kohlman (2007) conducted a meta-analysis and found that athletic participation or fraternity membership was associated with hypermasculinity (large effect sizes), rape-supportive myths (medium effect sizes), and self-reported sexual aggression (small effect sizes). A general pattern appears to be that sexually aggressive men are embedded in social networks that contain other sexually aggressive men and victimized women (Christopher & Pflieger, 2007).

Relationship factors. Sexual violence perpetrated against an acquaintance or dating partner is likely to begin with trust and compliance gaining tactics as well as romantic overtures (Woods & Porter, 2008). The most common scenario for sexual violence in dating is a history of prior sexual contact, proximal alcohol use, engagement in sexual stimulation, and male use of coercion and/or ignoring the woman's no (Adams-Curtis & Forbes, 2004). Men tend to use more forceful, power-assertive, and exploitive tactics than do women, and are more likely to cause serious harm (Struckman-Johnson et al., 2003). There may be unequal power and investment in the relationship, with women who are anxiously attached and more highly invested experiencing higher levels of sexual coercion (Christopher & Pflieger, 2007). Indeed, women are more likely to consent to unwanted sex than are men (Impett & Peplau, 2003), and their ability to say no diminishes if the couple has an established sexual relationship (Adams-Curtis & Forbes, 2004). Adolescent girls are at the greatest risk of coercion in a committed relationship; in addition, an age difference between partners results in a dynamic of a younger female being pressured into sex by her older male partner (Christopher & Pflieger, 2007).

Study of the relational dynamics in marriage have concentrated on an examination of marital rape, which is estimated to have occurred in 10–14% of marriages in general, and 50% of marriages where the husband is also physically

violent (Martin et al., 2007). Ironically, although marital rape is the most prevalent type of rape, it has been studied the least (Bennice & Ressick, 2003). Perpetrators of marital rape use coercive tactics such as power assertion, emotional coercion, bullying, humiliation, calling upon the husband's entitlement to sex, and severe physical violence (Bergen & Bukovec, 2006; Martin et al., 2007). Wives resist the sexual assault through verbal means (attempts to placate or convince the husband to stop) and physical means (running away, self-defensive violence) (Martin et al.). Marital rape is more likely to occur in a context of high marital dissatisfaction, status inequities of age and education, and disagreements over the frequency and type of sexual interaction (Martin et al.).

Scholars have begun to examine the co-occurrence of sexual and physical violence in intimate relationships (Anderson, 2010), and indeed, Stith et al. (2004) note large effect sizes for the co-occurrence of physical, sexual, and emotional abuse. White et al. (2008) call for the recognition of dual perpetration of sexual and physical aggression as a unique form of heterosexual IPV. Dual perpetrating men report higher levels of witnessing violence, child sexual abuse victimization, physical punishment as a child, conformity to peer norms, acceptance of male violence, loss of control, and adolescent delinquent behaviors, and less empathy.

The effects of sexual violence. The impact of sexual assault is well documented for women. Victims report short-term effects, including fear, sexual aversion, and lack of trust (Barnett et al., 2005); these may be especially acute for victims who were in a committed relationship with the perpetrator (Bennice & Ressick, 2003). Long-term consequences include alcohol/drug abuse, suicide, gynecological problems, and chronic illnesses (Barnett et al., 2005; Martin et al., 2007). Perhaps the most carefully studied effects are post-traumatic stress disorder and heightened trauma symptoms (Elliott, Mok, & Briere, 2004). Women who have experienced marital rape show more symptoms of trauma, depression, dissociation, and stress than women who experience

stranger or acquaintance sexual assault; this is in part related to the risk of repeated sexual assaults and physical battering associated with marital rape (Bennice & Ressick, 2003). The mental health effects for women are exacerbated when the situation is perceived as life-threatening/dangerous, or when the victim uses avoidant coping strategies and self-blame. The magnification of adverse mental health consequences also may result when the victim experiences negative reactions from informal social networks or the judicial system, and when victims have experienced prior sexual traumas (Campbell, Dworkin, & Cabral, 2009).

Less is known about the effects of sexual assault victimization on men. What is best known is that male victims are highly unlikely to report being victimized, or to seek assistance from informal or formal services. Although reactions vary, anger, depression, anxiety, lowered self-esteem, and sexual dysfunction have been documented (Christopher & Pflieger, 2007; Tewksbury, 2007), while long-term effects of rape in particular include high levels of trauma symptomatology (Elliott et al., 2004). Most studies of male victims of rape, however, include strangers, acquaintances, and partners together in the analysis, so the effects of victimization by one's intimate partner are not yet clearly delineated.

One controversy in the sexual assault field centers on the scope and definition of sexual assault and rape. The debate centers on whether or not women who experience sexual coercion/assault name their experiences as rape, and whether it is appropriate to include in incidence statistics those cases where the victim experienced forced intercourse, or forced attempted intercourse, but did not apply the label of rape (Fisher, Daigle, Cullen, & Turner, 2003). This debate has sparked a more careful examination of acknowledged vs. unacknowledged rapes; indeed, Fisher et al. (2003) note that even when the victim's experiences meet the legal definition of rape, only half of the completed rapes and less than 5% of attempted rapes are acknowledged. Unacknowledged rapes are more likely to have been perpetrated by a known perpetrator or romantic partner, and the victim is more likely to

have engaged in prior sexual intercourse with the perpetrator. Acknowledged rapes are more likely to have involved the use or threat of force, injury, or forceful victim resistance. No consistent evidence identifies personality differences and mixed evidence exists about psychological/mental health effects. One exception to these results, however, is that unacknowledged victims may be at higher risk for revictimization (Fisher et al.). A critical conclusion is made by Peterson and Muehlenhard (2007), however, that "rape is about the absence of consent, not the absence of desire" (p. 85). Indeed, Muehlenhard and Peterson's (2005) work on the ambivalence of desire for women is pivotal in advancing our understanding of sexual violence in dating relationships.

Physical and Sexual Violence in Gay and Lesbian Partnerships

There is a growing body of research on the IPV that occurs in gay and lesbian relationships. Gay male relationships are characterized by higher levels of physical and sexual assault as compared to heterosexual relationships (Balsam et al., 2005; Tjaden et al., 1999). The evidence on lesbian (compared to heterosexual) relationships is mixed; Tjaden et al. (1999) found that lesbian relationships were less physically and sexually violent, whereas, Balsam et al. (2005) found higher levels of physical violence in these relationships.

