Violence against women is a core social issue around the world. It has only been in the past 30 years that violence against women has been internationally regarded as a serious human rights issue. More recently it has also been recognized as an important public health problem with consequences for women’s physical, mental, sexual, and reproductive health.

Intimate partner violence (IPV) describes physical, sexual, or psychological harm by a current or former partner or spouse that can occur among heterosexual or same-sex couples and does not require sexual intimacy (Centers for Disease Control and Prevention, 2013). Findings of the World Health Organization (2013) confirm reported prevalence of physical or sexual violence against women at 30%. Half of the women who are involved in a homicide worldwide die from injuries inflicted by a partner (McCue, 2008).

A Culture of Silence

While IPV may be a common experience worldwide, officials often do not take the reports seriously, abusers are rarely removed or prosecuted, and social services are seriously lacking. In some countries, violence against a spouse is not considered a crime and is often considered a private matter that should not involve the police or the court system. McCue (2008) suggests that there is a culture of silence that contributes to the widespread belief that family violence is private. This culture of silence continues as some religions perceive women as inferior, view the marriage as private, refuse to allow women to leave an abusive relationship, or offer little help when violence occurs.

Reports of IPV in more industrialized countries show lower incidence of partner violence, while some countries report high-
er rates in more traditional rural areas than in urban areas. Although patriarchal ideologies continue around the world, each setting holds a specific set of behaviors within the socio-cultural context that change the experience of violence for women. These traditions affect not only the prevalence of domestic violence, but how society responds as well. For example, in traditional patriarchal societies, resources may not be allocated to help women leave abusive situations but may focus more on keeping the family together.

Johnson and Ferraro (2000) advocate for exercising caution when making assumptions about the global context. These complexities include cultural differences, various social and economic structures, and the consequences of political conflict. They suggest that these layers of any society must be considered and not carelessly generalized when discussing violence in the home.

A Strengths-Based Perspective: Families

Over the past four decades, researchers have studied families from a strengths-based perspective beginning in the 1930s with the study of 250 successful families during the Great Depression. The family strengths perspective is a world-view or orientation about families that is positive and optimistic, and grounded in research conducted around the world. The focus on family strengths brings into a more reasonable balance our understanding of how families succeed in the face of inherent difficulties.

A positive and useful approach to conceptualizing families from a global perspective links family strengths, community strengths, and cultural strengths and demonstrates how families use these strengths to meet many challenges they face. Researchers in 38 countries, to date, have found remarkable similarities among cultures when studying family strengths. Six major qualities of strong families have emerged from the research and include: showing appreciation and affection; commitment; positive communication; spending enjoyable time together; sharing spiritual well-being and values; and the ability to manage stress and crisis effectively. In addition, a number of important community strengths were identified and found in the immediate area in which the family lives including: a supportive social environment that values the challenges that violence presents. In an attempt to tell the story of IPV worldwide, a sampling of 16 countries including 17 cultures representing all seven of the world’s major geopolitical areas was conducted and included: Africa (South Africa, Botswana, and Kenya); Asia (China, India, and Korea); Europe (Greece, Moldova, and Russia); Latin America (Brazil and Mexico); The Middle East (Israel/Palestine); North America (Canada and the United States); and Oceania (Australia and New Zealand).

More than 50 academic researchers and community service workers specializing in family violence were assembled and asked to identify and interview at least one individual who had found a way to rise above their tragic situation toward a better life for themselves to provide a case study example within that context. All 16 countries’ research reports were reviewed and analyzed for themes or patterns, and shared findings were formed. Researchers were able to include a variety of data including a review of literature and government documents, historical analysis of family violence, available services, and a case study.

Similarities and Differences across Cultures

Some key findings that emerged from the study start with the similarities across cultures. These include common forms of violence, violence occurs across social class and ages, women are more often the victims, and abuse tends to include not only partners but also children.

Researchers in all 16 countries found that violence is a serious problem in their culture. Other similarities also include denial of the permission to use this violence and that the permission to use this violence is a serious problem in their culture. Other similarities also include denial of the permission to use this violence and that the permission to use this violence is a serious problem in their culture. Other similarities also include denial of the permission to use this violence and that the permission to use this violence is a serious problem in their culture. Other similarities also include denial of the permission to use this violence and that the permission to use this violence is a serious problem in their culture. Other similarities also include denial of the permission to use this violence and that the permission to use this violence is a serious problem in their culture.

