

Perpetrator Risk Markers for Intimate Terrorism and Situational Couple Violence: A Meta-Analysis



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Intimate Partner Violence Typology

-Michael Johnson

- ▶ Intimate Terrorism
 - ▶ Informed by Feminist theories of violence (e.g., Bograd, 1988; Dobash & Dobash, 1979; Marin & Russo, 1999)
- ▶ Situational Couple Violence
 - ▶ Informed by family violence perspectives (e.g., Straus, 2011)
- ▶ **Control** as a differentiating factor

Risk Markers for Violence

Intimate Terrorism

- ▶ **Coercive control**
(Johnson, 2008)
- ▶ **Power**
(Johnson, 2006; Johnson, 2008)
- ▶ **Jealousy**
(Frye et al., 2006; Johnson, 1996)
- ▶ **Stalking**
(Burgess et al., 1997; Cupach & Spitzberg, 2000; Norris, Huss, & Palarea, 2011)

Situational Couple Violence

- ▶ **Communication and conflict resolution**
(Feldman & Ridley, 2000; Johnson, 2008)
- ▶ **Demand-withdraw patterns**
(Fournier, Brassard, & Shaver, 2011; Mikulincer & Shaver, 2007; Roberts & Noller, 1998)
- ▶ **Relationship dissatisfaction**
(Feeney, 1999; Stith et al., 2008; O'Leary, Smith Slep, & O'Leary, 2007)

Clinical versus Non-Clinical Data

- ▶ Survey data (non-clinical)
 - ▶ Random sampling and convenience sampling
 - ▶ Large amount of variability
 - ▶ Couples with few or “minor” instances of violence (e.g., pushing, shoving, slapping) may not be likely to classify their behavior as violent (Johnson, 1995)
 - ▶ Perpetrators of more severe violence, such as IT, are less likely to complete survey data, and may prevent their victims from completing surveys as well (Johnson, 1995; Johnson et al., 2014)

Clinical versus Non-Clinical Data

▶ Clinical data

- ▶ Samples drawn from clinical interventions, hospital settings, domestic violence shelters, and police records
- ▶ Predominantly female victims due to resources available and public perception of how violence occurs in relationships
- ▶ Injuries of victims tend to be more severe than survey samples (Johnson, 1995)

Hypotheses

- ▶ *H1*: Hypothesized intimate terrorism variables (controlling behaviors, jealousy, perpetrator's power in the relationship, perpetrator's patriarchal beliefs, and perpetrator's stalking behaviors) will be significantly greater risk markers in clinical samples compared to non-clinical samples.
- ▶ *H2*: Each of the remaining variables (conflict resolution/communication, demand/withdraw patterns, and relationship satisfaction) will be significant predictors of violence in both clinical and non-clinical samples.