Individual factors. Risk factors for IPV against gay and lesbian partners have not been extensively studied, and there are few studies utilizing large representative samples that might help explicate these risk factors. There is evidence that individual factors specific to GLBT individuals, such as internalized homophobia (with its resultant self-hate and lowered self-esteem), may heighten the risk of experiencing and perpetrating violence in a same-sex partnership (Balsam & Szymanski, 2005; Murray, Mobley, Buford, & Seaman-DeJohn, 2006).

Perpetrators of same-sex physical violence show heightened levels of substance abuse,

depression, and insecurity, and lowered levels of self-esteem, control, and communication skills (Murray et al., 2006). While there is consistent evidence of a link between physical violence in the family of origin and IPV for gay men, the evidence of this link is inconsistent for lesbians (Kulkin, Williams, Borne, de la Bretonne, & Laurendine, 2007).

The risk of experiencing sexual coercion or assault as an adult is two times higher among lesbians and five times higher among gay men (as compared to heterosexuals), with a male being highly likely to be the perpetrator for both groups (Balsam et al., 2005; Tjaden et al., 1999). Gay men are at higher risk of an intimate partner sexual assault if they grew up in a home characterized by sexual violence, and addictive behaviors, or if they experienced a sexual assault as a child by a non-family member (Christopher & Pflieger, 2007; Heidt, Marx, & Gold, 2005).

Relationship and contextual factors. The dynamics of physical violence in gay and lesbian partnerships are believed to be similar to those in heterosexual relationships (Murray et al., 2006), although using a heterosexually based lens as a point of analysis is very limiting (Ristock, 2003). Fortunately, the research on same-sex violence has moved from the concept of “mutual violence” to one differentiating perpetrators from victims. Perpetrators tend to engage in intentional coercive actions, including use of alcohol or drug use to lower inhibitions, fostering guilt and threatening to leave the relationship, and playing upon emotional or economic dependency, whereas victims feel self-blame and emotional distress (McClennen, 2005; Strike, Myers, Calzavara, & Haubrich, 2001). Same-sex intimate partner battering is often a product of underlying efforts to gain power and control, with resultant power imbalance dynamics leading to the escalation of conflict, poor conflict resolution skills, attachment fears, exploitation of the partner’s weaknesses, blaming the victim for provoking the violence, and jealousy (Brown, 2008; Murray et al., 2006; Ristock, 2003). And, in lesbian relationships, higher levels of IPV are associated

with more “fusion” in the relationship and more control by the partner (Causby, Lockhart, White, & Greene, 1995).

The examination of mediated models is an important approach for understanding how relational dynamics come together. Balsam and Szymanski (2005) demonstrated that the relationship between internalized homophobia and same-sex violence was fully mediated by relational distress. Craft, Serovich, McKenry, and Lim (2008) discovered that the relationship between stress and violence perpetration was mediated by an insecure attachment style.

There are unique contexts surrounding same-sex partner violence. Perhaps the most important of these is the impact of living in a context of homophobia. For example, living openly with a same-sex partner increases one’s visibility as gay or lesbian and adds to the stressors already associated with being a sexual minority (Murray et al., 2006). The threat of being “outed” by the partner may be a unique type of psychological abuse that further isolates the victim (Ristock, 2003). Gay/lesbian partners who are battered may be less likely to reveal their abuse, out of fear of shaming the LGB community or exposing the community to additional prejudice and homophobia (Brown, 2008). Additional problems may result from the homophobia experienced in the legal and formal intervention systems, which may mitigate against seeking help from these institutions and lead to increased reliance on friendship networks (McClennen, 2005; Murray et al., 2006).

The presence of sexual violence adds unique dynamics. Contextually, lesbian sexual violence does not fit with prevailing cultural norms emphasizing that women are sexually nonaggressive, and that women do not engage in sex with other women (Girshick, 2002). Stereotypes about gay men, in turn, emphasize their hypersexuality and that they cannot be victims (Brown, 2008). Finally, men who are HIV positive may have heightened vulnerability for experiencing same-sex violence (Murray et al., 2006) and may be constrained to stay with an abusive partner (Craft & Serovich, 2005).

The effects of physical and sexual violence. Short-term effects of same-sex physical violence on the victim include self-blame and conflict avoidance (Murray et al., 2006), while long-term effects include anxiety and traumatic stress disorders (Kulkin et al., 2007). The immediate effects of experiencing lesbian sexual violence include fear, a sense of betrayal, confusion, anger and guilt; long-term effects include heightened levels of depression, PTSD symptoms, and suicidal feelings (Girshick, 2002; Heidt et al., 2005). The effects of experiencing non-consensual sex for gay men include heightened risk for alcohol abuse, diminished self-esteem, mood disorders, depression, and PTSD symptoms (Heidt et al.). Finally, gay, lesbian, and bisexual individuals who were sexually victimized both in childhood and adulthood show the highest levels of psychological distress, PTSD symptoms, and depression (Heidt et al.).

Psychological Aggression in Heterosexual Partnerships

Perhaps the field of adult maltreatment that faces the greatest methodological challenges is that of psychological aggression. Definitional issues are the first of these challenges and Follingstad (2007) notes, for example, that “psychological abuse” has become the predominant term for verbal abuse/aggression, psychological maltreatment/aggression, and emotional abuse. Given that abuse implies subjective judgment that a “threshold” of reprehensible behavior has been reached, and the consequent problems of equating mildly aggressive actions with egregious ones, Follingstad calls for a change to the term “psychological aggression.” She defines this as “the *general concepts and range* of behaviors engaged in by intimate adult partners which encompass the range of verbal and mental methods designed to emotionally wound, coerce, control, intimidate, psychologically harm, and express anger” (p. 443). Follingstad (2007) notes key methodological problems: (1) lack of consistent conceptualization and measurement (2) conflation with physical aggression; (3) emphasis

on the reports of recipients, without consideration of the interpersonal context; and (4) absence of sophisticated measures that can capture the complexity of psychological aggression.