Broadly speaking, the causes of IPV worldwide are quite similar and include generational violence, alcoholism and other substance abuse, and male dominance. More developed countries have come to recognize that issues of power and control are the underlying causes of violence with issues such as alcohol abuse, poverty and urbanization identified as risk factors.
Because patriarchal beliefs are deeply embedded in all cultures, considerable friction arises between opposing belief systems at all social levels. Cultural norms where women are viewed as the property of men, such as in India or where the supremacy of men is legitimized by religion such as in Israel, are examples of friction that exist in society. In addition, a consistent issue unfolding in all countries is the struggle to define the roles of men and women around the world. For example, in Botswana, tribal tradition and unwritten customary law do not recognize women as equal partners to men. In Russia, men who do not predominate in the home are called “henpeckers,” an offensive term given to men who let their wives run the family. Several of the researchers revealed that the family is seen as a private institution, and that violence is tolerable behind the closed doors, including China and in India where what happens in the home is “above public scrutiny.” These changes impact not only families but the broader community and culture.

While encouraging victims to leave abusive situations is often necessary, their safety can be compromised when society does not support the victims’ right to move to a safe environment. Women stay in violent relationships out of fear, lack of financial autonomy, inadequate support services, and the belief that somehow they deserve what is happening.

Worldwide, holding perpetrators accountable is often poorly addressed. Few offer programs for perpetrators, even in developed countries. The hope is that they will be held accountable for their actions. Where there is local community or family mediation, it is difficult to assess accountability. For example, in South Africa, reconciliation is often left up to the family or the church to resolve and accountability is determined by traditional structures which are often not regulated or reported.

**The International Family Strengths Model Modified**

From the beginning of the study, the conceptual framework focused the International Family Strengths Model (DeFrain & Asay, 2007). Using this model, the assumption was made that Individual Strengths would emerge within family strengths and that individually, everyone in the world is a part of a family. However, in the analysis, individual strengths emerged as strong predictors in the ability for a victim to rise above the situation and move forward from a position of strength and should be elevated to its own category. Thus, the International Family Strengths Model is modified to include individual strengths along with family, community and culture strengths when looking at it from the perspective of IPV.

**Individual Strengths.** The strengths of individuals include women with the ability to move ahead and use their own personal strengths, such as the ability to think through their options carefully and enlist people who could help. Women who rise above violence also seem to be able to find a way to be optimistic about their future as they make plans to move forward.

Sometimes the woman bears the abuse stoically, but when the perpetrator attacks her children she rises up to protect them. The case from New Zealand points out a woman who stayed in a relationship for 14 years but left for the safety of her children, not for her own safety.

**Family Strengths.** Even in the most troubled family there can be significant strengths demonstrated. Family members can protect and nurture each other when confronted by a violent member of the family. Among the cases presented, many offered examples of family members coming alongside victims with support and help. Unfortunately, the cultural shame brought on the family in a situation like violence can be a barrier for many women as in India where it is believed that “Beti ka ghaar to sasural hi hai” (a daughter’s place is in her matrimonial home). To return home to escape an abusive marriage would be unacceptable.

**Community Strengths.** On the community level, public agencies and organizations that recognize the problem and work together in a well-coordinated effort to manage these problems are essential. Communities that see IPV as a threat to the public good, rather than a right of privacy, are more likely to address the problem. Some examples of concerted efforts by the community can be found in India where the Special Cells are created to work together on issues to help victims of domestic violence. In China, the researchers report a concerted education effort that has been established in Taiwan by the Ministry of Education.

**Cultural Strengths.** All cultures establish rules against causing harm to others. The key challenge regarding family violence has been to find a way to use those cultural beliefs related to family violence. When laws protecting family members from violence are enacted on the national level, there is a chance that these laws will filter down to the local level and policies will be created. For example, national laws and policies were enacted following larger global initiatives such as the Fourth Global Conference for Women in Beijing (1995), mentioned by researchers in Mexico and Greece, and the United Nations Declaration on the Elimination of Violence Against Women (1993), mentioned by researchers in Australia and New Zealand.

The cases from around the world reveal that individuals and families can use their strengths to great advantage as they link supportive communities and cultural values. Just as with the International Family Strengths Model, when one or more of the various levels of strengths are not present, other strengths can compensate. For example, when a culture is slow to recognize the rights of women being abused and there are very few community strengths in place to help, a woman’s individual strengths can still be developed and used to help her through the difficulties she faces. Likewise, when the victim is isolated and away from family, they may need to rely on available community strengths to get help. All areas of strengths are critical in helping to escape abuse, though many are forced to make a change in their lives without all the available resources that would be useful.

**Conclusions and Implications**

Some conclusions emerge that are important to bring to the attention of those who work with victims of IPV. The first conclusion is that different cultures find different solutions. Traditional cultures will be more likely to try to keep the family together. More contemporary cultures will be more likely to encourage women and children to seek a shelter and leave their partners. Both can be successful.
Violence against women is defined as physical, sexual, or psychological violence within the family or general community perpetrated on women and girls. Programs, social policies, and laws have been enacted in Kenya in response to international calls to action. In spite of some legal advances, the number of women experiencing abuse in Kenya continues to rise (Kenya National Bureau of Statistics, 2010). Intimate partner violence is used synonymously with domestic violence in the context of this article.

