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# ***Top 10 Greatest “Hits”***

## ***Important Findings and Future Directions for Intimate Partner Violence Research***

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*In this article, the author highlights her choice of the 10 most important recent findings from the intimate partner violence research literature, which include (a) the creation of the Conflict Tactics Scale; (b) the finding that violent acts are most often perpetrated by intimates; (c) a series of findings that indicate that women also engage in intimate partner violence; (d) the finding that intimate partner violence typically evolves out of relationship dissatisfaction; (e) the finding that there are different subtypes of domestically violent men; (f) physiological measures that have added to our knowledge of intimate partner violence; (g) the evolving intergenerational transmission of violence theory; (h) the finding that verbal abuse, neglect, and psychological abuse need to be studied alongside physical violence; (i) research on leaving abusive relationships that may inform policy about sheltering battered women; and (j) the finding that alcohol plays an important role in the production of intimate partner violence. In the conclusion, the author describes a dyadic cycle of violence that may characterize some abusive couples. She also argues for a multimodal theory that links findings obtained from individual, relationship, intergenerational, gender-specific, and cultural perspectives.*

**Keywords:** *intimate partner violence; psychological abuse; gender; marital aggression*

***Whenever possible, I have used catchy*** or lyrical titles for my research publications (e.g., “Breaking up is hard to do,” or “What’s love got to do with it?”). Hence, in response to this invitation, I have highlighted my choice of the “top 10” most important research findings or the “greatest hits” in the intimate partner violence field. Throughout, I emphasize what I consider to be important methodological innovations, and I intersperse ideas about future directions that may expand our ability to understand, prevent, and intervene with both perpetrators and victims of intimate partner violence.

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**GREATEST HIT NUMBER 1:  
HE GAVE US A TOOL TO LOOK BEHIND CLOSED DOORS**

In 1979, Straus created a measure, the Conflict Tactics Scale (CTS), which lit fire to the domestic violence field. The CTS was revolutionary because it allowed researchers to quantitatively study events that had often been ignored culturally and typically took place in private. Through the construction of the CTS, Straus also highlighted that violence often occurs within the context of family conflict. The CTS format was behavioral and act specific, which aided our ability to make comparisons across samples and studies. The CTS directions were normalizing (i.e., “Spouses also use many different ways of trying to settle their differences. . . . Tell me how often you did each of these things in the past year”), which facilitated reporting of socially undesirable events. Moreover, CTS-generated data were startling, indicating that one in six marriages had included an incident of physical violence (e.g., Straus & Gelles, 1990). CTS-generated data were also controversial. For example, rates of intimate violence by women, as measured by act perpetration, have been shown to be as high as or higher than rates of intimate violence by men (e.g., Archer, 2000). Perhaps as a consequence, researchers have been encouraged to contextualize the measurement of intimate partner violence to ensure gender sensitivity (i.e., adding impact, fear, injury, and motivations). Last, in its first major revision, (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), occurrences of sexual aggression were included, highlighting that operational definitions of what constitutes violence are still being articulated (e.g., Schumacher, Slep, & Heyman, 2001). For example, current questions include, “Does victim designation require fear, self-labeling, and/or experiencing certain frequency and/or type of violence?”

**GREATEST HIT NUMBER 2:  
THE BOOGY MAN IS MOST LIKELY  
TO BE SOMEONE YOU KNOW**

Meanwhile, various researchers have demonstrated that perpetrators of other types of violence (e.g., stalking; see Douglas & Dutton, 2001) are also more likely to be family members or intimates than strangers, just as has been found with intimate partner violence. So we must continue delineating how and with whom close relationships are initiated, established, and maintained over time. Dating violence and rape research and relationship break-up re-

search are also vital, as are longitudinal studies, because certain premarriage events may link family-of-origin violence to family-of-procreation violence (e.g., Jackson, 1999).