In Kelly’s (2004) review of this literature, two dimensions of psychological aggression emerged: dominance/control (including hostility, isolation and activity control, restrictive engulfment, and withdrawal) and emotional/verbal (including criticism, coercion, denigration, and ridicule). However, these conceptualizations are complicated by the fact that the impact of the aggressive act is included in the definition, such that the intent to cause harm, instill fear, and damage self-esteem are seen as necessary components for the label of abuse (Follingstad, 2007).

The relational dynamics of psychological aggression have rarely been studied independently, as it is often conceptualized and studied as a precursor/covariant to physical violence (Outlaw, 2009). Psychological aggression both co-occurs with physical aggression at high rates as well as predicts the severity and future occurrence of physical aggression (O’Leary & Slep, 2003; Outlaw, 2009). For example, O’Leary and Slep (2006) discovered both men and women reported verbal aggression as a common precipitant of mild physical aggression. Winstok and Perkis (2009), in testing a model of escalation, found that verbal aggression was more closely related to control than to physical aggression. Consequently, they concluded that control and physical aggression were actually conceptualizations of the same construct.

Attachment anxiety is related to both the perpetration and receipt of psychological aggression (Riggs & Kaminski, 2010). Weston (2008) notes that insecure attachment mediates the relationship of psychological aggression to relationship quality. For men, the relationship of avoidance of intimacy and psychological aggression is mediated by anger; for women, anxiety over abandonment is related to higher levels of frustration and verbal aggressiveness, which in turn is related to the use of physical violence (Lafontaine & Lussier, 2005).

The impact of psychological aggression is difficult to tease out, given the co-occurrence of

physical violence, the differing definitions of aggression/abuse, and the failure to control for severity and duration. There is evidence from methodologically strong studies that psychological aggression and depressive symptoms are consistently related, although this is hard to untangle when physical aggression is also present (Follingstad, 2009). Coker et al. (2002), in an analysis of NVAWS data, note that individuals experiencing the power/control form of psychological abuse (without physical/sexual violence) show higher levels of depressive symptoms and alcohol/drug use, and poorer health. And, psychological aggression is associated with women's leaving, or wanting to leave, the relationship (Follingstad, 2009).

The evidence for the influence of psychological aggression on PTSD is mixed. A study by Babcock, Roseman, Green, and Ross (2008), for example, found that psychological aggression did not predict PTSD symptoms beyond that predicted by physical assault. In contrast, other research (Basile, Arias, Desai, & Thompson, 2004) has indicated that psychological aggression was related to PTSD symptoms after controlling for sexual and physical violence, injuries, and stalking. Basile et al. (2004) note that a "dosing" effect may be evident, such that the experience of more types of violence was related to greater PTSD symptoms. There are also contradictory results for the relationship between psychological aggression and anxiety and self-esteem (Follingstad, 2009). To date, Follingstad (2007) cautions that path models do not exist that clearly document the levels/forms of psychological aggression that produce particular outcomes.

Elder Abuse

The study of elder abuse began in earnest in the late 1980s. Since then, research efforts have concentrated on understanding the prevalence and types of abuse, as well as risk factors and effects. In a comprehensive review of studies of the incidence of elder abuse, Cooper et al. (2008) conclude that approximately 6% of the elderly population reports experiencing some form of

significant abuse. These rates rise considerably if vulnerable populations are examined, with about one-fourth of vulnerable elders and one-third of their caregivers reporting receiving/perpetrating significant abuse (these estimates include family members, and other caregivers of the elderly). The National Elder Abuse Incidence Study further notes that 90% of known elder abuse perpetrators are family members, with two-thirds of them being spouses and adult children (National Center on Elder Abuse, 1998). Elder abuse takes many forms, and may include physical, sexual and psychological violence, active and passive neglect, abandonment, medical abuse, and financial exploitation (Krienert, Walsh, & Turner, 2009).

Like all areas of family violence research, the field of elder abuse has several methodological limitations. Few studies of the extent and dynamics of elder abuse involve representative samples of elders, consistent definitions and measurements, or can be characterized as prospective investigations (Jasinski & Dietz, 2004). Finally, studies do not always tease out the relationship between victim and perpetrator, making it difficult to untangle family dynamics.

Individual factors. There are several consistent individual-level risk factors for elder abuse. Victims are typically older than 75 (and elders over 80 are abused at two to three times the rate of other elders), living with family members, and socially isolated (Krienert et al., 2009; Lachs & Pillemer, 2004). Individuals with dementia, particularly those who display disruptive behaviors, are at heightened risk (Bonnie & Wallace, 2003), but the evidence on gender as a risk marker is mixed. While some nationally representative surveys find men to have a higher risk (associated with their greater tendency to live with others), data from both the NVAWS and cases reported to authorities show that, among individuals over the age of 55, women are more likely than men to experience IPV (Jasinski & Dietz, 2004; Krienert et al., 2009). Finally, there is mixed evidence on physical impairment and the race of the victim as risk markers (Bonnie & Wallace, 2003).

Consistent risk markers for the perpetration of elder abuse include dependence on the victim,

mental illness, and alcohol abuse (Lachs & Pillemer, 2004). Men are more likely to perpetrate elder abuse in general, as well as more likely to perpetrate physical violence (particularly aggravated assault) against elders, whereas women are more likely to perpetrate elder neglect (Krienert et al., 2009; Penhale, 2003). Like other forms of violence, women are more likely to be abused by a family member (spouse or adult child), whereas men are more likely to be abused by a stranger or acquaintance (Krienert et al.). Violence in the family of origin and caregiving stress are inconsistent risk markers for perpetration (Bonnie & Wallace, 2003; Lachs & Pillemer, 2004). Finally, there may be an association between dementia, and its resultant agitation and delusions, and the perpetration of violence against intimate partners, although the evidence here is preliminary (Reeves, Desmarais, Nicholls, & Douglas, 2007).

Family factors. Initially, elder abuse was conceptualized as being catalyzed by the stress of caring for a dependent elder (Straka & Montminy, 2006). As a result, services and supports were developed for caregivers, to help relieve stress and prevent abusive behavior (Lundy & Grossman, 2005). However, this view of the dependent elder has given way to an understanding that adult children who abuse their parents often have significant mental health problems, and depend emotionally, financially, and for housing, on the elderly parent (Lachs & Pillemer, 2004; Lundy & Grossman, 2005). In addition, custodial grandparents may be at heightened risk of abuse by grandchildren, particularly when the grandchildren have significant mental health or behavioral risk factors (Brownell, Berman, Nelson, & Fofana, 2005).