The Kenya Demographic and Health Survey (2008-09), reported that about 45% of Kenyan women aged 15-49 have experienced various forms of violence inflicted by their partners. Within this group of women, a quarter has experienced physical violence, 7% have experienced sexual violence, and 14% have experienced both physical and sexual violence.

In Kenya several factors have been associated with domestic violence. These include a traditionally patriarchal family structure and gender disparities. The Kenyan society is in transition. Four case studies highlight some of the pertinent issues (Njue et al., 2014). The names have been altered.

**Traditional Family Structure and Interaction**

A traditional Kenyan marriage contract was between two kinship groups and gave the husband both rights and duties. To discipline their spouses, men were allowed to beat their wives with little or no consequence. The only stipulation was that the discipline should not cause physical harm that would prevent the wife from performing her household duties. The husband determined whether that was the case. Bride price, which granted the husband sexual access to the wife, also relegated a woman to the status of property. Akinyi stated “he beats me every time we disagree. He reminds me that he paid the dowry dearly and if I want to go back to my home, I have to pay back his money.” Sanctioned gender-based domestic violence extended to other forms of violence including marital rape, having unprotected sex while knowingly infected with HIV/AIDS, and men’s support for female genital mutilation. Wambui and Akinyi confirmed that violence was regarded as part of normal life for a woman, Wambui, said that her mother-in-law told her “this is normal because I went through the same when I was married,” and that “Women have to be beaten by their husbands as a sign of love.”

Akinyi said of her husband “he reminds me that he comes from a home where men discipline their wives ... Most of [my] friends claim it is normal, because they also go through the same.”

**Colonial Rule and Gender-Based Disparity**

During the pre-colonial era, men inherited and owned the land. Beginning in the late 1800s, colonial rule emphasized production of cash crops which the colonizers taxed. Men, but not women, were trained for urban white collar jobs that required formal education. Anthropologists Phillip

**Strengths-based approach** continued from page F3

Secondly, mediation has proven to be a useful tool, especially in traditional societies. In more traditional cultures where the cohesiveness of the family is seen as more important than the rights of the individual, the approach to dealing with IPV is likely to focus on mediation. Education in these traditional settings can be essential in making positive changes.

Third, empowerment is key. Implementing strategies to help victims to develop individual strengths will empower them to rise above their circumstances and to move forward. In practical terms, advancing programs where individual strengths can be developed will go a long way in helping to empower someone who may not have the skills to rise above the violence. This is especially important for women who do not have access to local services.

Finally, stopping IPV also requires changes in laws, policies and procedures at the macro level. These must occur to support efforts for change on the micro level for individuals and families.

Although 17 cultures cannot begin to tell the story of family violence worldwide, the findings clearly demonstrate that change is a series of dynamics among individuals, families, communities, and cultures. A global conversation has begun. Even while being aware of the extreme challenges that some experience with IPV, change cannot come fast enough.

**Selected References**


and Janet Kilbride found that urbanization, monetization, and Christianity rendered the traditional way of family life less functional and lowered the power and status of women. Currently, traditional culture continues to reinforce domestic power disparities. Men make decisions regarding monogamy or polygyny, the desired number of children, and finances. Women’s restricted access to education and wage employment deprives them of economic power, necessitating them to stay when they experience domestic violence. Wambui stated: “…how can I feed these mouths single-handedly…I earn a meager salary…I have to be submissive …where can I go? …he paid my dowry, which I cannot afford to refund.”

Society in Transition
Social and economic changes in society have upset the status quo in established gender roles. Women working for remuneration are empowered to question men’s authority regarding household finances, division of labor, and the culturally sanctioned sexual double standard. Some husbands respond with violence, accusing their wives of being promiscuous and not being submissive. Husbands also attempt to maintain control by restricting and monitoring their spouse’s movements. Akinyi stated “We had a heated argument on learning that he was having an affair with my house girl [house help]. He said that I was never available for him and she was a better and more beautiful woman.” Karimi stated “When I bought my car he was very bitter and threatened to sell it …you will continue using the public means… or you want to be giving rides to your boyfriends?” Karimi’s husband also monitored her movements: “I had a late class one evening and he couldn’t hear of that…he paid my dowry, which I cannot afford to refund.”

Responses to Violence
According to the family strengths perspective, response to domestic abuse happens at individual, family, community, and cultural or societal level. Societal level responses include local policies and laws regarding domestic violence and their interconnectedness to global society.