**GREATEST HIT NUMBER 3:  
LAY MYTHS ABOUT VIOLENCE ARE NOT ALWAYS CONFIRMED**

Empirical research functions both to confirm and disconfirm prevailing social beliefs. One prevailing belief is that men are the violent batterers and women are the victims (Jacobson & Gottman, 1998). Findings supporting this belief include that women are more likely than men to be injured and to express fear in response to intimate partner violence (Cascardi, Langhinrichsen, & Vivian, 1992; Jacobson et al., 1994). However, contrary to what could be expected from the “women are the victims” perspective, data indicate that women’s perpetration of violence is surprisingly frequent, perhaps more so than men’s, and it is not always in self-defense. Moreover, typical motivations for women’s physical aggression include anger/tension release and retaliation for a partner’s past behavior—including emotional abuse (Hamberger & Lohr, 1997). Recently, using meta-analysis, Archer (2000) also demonstrated that women even initiate dating violence more frequently than do men. Likewise, wives in violent marriages are as verbally hostile and negative during conflict situations as are their husbands (e.g., Jacobson et al., 1994). Finally, bidirectional violence is perhaps the most common pattern for violent couples (Vivian & Langhinrichsen-Rohling, 1994). As a whole, these controversial results have raised the question of whether male violence against women should always be the primary and/or exclusive focus of empirical investigation. Instead, I believe that women’s violence also needs to be studied systematically, contextually, and scientifically. Gender-sensitive theories that account for both confirming and disconfirming findings need to be developed and rigorously tested to advance the field honestly.

**GREATEST HIT NUMBER 4:  
DISSATISFIED RELATIONSHIPS ARE  
BREEDING GROUNDS FOR VIOLENCE**

Perhaps because of fear of blaming the victim or increasing a victim’s danger, both personal and institutional reluctance has been shown toward studying intimate partner violence dyadically. Reluctance has also been shown toward accepting theoretical models that imply that modifying dyadic

exchanges (e.g., by teaching nonviolent conflict resolution processes) might reduce the occurrence of intimate violence. However, studies such as the one conducted by Aldarondo and Sugarman (1996) with 772 participants followed during a 3-year time period indicate that not only is marital conflict highly associated with the initial occurrence of violence, but it also predicts continued wife assaults.

Consistent with a relationship focus, O'Leary, Heyman, and Neidig (1999) empirically considered the differential effectiveness of conjoint couples therapy versus gender-specific therapy for intimate partner violence. In this research, 37 volunteering couples who had experienced at least two acts of husband-to-wife violence were randomly assigned to one of the two treatments. Contrary to expectation based on feminist theory, O'Leary et al.'s results indicated that both treatments were equally effective for reducing violence. Furthermore, improvements in marital communication were obtained only for spouses in the conjoint couples treatment, suggesting that dyadic processes and violence can and should be treated simultaneously in some couples. Worth noting, however, were the high dropout rate from both treatments and the noteworthy lack of eliminating domestic violence after either treatment (75% of the husbands had perpetrated some violence by the 1-year follow-up), suggesting much room for enhancing treatment efficacy in the future.

**GREATEST HIT NUMBER 5:  
NOT ALL BATTERERS ARE BAD TO THE BONE**

However, there may be important sample characteristics to consider before any firm conclusions about treatment efficacy can be drawn (Bograd & Mederos, 1999). Specifically, the battering that sends women to a domestic violence shelter might be qualitatively different from the type of violence perpetrated by men in volunteering community couples (e.g., men in the O'Leary et al. 1999 study). Thus, it seems likely that a one-size-fits-all model of violence intervention will be unsuccessful—and may be dangerous.

In fact, one of the most important recent advances in the domestic violence literature has been to empirically identify subtypes of batterers that may differentially respond to treatment. For example, Holtzworth-Munroe and Stuart (1994) delineated three subtypes of batterers: (a) generally violent/antisocial, (b) dysphoric/borderline, and (c) family only. Generally violent/antisocial batterers may be best served by legal rather than psychological interventions. Family-only batterers may be best served by conjoint or relationship-oriented interventions. Dysphoric/borderline batterers may need a treatment sequence that includes

both individual and relationship components. Other researchers believe that batterers with psychopathic tendencies may also warrant specific intervention components (e.g., Huss & Langhinrichsen-Rohling, 2000).