Elder IPV has tended to “fall between the gaps” of the study of elder abuse and domestic violence (Straka & Montminy, 2006). Given that a sizeable proportion of elder abuse is heterosexual intimate partner abuse (ranging between 30 and 60% in national surveys), scholars have begun to single out this form of elder abuse for particular study (Desmarais & Reeves, 2007; Penhale, 2003). Relational dynamics are believed to be similar to those seen for younger couples, and in long-term relationships, they most likely

reflect dynamics that have been present in the relationship for some time, with the exception of the development of dementia (Desmarais & Reeves). Elder partner violence includes controlling behaviors, refusing to give medicine, physical aggression, and sexual coercion/assault (Zink & Fisher, 2007). Psychological abuse is the most common form of elder partner violence and is integrally tied to issues of power and control (Seff, Beaulaurier, & Newman, 2008). The short- and long-term effects of elder IPV are also believed to be similar to those experienced by younger adult victims. They include self-blame, reduced self-esteem, loss of a sense of self, poor coping skills, depression, despair (Penhale, 2003), decreased functional capacity, and increased hospitalizations, emergency room visits, and risk of death (Zink & Fisher, 2007).

Elder partner violence is characterized by unique features that provide a context for this form of abuse. One of these features is cohort effects, which means that older women and men who hold more traditional gender-role expectations also may be less inclined to consider divorce, and be less likely to seek help for a private “family problem” (Straka & Montminy, 2006). Older women, in particular, may face increased financial constraints that prevent leaving an abusive relationship (Seff et al., 2008).

The Cycle of Family Violence

The intergenerational transmission of violence has long been heralded as a major explanatory factor in understanding family violence. Numerous retrospective studies demonstrate that those who perpetrate child maltreatment, engage in youth violence, and perpetrate or receive adult IPV and sexual aggression report heightened levels of experiencing maltreatment and/or witnessing IPV as a child (Barnett et al., 2005). Indeed, the cycle of violence explanation permeates the research and popular literature alike. The presence of family violence in one’s background clearly raises the risk of subsequent perpetration of violence; for example, child sexual abuse doubles or triples the risk of subsequent revictimization for women

(Classen, Palesh, & Aggarwal, 2005), men who witnessed/experienced violence in their families of origin are twice as likely to be abusive toward their wives (Margolin et al., 2003), and women's risk of experiencing IPV is twice as high if she experienced child abuse (Hattery, 2009).

Recent retrospective studies of the cycle of family violence have emphasized the study of mediators and moderators. For example, O'Hearn and Margolin (2000) found that men's beliefs about the legitimacy of using violence against wives moderated the relationship between family of origin violence and perpetrating IPV. Men who condoned violence evidenced a strong intergenerational transmission of violence, whereas men who did not condone violence evidenced nonsignificant levels of intergenerational transmission. Crawford and Wright (2007) found that, while the experience of child emotional abuse was related to adult perpetration of intimate violence and victimization, this relationship was fully mediated by interpersonal schemas of entitlement, mistrust, and emotional inhibition.

There are also a number of excellent prospective studies of the cycle of violence, and these represent a stronger methodology for understanding the intergenerational transmission of violence perpetration. There are a number of studies that examine how the cycle of violence is related to *youth perpetration of violence, juvenile delinquency, and adult crime*. The experience of physical abuse predicts later involvement in youth violence, and these effects are heightened for those who experienced physical abuse as adolescents (Maas, Herrenkohl, & Sousa, 2008). Young adults who experienced physical abuse during adolescence evidenced a heightened risk of involvement in crime that carried over into adulthood, and this relationship was heightened for those who were low income, living in an urban area, and living in a single or step-parent family (Fagan, 2005). Egeland, Yates, Appleyard, and van Dulmen (2002), in a study of high risk youth, found support for an attachment model to explain the relationship between child maltreatment and youth violence. The relationship of physical abuse and/or emotional neglect to middle childhood externalizing behaviors was mediated by

early childhood alienation (i.e., a form of problematic attachment) from the mother. The impact of child maltreatment on youth antisocial and delinquent behavior, in turn, was mediated by middle childhood externalizing behaviors.

Other prospective mediational models demonstrate that family, school, and peer factors mediate the relationship between child maltreatment and youth violence. For example, Herrenkohl, Huang, Tajima, and Whitney's (2003) prospective study tested a path model of the relationship between mother's abusive discipline and youth violence. The strongest pathway showed that abusive discipline predicted positive attitudes toward using violence, which predicted involvement with antisocial peers, which in turn was a predictor of violent behavior by the adolescent. Abusive discipline also predicted lowered school commitment, which in turn was associated with involvement with antisocial peers. Finally, mother's abusive discipline was related to lowered parental attachment, which in turn was related to youth violence.

The cycle of violence has been studied prospectively with respect to the *perpetration of IPV*. Dankowski et al. (2006) studied affect dysregulation (i.e., high levels of internalizing and externalizing behaviors) among male adolescent juvenile delinquents who had been physically abused as children. They found that family of origin processes (chaos and attachment) were related to higher levels of affect dysregulation, which in turn were related to higher levels of adult perpetration of IPV. Capaldi and Clark (1998) hypothesized a mediated model in their examination of the links between parent antisocial behavior, unskilled parenting, parental dyadic aggression, adolescent antisocial behavior, and subsequent IPV. While parent antisocial behavior was linked to both unskilled parenting and dyadic aggression, poor parenting practices were more strongly related to later partner violence (through its association with adolescent antisocial behavior) than was parent violence toward the child. Capaldi and Clark concluded that previous research has overemphasized parental partner violence and failed to examine the processes of unskilled parenting.

Early experiences of child maltreatment are related to later *perpetration of sexual violence* as well. In a prospective study of boys and young men, physical abuse experienced in childhood was related to adult sexual coercion in an intimate relationship, but was completely mediated by the extent to which adolescent delinquency was evident (Casey, Beadnell, & Lindhorst, 2009). In the same study, the experience of child sexual abuse had a direct effect on adolescent/adult sexually coercive behavior, with this relationship being partially mediated by the extent to which sex was initiated at an early age. The risk of young adult sexual violence perpetration was highest for men who experienced both physical and sexual abuse as children.