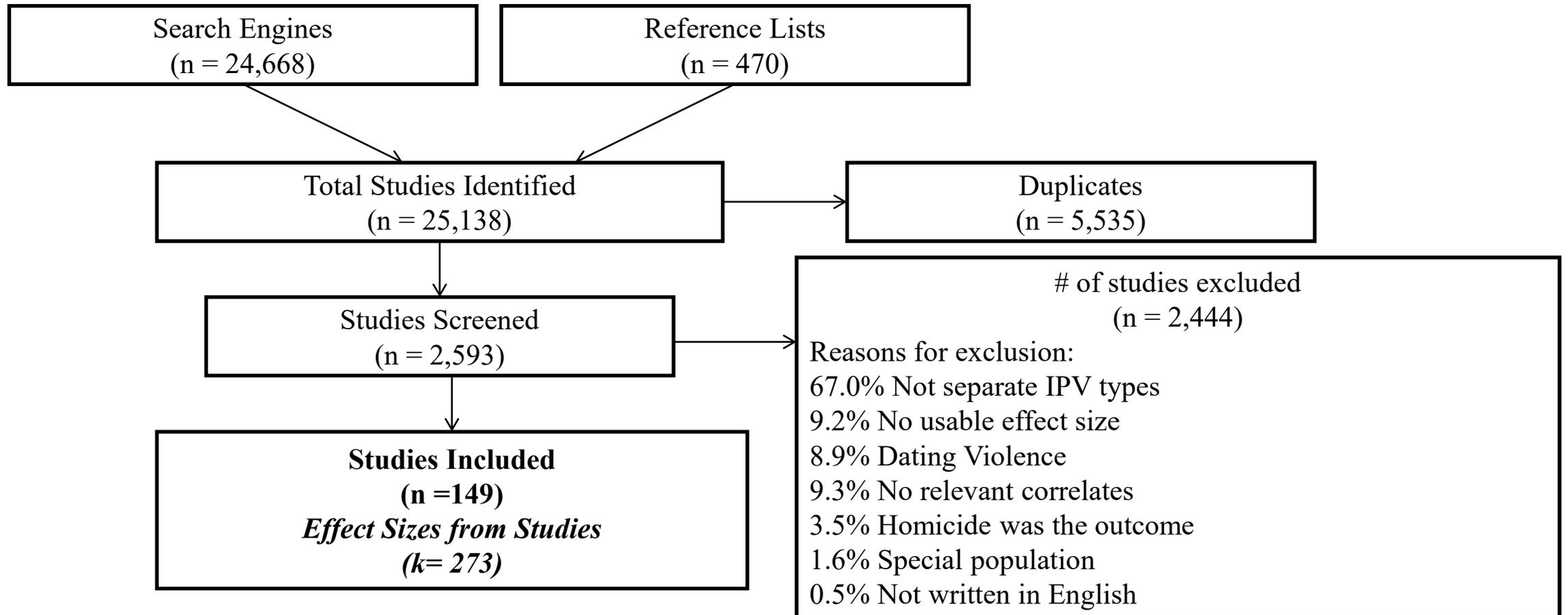
Method

- ▶ Databases searched from 1980-2016:
 - ▶ ERIC, PsychLit, Sociological Abstracts, Medline, Social Sciences Abstracts, Social Sciences Citations Index, PROQUEST, Web of Science, and PubMed.
- ▶ Search terms:
 - ▶ Risk markers (predictor, risk, factor, pathway, or correlate)
 - ▶ Partner aggression (aggression, domestic violence, abuse, batter, maltreatment, or violence)
 - ▶ Couple (marital, spouse, husband, wife, intimate partner, or same-sex partner)
- ▶ Comprehensive Meta-Analysis Software (Borenstein, Hedges, Higgins, & Rothstein, 2014)

Inclusion Criteria

1. The outcome variable measured male perpetration of **physical** IPV.
2. The articles had pertinent information needed to compute bivariate effect size(s).
3. The articles were published in English.
4. The sample included adult romantic relationships.

Figure 1. *Exclusion Criteria Flow Chart*



Statistical Approach and Analyses

- ▶ All effect sizes were robust against potential publication bias.
- ▶ Random-effects model (Card, 2012)
- ▶ Variable created to discern between clinical and non-clinical samples
- ▶ Analyzed strength of correlation between each variable and male IPV perpetration for clinical and non-clinical samples.

Table 1. *Examining and comparing IPV risk markers for clinical and non-clinical samples: Situational Violence.*

Situational Violence Risk Markers	k	Mean r	95% CI	Q ^b	p-value
Communication & Conflict Resolution					
Clinical Sample	3	-0.10	[-0.32, 0.14]	0.39	.531
Non-Clinical Sample	21	-0.17***	[-0.25, -0.09]		
Demand-Withdraw Patterns					
Clinical Sample	3	0.40***	[0.30, 0.50]	0.18	.669
Non-Clinical Sample	8	0.37***	[0.28, 0.46]		
Relationship Dissatisfaction					
Clinical Sample	24	0.29***	[0.35, 0.24]	1.66	.198
Non-Clinical Sample	96	0.25***	[0.28, 0.23]		

Note: *k* = number of effect sizes; *r* = point estimate of effect size; CI = confidence interval; *Q^b* = heterogeneity of between-group differences.

p* < .05. ** *p* < .01. * *p* < .001.

Table 2. Examining and comparing IPV risk markers for clinical and non-clinical samples: Intimate Terrorism.

Intimate Terrorism Risk Marker	k	Mean r	95% CI	Q ^b	p-value
Controlling Behaviors					
Clinical Sample	15	0.40***	[0.33, 0.47]	9.17	.002
Non-Clinical Sample	20	0.26***	[0.20, 0.32]		
Jealousy					
Clinical Sample	9	0.32***	[0.23, 0.41]	5.37	.021
Non-Clinical Sample	21	0.19***	[0.13, 0.25]		
Patriarchal Beliefs					
Clinical Sample	7	0.25***	[0.16, 0.34]	7.31	.006
Non-Clinical Sample	13	0.09**	[0.03, 0.16]		

Note: k = number of effect sizes; r = point estimate of effect size; CI = confidence interval; Q^b = heterogeneity of between-group differences.
 *p < .05. ** p < .01. *** p < .001.

Table 2. Examining and comparing IPV risk markers for clinical and non-clinical samples: Intimate Terrorism (Continued).

Intimate Terrorism Risk Marker	k	Mean r	95% CI	Q ^b	p-value
Perpetrator's Power in Relationship					
Clinical Sample	6	0.29***	[0.15, 0.42]	4.37	.037
Non-Clinical Sample	16	0.11*	[0.03, 0.20]		
Stalking					
Clinical Sample	6	0.45***	[0.33, 0.56]	0.00	.953
Non-Clinical Sample	5	0.46***	[0.32, 0.57]		

Note: k = number of effect sizes; r = point estimate of effect size; CI = confidence interval; Q^b = heterogeneity of between-group differences. *p < .05. ** p < .01. *** p < .001.

Discussion

- ▶ **All** risk markers were significantly associated with male-perpetrated IPV in both clinical and non-clinical samples
 - ▶ Exception: communication/conflict resolution in clinical sample
- ▶ Differences in the strengths of associations for nearly all hypothesized intimate terrorism risk markers (controlling behaviors, patriarchal beliefs, jealousy, and perpetrator's power in the relationship).
 - ▶ Stalking was not a significantly stronger risk marker in the clinical sample.
 - ▶ Stalking was strongest associate of IPV in both samples.

Implications for Research

- ▶ We may want to start thinking of Johnson's typology not as distinct categories, but instead as a continuum of violence.
- ▶ Studies that examine IPV should be intentional and transparent about their sampling, and include this information in their implications.
- ▶ Future studies are recommended to observe and analyze the changes of violence in relationships over time from a continuum standpoint.
- ▶ Clinical implications for intervention and prevention



Questions and discussion

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