Regrettably, recent work has called into question the degree to which paraprofessionals can accurately make subtype judgments, perhaps because practitioners typically assess one batterer at a time rather than in large groups that can be treated statistically (Langhinrichsen-Rohling, Huss, & Ramsey, 2000). Thus, I believe the next decade must include research on how clinicians can reliably and validly determine batterer subtypes. Furthermore, we need to know if treatment efficacy can be enhanced if treatment modality is matched to batterer subtype. Researchers should also determine if sequential treatment (e.g., alcohol treatment, then individual batterer treatment, then couple treatment) can enhance our treatment success (Trute, 1998), which according to Babcock, Green, and Robie's (2004) recent meta-analysis have only a small effect size. Consequently, it is premature to mandate a particular type of treatment for all domestically violent perpetrators. Instead, researchers need to enhance treatment effectiveness with new strategies (e.g., motivational interviewing). New strategies will need community and institutional support for their development, implementation, and evaluation.

**GREATEST HIT NUMBER 6:  
HEART RATE OFFERS CLUES TO  
INTERNAL PROCESSES DURING CONFLICT**

Another recent methodological innovation within the intimate partner violence field has been to measure physiology, facial affect, and verbal exchanges concurrently as violent and nonviolent couples are arguing (e.g., Gottman et al., 1995), thus providing a rich multimodal context in which to understand intimate partner conflict. Use of physiological measures has led to perhaps the best-known subtyping scheme: the cobra (heart rate decelerators) and the pit-bull (heart rate accelerators) (Jacobson & Gottman, 1998).

In the past, microanalytic coding schemes were almost universally used as the sole assessment of couple interactions. In another advance, researchers have recently demonstrated the utility of coding interactions at multiple levels. For example, Vivian and colleagues have coded interactions between spouses both thematically and micro-analytically (e.g., Vivian, Langhinrichsen-Rohling, & Heyman, in press). For some violent men, themes of engulfment, abandonment, and lack of power are central (e.g., Anglin & Holtzworth-Munroe, 1997). Thus, methodologically, I think continued advancements

will involve collecting simultaneous and online indices of brain activity (e.g., evoked response potentials) and physiology in violent versus nonviolent partners while they are in conflict and then subjecting these data to a multi-level analysis.

**GREATEST HIT NUMBER 7:  
THE INTERGENERATIONAL TRANSMISSION OF  
VIOLENCE THEORY MORPHS**

Efforts to predict which individuals will be violent in their intimate relationships have included early childhood, personality, and relationship variables (e.g., O'Leary, Malone, & Tyree, 1994). Consistently, clinicians and researchers have noted that many perpetrators had themselves been childhood victims of violence. This pattern became known as the intergenerational transmission of violence theory. Empirically, however, researchers have also gathered contrary data that showed that although there was a significant transmission effect, more individuals who were victims did not subsequently become perpetrators than did (Widom, 1989). This has led to ongoing efforts to better understand the nature and specificity of the transmission process (i.e., the effect of perpetrator and victim gender; age at victimization; frequency, severity, and type of abuse experienced). Continuing this line of inquiry, my colleagues and I have begun to delineate semantic mechanisms that might underlie the transmission process by using multidimensional scaling techniques (Langhinrichsen-Rohling, Hankla, & Dostal, 2004). This research indicates that the pathway from verbal abuse to physical violence is likely to be a focal point in understanding intergenerational violence transmission.

**GREATEST HIT NUMBER 8:  
STICKS AND STONES MAY BREAK MY BONES,  
BUT WORDS REALLY HURT ME**

Concurrently, other researchers have also demonstrated that psychological or verbal abuse needs to be elevated to a critical variable in the domestic violence field because it appears to have as great, if not greater, negative impact on victims than does physical violence (O'Leary, 1999). Moreover, psychological abuse occurring at 18 months of marriage has been shown to predict physical aggression in the marriage 1 year later (O'Leary et al.,

1994). More recently, emotional neglect has also been shown to play an independent and important role in terms of its long-term impact on victims (Bevan & Higgins, 2002). Future work is likely to demonstrate that these types of abuse are particularly devastating to both child and adult victims, perhaps because they interfere with the development of self-esteem, self-acceptance, and/or emotional regulation.