Finally, there is a burgeoning literature on *revictimization*. Widom et al.'s (2008) prospective study of revictimization is a particularly strong example; all forms of childhood maltreatment (physical, sexual, neglect) raised the risk of subsequent interpersonal traumas and revictimization (including physical assault and abuse, sexual assault and abuse, stalking/kidnapping, and suicide or homicide of a family friend); however, the risks for crime victimization and general traumas (such as accidents, or combat experience) did not differ between the groups. Individuals who had experienced multiple forms of child maltreatment evidenced the highest levels of physical abuse and sexual abuse revictimization. There were race differences, with Whites who were maltreated as children evidencing higher levels of adult traumas. Widom et al. note that males and females alike experienced revictimization, concluding that the idea regarding the cycle leading men to be perpetrators and women to be victims is overly simplistic.

Much of the revictimization literature concentrates on women's experiences of child sexual abuse, noting that sexual abuse as a child is a consistent risk factor for experiencing sexual assault, rape, and IPV later in life (Barnes, Noll, Putnam, & Trickett, 2009; Daigneault, Hebert, & McDuff, 2009). The risk of revictimization is related to characteristics of the sexual abuse experienced as a child, including cumulative trauma (e.g., the experience of both sexual and physical abuse),

experiencing sexual assault during adolescence, more invasive child sexual abuse, intrafamilial abuse, and longer duration of childhood sexual abuse. Family of origin characteristics related to increased risk of revictimization include drug/alcohol problems, high parental conflict and violence, mental health problems, and less cohesion and expressiveness (Classen et al., 2005). The risk of sexual revictimization is mediated by adolescent risk taking behaviors and risky sexual behavior (Fargo, 2009), avoidant coping and increased trauma symptoms (Fortier et al., 2009), and substance use (Messman-Moore, Ward, & Brown, 2009). The effects of sexual revictimization include heightened distress, depression, alcohol/drug abuse, PTSD, dissociative disorders, shame and self-blame, interpersonal problems, and avoidant coping (Classen et al., 2005; Koenen & Widom, 2009).

Although the cycle of violence has so often been heralded as a primary explanation for violence in the family, very early on, Kaufman and Zigler (1987) and Widom (1989) noted that too often intergenerational transmission was overstated. Widom critiqued the research literature to date, noting the limitations of retrospective designs, studies of known populations (especially those without control groups), and inconsistent definitions; she concluded that the cycle of violence explanation has been overly simplistic and overestimated. Unfortunately, many of her criticisms are still relevant, although strong prospective studies and mediational models are more prevalent now. Kauffman and Zigler noted that while the presence of family violence in one's background raises the risk of subsequent violence perpetration, fully 65–75% of those who witness/experience violence as a child do not repeat the cycle. Similarly, in the National Longitudinal Study of Adolescent Health, 55% of the men who reported being sexually coercive in an intimate partnership had no prior victimization history (Casey et al., 2009).

Indeed, Egeland, Jacobvitz, and Sroufe (1988) asked perhaps the most important question in this area of study: What breaks the cycle of abuse? They discovered that mothers who did not repeat the cycle had strong intimate partnerships as

adults, had received therapy at some point in their lives, and had received emotional support from a non-abusing adult as a child. Recent studies that utilize resilience models, and that examine risk and protective factors, provide a much more complex understanding of intergenerational transmission (these studies are discussed later in the section on the life course).

The Commonalities and Complexities of Family Violence

Tolan et al. (2006) call for an integration of findings across the many forms of abuse and violence into what they call a “family violence perspective.” They note the complexity of the problem, multiplicity of influences, the need to contextualize violence (and to understand why it is so alarmingly prevalent in the place we seek love and care), and commonalities across intervention efforts. One of the most enduring models for understanding the complexity of family violence has been Bronfenbrenner’s Ecological Model (Bronfenbrenner, 1979; Bronfenbrenner & Ceci, 1994) that has been used extensively to ground the interplay of risk and protective factors for almost all forms of family violence (e.g., Stith et al., 2009; Tolan et al., 2006). These ecological models typically include four embedded levels of influence that are critical to our understanding of the etiology and amelioration of family violence: individual (ontogenic), family (microsystem), community (exosystem), and cultural values (macrosystem).

As this review attests, looking across multiple forms of violence (child abuse and neglect, IPV, and elder abuse) reveals many consistencies in this ecology. *Common individual risk factors* for the perpetration of violence include an exposure to violence in the family of origin, externalizing behaviors (aggression, anger, hostility, poor impulse control, substance use, antisocial personality), and internalizing behaviors (anxiety, depression, low self-esteem). *Common family interaction characteristics* include low cohesiveness (anxious attachment, low levels of involvement), cycles of coercive behaviors (negativity,

aversive behaviors, reactivity, anger), and poor relationship quality (high conflict and relational stress, low satisfaction, low problem-solving). *Common community characteristics* include poverty, economic stress, and a lack of social/neighborhood support. And finally, *common cultural values* are reflected in consistent findings on the presence of attitudes condoning the use of physical violence, sexual aggression, and hostility against women. Additionally, systemic oppressions (including racism, sexism, classism, and homophobia), and norms about family privacy, intersect with criminal justice/social service interventions, ideas about the etiology of violence, and individual responses and constructions of meaning.

Still, despite being applied consistently to the study of violence, the ecological model often does not advance beyond an organizing framework for a large number of findings; plus, the preponderance of work is done on the ontogenic level, and cross cutting examinations of violence in the home are rare. Admittedly, the ecological model is difficult to empirically test given the limitations of current measurement and statistics. Rather than testing the entire model per se, it is still possible to utilize it as a deeper framework for conceptualizing the dynamics of family violence. Specifically, the potential of the ecological model remains untapped in its emphasis on transactional processes and the interplay of risk/protective factors. Cicchetti and Lynch (1993) proposed an ecological-transactional model that places the four levels of ecology within a framework of understanding two key transactional elements: (1) the ways that individuals, families, and environments all interact to mutually influence one another, and (2) the balance of vulnerabilities/challenges and protective factors/buffers. Certainly, one of the limitations of the ecological model as utilized by many researchers is the placement of a risk/protective factor into a single level of the model, without highlighting the ways in which many factors cause ripples, stresses, and adaptations for the individual, family, community, and culture alike. Going beyond these single level applications may lead us to a different conceptualization of family

violence altogether. In the remainder of this chapter, I discuss four areas of both conundrum and complexity, that if viewed across multiple ecological layers, may hold promise for new understandings of family violence: the life course of violence, cycles of coercion and control, gender as context and process, and race, class, and culture.

The Life Course of Violence

As noted early in this review, research on the various forms and dynamics of family violence occurs in relative “silos” with somewhat limited interconnection. However, there are calls for a broader contextualization of the field. In particular, Anderson (2010) and Williams (2003) call for a life course perspective on family violence. Williams identifies key questions that are only just beginning to be explored by family violence scholars such as: (1) What is the impact of violence over the life span and how are these effects mediated and moderated as one transitions through child and adult developmental periods? (2) How do experiences of multiple types of violence affect the child/adult? and, (3) How does early victimization relate to revictimization, and affect both trauma and recovery? Inherent in this perspective on the life course is a view that “family violence might be better viewed as a process not an event” (p. 443).

A life course perspective holds promise in two key areas. First, a life course perspective would generate new questions about the effects of family violence. The long-term effects of violence on the victim are clearly documented, and include internalizing behaviors (substance abuse, depression, suicidality, anxiety disorders, and trauma symptoms), externalizing behaviors (including increased aggression, delinquency, and conduct disorders), and difficulty in relationships (both intimate partner and parent–child). However, prospective studies that control for other stressful life events during adulthood find, for example, that childhood maltreatment has little direct effect on adult mental health (Horwitz, Widom, McLaughlin, & White, 2001). Additionally, there is increasing evidence that there is high comorbidity between

what are often theorized and studied as “separate” types of family violence (for example, child abuse and wife abuse; physical and sexual abuse in intimate partnerships), and that poly-victimization leads to greater trauma (Anderson, 2010). Indeed, the web of influences is so complex that teasing out specific effects is nearly impossible. For example, violence against a child influences adolescent and adult development, which in turn also influences how individuals form intimate and support relationships, both of which influence the adult’s ability to cope with the long-term effects of trauma (Horwitz et al., 2001). These relationships are further mediated or moderated by the resilience and mental health of the child and adult. These include the length and severity of the abuse, the level of family disruption vs. adaptability, the presence of supportive family/friends/communities, and exposure to multiple forms of violence both inside and outside the home (Briere & Jordan, 2004; Hedtke et al., 2008; Tolan et al., 2006).

Second, a life course perspective would change the types of questions asked around the intergenerational transmission of violence. Although witnessing or experiencing violence as a child or adolescent has been found to be a consistent risk marker for the perpetration of juvenile delinquency, child abuse, and IPV, this line of research all too often does not go beyond documenting the basic association to ask the questions of how and under what circumstances. Yet, a picture of key mediators is emerging; as noted in the earlier review of the cycle literature, the transmission of violence (and revictimization) is mediated by parent–child attachment, high levels of parent conflict and mental health problems, involvement with antisocial peers, and low school commitment. When juxtaposed with the seminal findings of Egeland et al. (1988), the importance of social and familial contexts is clear.

Zielinski’s (2009) recent work on the economic impact of child maltreatment demonstrates the many possibilities inherent in a deeper examination of the life course of family violence. Using a prospective design, and a nationally representative sample, Zielinski documents the impact of experiencing child maltreatment on adult economic productivity, noting heightened levels of unemployment, poverty, and Medicaid usage

(after controlling for childhood socioeconomic status). He hypothesizes that education, psychopathology (including involvement in crime and deviancy), and physical health may be the key mediators here; and notes “the relationship between maltreatment and socioeconomic well-being ... may represent an important mechanism in the intergenerational cycle of violence” (p. 674). Zielinski’s findings spur us to consider what else is “transmitted” with maltreatment, and how the experience of family violence may be accompanied by a cascade of stressors and maladaptive patterns that have as much to do with the cycle as does the violence per se.

Finally, Anderson (2010) presents an intriguing challenge to the field. She calls for greater study of family violence as an independent variable, for example, examining how violence shapes processes of intimate relationship development, maintenance, and dissolution, and how violence influences teen pregnancy, employment instability, and lower earnings.

Family Processes of Coercion and Control

One of the cornerstone aspects of the study of family violence that may have been left by the wayside in recent years (given the plethora of work on individual risk factors and consequences) is the emphasis on family processes themselves. Early on, Straus et al. (1979) emphasized that the family was the site of so much violence because of its inherent characteristics: high levels of time spent together, a system characterized by both hierarchy and power, and high stakes that may lead to stress and conflict. Understanding the family context means understanding how families share both positive and negative histories, how victims may desire to end violence but not the relationship, and how surviving and thriving are deeply affected when one’s family is not a safe haven (Williams, 2003).

Research on family processes that accompany violence acknowledges that violence is not an isolated behavior, but instead is embedded in family patterns of coercion and control (Patterson, 1982; Wilson et al., 2008). As noted earlier in

this chapter, these studies clearly document the presence of cycles of aversive interaction between parent and child as well as between intimate partners, cycles that are characterized by perpetrator hyperreactivity, destructive anger, and belligerence; high levels of negativity and aversive behaviors; and low levels of attachment, positivity, and facilitation. Other process dynamics include blaming the victim for provoking the violence, power imbalances, and conflict escalation. And certainly, work on emotional maltreatment of children, and psychological aggression between intimate partners, brings a renewed emphasis on the ways in which family members seek to intimidate, coerce, and control one another.

Three very distinct sets of studies illustrate the ways in which scholars are re-emphasizing the role of coercion and control in family violence. First, building on the seminal work of Patterson (1982), subsequent studies of parent–child and husband–wife interaction document the role of coercive cycles of interaction in creating a hostile climate in the home (Lloyd & Emery, 2000a). Work by Borrego, Timmer, Urquiza, and Follette (2004), which examined sequences of mother and child behaviors, is a good example here. They found that physically abusive mothers responded to noncompliance on the part of the child with negative behaviors and commands, whereas non-maltreating mothers responded with another command only. While there were no differences in praising the child’s compliance, abusing mothers were less likely to engage in positive behaviors both before and after child compliance.