**GREATEST HIT NUMBER 9:  
LEAVING ABUSIVE RELATIONSHIPS IS ROUGH STUFF**

In 1993, Barnett and LaViolette published a book titled *It Could Happen to Anyone: Why Battered Women Stay*. Answering this question is a central concern for many involved with intimate partner victims. Surprisingly, the evidence from community samples suggests that one of the main reasons that physically victimized married women give for staying is love—rather than fear or obstacles for leaving such as money or children (Kearney, 2001; Langhinrichsen-Rohling et al., 1998). However, safety concerns may also be paramount, in that leaving may be a particularly dangerous time because of escalating violence and stalking (Langhinrichsen-Rohling, Palarea, Cohen, & Rohling, 2000). In a review of this issue by Holtzworth-Munroe and colleagues (1997), two key points were made. First, most battered women do eventually leave violent relationships. Second, it is probably a mixture of safety and financial concerns, in conjunction with relationship commitment, that drives this decision. Efforts to predict which women will benefit most from being sheltered or encouraged to leave their partner immediately are needed. Furthermore, in terms of gender parity, no known research has focused on why unilaterally abused men stay in their violent relationships, which may shed additional light on the leaving process.

**GREATEST HIT NUMBER 10:  
“HEY, BARTENDER”**

Another reason that some battered women fail to leave their abusive relationship is that they may initially blame their partner's violence on transient reasons such as his drinking behavior (Holtzworth-Munroe, Smutzler, & Sandin, 1997). Consistent with this reasoning, many researchers have documented that a large proportion of domestically violent events do involve drinking and/or alcohol intoxication (e.g., Quigley & Leonard, 2000). Three



models for the association between alcohol and violence have been proposed: (a) the spurious model, (b) the indirect effects model, and (c) the proximal effects model. In a groundbreaking study by Fals-Stewart (2003), the likelihood of physical aggression occurring on days of alcohol consumption was tracked for 15 months by men entering a domestic violence treatment program and by domestically violent men entering an alcohol treatment program. Data clearly supported the proximal effects model (i.e., alcohol consumption facilitates violence perhaps through its effects on cognitive processing); the odds of physical aggression were 8 times higher on drinking days for men from the domestic violence treatment program and 11 times higher on drinking days for domestically violent men in the alcohol treatment program. Thus, societal support of alcohol consumption may interfere with the efficacy of intimate partner violence prevention and/or intervention programs.

#### **THE FINALE: ALL TOGETHER NOW?**

So given this list of top 10 hits, where do we, as a field, go from here? Overall, I think we need to accept the finding that women can, at times, be violent and/or abusive. In current culture, many men (and women) learn to treat women's violence as laughable or inconsequential, even if it is quite serious. For most men, expressing fear toward or even concern or dismay about female violence is not an option. Men also receive conflicting messages about how to respond to women's violence. On one hand, they are told they can never hit women, and yet they simultaneously receive the message that if they are hit by someone, they must hit back (and beat them) or they are not "real men" (a proreretiation stance). Some of these cultural messages (Markowitz, 2001) may underlie what I am calling the "dyadic cycle of violence." In one version of this cycle, during the dating relationship, the woman initiates violence (usually of a minor nature) but does not view it as serious—although she is annoyed with the man prior to her perpetration. The man at first typically laughs it off. However, this response makes continued violence on her part more likely because it both trivializes her annoyance and legitimizes her impulsive aggression. Over time, however, the man's masculinity feels threatened if he does not respond in kind, particularly if her violence gets more frequent or severe—or her annoyance moves to anger and belittlement. His subsequent violent responses are more intense than hers, often involving more severe acts, and they are more likely to injure because of his

size. He is going to “win,” show her, and put an end to her attacking him. Under this scenario, however, this man may have some trouble taking full responsibility for his perpetration because, with some legitimacy, he can claim that she started it. Conversely, this woman might have more trouble leaving this relationship, perhaps out of some perhaps legitimate concern that she played a role in her victimization. I further assert that this dyadic cycle of violence is most likely to occur in retaliatory cultures and in cultures that view women’s violence as funny or inconsequential. With this in mind, future research that links individual, relationship, intergenerational, and cultural theories about both men’s and women’s violence will be essential.

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