Second, studies of sexual aggression between intimate partners have long emphasized the role of coercive tactics in gaining compliance with a demand for sex, and/or as a precursor to the use of force. Coercion here includes psychological pressure, persistence, bullying, use of alcohol/drugs to gain sexual access, power assertion, and calling upon men’s entitlement to sex (Christopher, 2001; Martin et al., 2007). The presence of coercion has been documented across a wide variety of studies, including samples of dating, married, and gay/lesbian couples (Christopher & Pflieger, 2007; Marshall & Holtzworth-Munroe, 2002; Strike et al., 2001).

Third, scholars who study IPV have recently renewed their emphasis on coercion and control as underlying mechanisms in cases of severe violence. For example, Stark (2007) provides an in-depth examination of the role of coercive control perpetrated by batterers against their wives and girlfriends; this control is deeply linked to constructions of masculinity and male dominance, and serves to regulate how women express themselves both inside and outside the home. Johnson (2008) describes three distinct patterns of violence that reflect the underlying dimension of control (intimate terrorism, violent resistance, and mutual control) and one type that is not control-based (situational couple violence). Anderson (2008), in examining the effects of violence (e.g., depressive symptoms, injuries, leaving the relationship), counters that the breadth of the violence experienced (vs. Johnson's types) is the most predictive of outcomes. Anderson (2008), Johnson (2008), and Stark (2007) all conclude that research should continue to emphasize the larger pattern of coercive control in intimate relationships (whether or not physical violence is present). As Anderson notes, this would "represent a substantial shift in our approach to IPV, which has historically emphasized the experience of physical violence as the key characteristic of IPV victimization" (p. 1167).

Ultimately, research that examines coercion and control returns us to an emphasis on the purpose that violence serves in a family relationship, and the processes whereby family members gain power over one another. Clearly, physical and sexual violence are accompanied by other highly coercive behaviors, and coercion (even by itself) is highly deleterious for healthy child and adult development.

Gender as Context and Process

Perhaps one of the most enduring debates in the field is that of the role that gender plays in violence in the home. Gender is typically treated in the family violence literature in one of three ways. First, in the most simplistic approach, *gender differences* are examined, delineating differences in

perpetration, victimization, and outcomes. However, recent work using mediated and multivariate models demonstrates that gender per se may not matter as much as does the overall history of trauma in predicting long-term effects of abuse (Pimlott-Kubiak & Cortina, 2003), and that gender is a weak/inconsistent risk marker for perpetration (Stith et al., 2009).

Second, gender is examined in terms of *traditional roles of men and women*, often in an unquestioning way. This is probably the most apparent in the study of child abuse and neglect, where mothers are almost exclusively studied, and yet, the dynamics of motherhood that might lead to a higher risk of perpetration are rarely acknowledged (Hamby, 2005; Stith et al., 2009). Indeed, Worcester (2002) states that child abuse is the "area I find the most mother blaming," as society as well as protective services "assign responsibility to mothers, regardless of who assaults the children or the context in which the abuse occurs" (p. 1407). The allegation of charges against mothers who have experienced domestic violence of "failure to protect," in the face of evidence that these mothers work hard to protect their children, speaks volumes here (Holt et al., 2008). These constructions of motherhood are complicated by methodologies that utilize mothers as "stand-ins" for parents; the study of child neglect is a case in point here. Research in this arena has been developed with a consistent underlying assumption that the mother is the primary caregiver, and that to the extent that neglect is a breakdown in care, it is also a breakdown in mothering. Fathers, when they are studied at all, are examined primarily in terms of their relationship with the mother, or in terms of their presence/absence; all too often, the risks/benefits that fathers pose are absent from the analysis (Daniel & Taylor, 2006).

Such traditional roles permeate the literature on IPV as well. Ironically, the domestic violence literature developed with a strong emphasis on its patriarchal underpinnings (cf. Dobash & Dobash, 1979). However, in the early development of the field, women's active agency in resisting violence, as well as their instrumental use of IPV, were often invisible (Lloyd et al., 2009; Olson & Lloyd, 2005). In contrast, as the de-gendering of

IPV has occurred, the field has shifted away from any acknowledgment of the role of structural aspects of gender (Anderson, 2009).

Third, *gender is examined in the absence of context*. For example, the literature on child abuse and neglect lacks thorough analysis of how parenting dynamics and practices intersect with both gender and single parent status. While it may be mentioned in passing that mothers typically spend more time in child care than do fathers, that single parents are more likely to be mothers, and that there is a significant association between single parenting and economic stress, research studies typically do not tease out these multiple interrelationships (Gelles & Cornell, 1990). Nor do they acknowledge that among two-parent families, children are 56 times more likely to be living with a stay at home mother than with a stay at home father (Hamby, 2005).

This absence of contextualizing gender also appears in the arguments about gender symmetry/asymmetry. Both Hamby (2005) and Frieze (2008) critique researchers on both sides of the debate for their insularity and resistance to other views, and argue that when the framework of the discussion is broadened, a different view emerges. That is, in the context of intimate relationships, men commit the majority of physical assaults, homicides, rapes, child sexual abuse, and physical abuse of elders, and women are the majority of victims for all these forms of family violence (see also Reed, Raj, Miller, and Silverman's (2010) excellent analysis).

This review makes apparent that gender remains a core construct that must be examined in new ways. Rather than de-gendering violence, we must examine *gender as a social construction* (and not merely a social address). Here, gender is a process of social interactions, that is, individuals enact their gender in their everyday social practices (White, 2009). Gender serves as a social structure that situates men and women differentially (Anderson, 2010); thus, violence occurs in this context of inequality, and violence reproduces inequality (Anderson, 2009). Such a view also acknowledges that gender constructions are inextricably interwoven with family processes, and heteronormativity (Oswald, Kunalanka,

Blume, & Berkowitz, 2009), and that aggression is often constructed as a key component of masculinity (Frieze, 2008). To deeply understand the dynamics of family violence, we must ask theoretically rich questions about the motivations, processes, and dynamics of violence as they intersect with constructions of gender. And, we must acknowledge the structural aspects of gender, that is, the ways that labor, power, earnings, and the assignment of caregiving are structured around gender differences (Anderson, 2009). As Frieze so eloquently puts it, "gender concerns are central to developing a more nuanced understanding of partner violence" (2008, p. 670).

A careful treatment also means that we must increasingly examine the socio-political contexts of women's use of violence, and we must take women's use of violence seriously. Such analysis begins to raise questions of why a battered women resorts to violence, under what circumstances women are the sole perpetrators of violence, both against children and intimate partners (Worcester, 2002), why women's/girls' violence (particularly girls/women of color) has been increasingly criminalized, and how the de-gendering of violence allows the inequitable structural positions of women and men to be ignored (Brown, Chesney-Lind, & Stein, 2007). And it will lead to a deeper understanding of whether the same theories can adequately explain both men's and women's use of violence against their loved ones (Holtzworth-Munroe, 2005).

Finally, an in-depth examination of gender also calls for a challenge to the idea that family and domestic violence affects all women equally. Clearly, gender, race, class, immigrant status, and sexuality intersect, such that low-income women, women of color, homeless women, women on welfare, and lesbians experience intimate violence in different ways (Anderson, 2010; Sokoloff & Dupont, 2005).

Race, Class, and Culture

Complex relationships exist between race, class, culture, and violence in the home. The examination of race in particular is beset by conceptual

and methodological issues. While we have come a long way from notions of cultural deviance and inferiority (Malley-Morrison & Hines, 2007), race is still treated as a social address. European-American is allowed to stand in for “all people.” It is common for samples to not include sufficient numbers for analysis of racial/ethnic groups. Other problems include the practice of ignoring group variation, overgeneralizing, and failure to include culturally-situated measures and analyses (Kasturirangan, Krishnan, & Riger, 2004). When race is considered, on the other hand, all too often it is given “particularly influential explanatory power. Specific cases are not conceptualized as reflecting individual power and, instead, entire groups are stereotyped” (Sokoloff & Dupont, 2005, p. 46).

Recently scholars have called for culturally competent views of family violence dynamics within racial/ethnic families. These views emphasize that definitions, experiences, and responses to violence are uniquely and intersectionally affected by culture, and that family violence is but one of the oppressions that racial/ethnic families experience (Abney, 2002; Sokoloff & Dupont, 2005). They also call for the direct examination of traditions and shared values, rather than inferring them from one’s classification as a minority (Kasturirangan et al., 2004). Racial/ethnic family members experience, understand, and respond to violence in ways that are embedded within the expectations of their communities, cultural norms, historical influences, and systemic oppression (Phiri-Alleman & Alleman, 2008). This work also emphasizes the ways in which the intersectionality of racism and sexism complicates the experiences of women of color (West, 2004).

The intersection of race and class is crucial, given the overrepresentation of families of color among the poor, and the association of family violence with economic stress (Hattery, 2009). For example, there is a higher risk of exposure to both sexual and physical violence for African-American women (Hattery); however, socioeconomic status fully moderates such differences (Sokoloff & Dupont, 2005). And, when neighborhood characteristics, such as concentrated economic disadvantage, are taken into account,

individual-level measures (such as income and race) no longer predict differences in violence (Anderson, 2010).

An intersectional, culturally situated analysis of family violence asks a whole different set of questions about the interplay of race, gender, and class. Changes in social policy that have resulted in increasing arrest rates of women and girls of color for violence perpetration are questioned (Brown et al., 2007). Strengths of African-American women, families, and communities are emphasized, and reveal the ways that self-sufficiency, positive racial identity, community belief in taking care of others, and strong ties to religious faith may serve as protective factors and supports (Phiri-Alleman & Alleman, 2008; Watlington & Murphy, 2006). Simultaneously, these very factors may be constraints to an extent that the social construction of “the strong Black woman” may make her less likely to ask for help. Such a cultural definition may place increased emphasis on African-American women’s roles as protectors of the family at all costs (Swan & Snow, 2006).

Studies of the unique family dynamics and cultural situatedness that intersects with the experience of family violence for racial/ethnic families are increasingly available. For example, Asian family culture emphasizes a collectivist orientation, allegiance to family, filial piety, respect for elders, emphasis on harmony and privacy, and the valuing of female ability to endure suffering; here, shame and guilt take on different culturally specific meanings (Lee & Hadeed, 2009; Phiri-Alleman & Alleman, 2008). Studies of Latino/a families highlight the importance of understanding contextual factors such as acculturation, immigrant and migrant status, and socioeconomic status (Hazen & Soriano, 2007; Klevens, 2007); couples in the middle of the acculturation process (between the old and the new cultures) may be at highest risk for domestic violence, particularly when there is disagreement on appropriate gender roles (Swan & Snow, 2006), and immigration status may serve as a barrier to seeking help (Hazen & Soriano, 2007). Studies of Native American families highlight the ways that family violence intersects with long

traditions that revere elders and children, as well as foster egalitarian relationships between husbands and wives; simultaneously, a history of relocation, colonization, oppression, poverty, and loss creates enormous stresses (Weaver, 2009).

This work also highlights the ways racial/ethnic families experience unique barriers that affect their abilities to seek assistance and legal redress. For example, immigrant women and children may be particularly affected by social isolation, and heightened financial and emotional dependency (Lee & Hadeed, 2009). Racial/ethnic families may turn first to informal supports for assistance, and their willingness to seek help is affected by negative racial stereotypes, a desire to keep family problems “inside the family,” and the history of racism in the criminal justice system (Bent-Goodley, 2007; Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009). Institutions and intervention programs may lack cultural sensitivity and be based in European-American models of mental and physical health. Language barriers may be present, and the challenges of racism, poverty, and immigration status may be ignored (Bent-Goodley, 2007; Rodríguez, Valentine, Son, & Muhammad, 2009). A culturally competent analysis of family violence must ultimately seek to analyze the ways that “racial and ethnic discrimination, anti-immigration sentiment, and social class bias are forces that may affect the daily lives” of minority families (Kasturirangan et al., 2004, p. 324).

Conclusion

Five decades of research on family violence has yielded a field of study that is both fascinating and fractious. Clearly, evidence continues to build that has helped us understand the causes, dynamics, and consequences of many different forms of violence perpetrated in our intimate relationships. There is much to look forward to in the future of research in this field, including more longitudinal work, models that attend to the role of mediating and moderating effects, the inclusion of culturally sensitive analyses, and the examination of the cumulative, life course interplay of violence

and trauma. In addition, this research base will continue to fuel improvements in both intervention and prevention programs.

Still, family violence remains a complex, and indeed paradoxical problem, given that the family is simultaneously the site of love and aggression, nurturance and coercion, protection and control. It is untangling this conundrum that keeps researchers so captivated by this field of study.

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