Prior to colonization indigenous mores that varied by ethnic group limited excessive wife beating. After Kenya’s independence in 1963 there were several failed attempts to pass bills aimed at improving the status of married women. In 2012, the National Council for Population and Development cited the Constitution of Kenya (2010), the Penal Code, the Children’s Act (2001) and the Sexual Offence Act (2006) as legal frameworks for prosecuting gender-based violence. The latter criminalizes sexual offenses including incest, sexual trafficking, and sexual exploitation of children. Because the formal justice system is difficult to navigate, many survivors prefer to use the traditional justice system that expedites resolution. Although the Matrimonial Property Bill of 2013 guaranteed equal distribution of assets to spouses upon divorce, parliament amended the law so that property would be shared based on the contributions spouses made in its acquisition. This clearly disadvantages women given that men contribute to the acquisition of property in more tangible ways than women.

Individual Response
Challenges in prosecuting perpetrators exist for many women at the individual level, especially for poor, rural and less educated women. Many women are not used to speaking for themselves and find navigating the legal system intimidating. For rural women the legal support may be miles from home. Nanjala recalled that while being abused she did not know where to access information or services. She had heard about a Federation of Women Lawyers, providing pro bono services, but she did not have the money to travel to the city where they were located.

Another hindrance is that court procedures do not ensure the plaintiff’s privacy. Cases may take years to resolve. Police sometimes demand bribes or say that domestic violence is a private family matter. In spite of these challenges, some women have successfully used existing laws. Karimi stated “…at one time he almost killed me…I went to the nearby police station and obtained a P3 [police report statement]. He was put in the police cells but bribed his way out. We agreed on the children maintenance and upkeep which he had declined at the beginning but the law enforced it. …he was forced to move from our matrimonial home for the sake of the children…am happy the Kenyan law, though slow, has enabled me have the custody of the children and the house…soon we should finalize on the divorce.”

Another individual-level coping strategy is faith in God, prayer, or spirituality. Nanjala says “I prayed a lot during this time. I started visiting some churches where special prayers would be made for me.” Wambui said, “I just pray for him to change as I organize myself.”

The women also choose to persevere and to be adaptable as they looked for a way out of the situation. Wambui seemed to be buying time. She said she is pursuing her master’s degree with the goal of a better paying job so she can divorce her husband and provide for her children and extended family.

Family Response
Deterioration of the couple relationship because of abuse often creates rifts between the two sides of a marital couple’s family. Support is generally from the wife’s side and is mostly in the form of advice. Occasionally, financial support or child care is provided. Most of Nanjala’s family encouraged her to leave. Nanjala stated: “My grandfather encouraged me to leave…. My father …advised me to look for a new life and move forward…. One of my brothers…encouraged me to leave…. My sister assisted me financially…” With respect to her mother’s advice Nanjala said “Even until now, [mother] continues to insist that I should return to John despite the fact that we have both been remarried.”

Wambui’s family told her to stay in her marriage. She stated: “My brothers and sister say that …you are lucky to have married a rich man…you must make your marriage work…. My mom sympathized but there was nothing she could do … she advise[d] -pray, be submissive and be a good wife.” Similarly Akinyi said: “My mom sympathizes but there was nothing she could do to help… she tells me never to argue with him or upset him.” All four mothers of survivors encouraged their daughters to persevere in the marriage. This is in keeping with the belief that women are responsible for making the relationship work and the woman must strive to keep her family intact.
Intimate Partner Violence in Mexico

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Family violence has been an important and ongoing issue in Mexican society. Only in recent years has it been treated in the public agenda as a human rights concern. It is a multifaceted phenomenon with far-reaching and long-term consequences. In the late 1990s, when awareness increased, it was estimated that one in three households had experienced episodes of violence ranging from intermittent to continuous.

Intimate partner violence (IPV) includes a cultural process that reveals an unresolved problem. It is embedded in a cultural value structure that promotes sexism, and in the adaptive formation of individual and social identity, where aggressive conduct patterns may be learned and accepted. More recently these behavior patterns have been condemned, yet thousands of women still suffer from continual acts of physical, psychological, sexual, and economic mistreatment occurring within their homes.

Various initiatives have been implemented, but an explicit and systematic policy to handle IPV has yet to be perfected. In recent years the government has developed a number of initiatives to address this problem. Most of the initiatives accept and ratify various international conventions, especially the Convention to Eliminate All Forms of Discrimination Against Women, signed in 1979 and ratified in 1981; the Inter American Convention to Prevent, Sanction and Eradicate Violence against Women or “Belén Convention do Pará,” signed in 1994 and implemented in 1998; and the Beijing Fourth Women’s World Convention, celebrated in 1995. Among these developments, a governmental institute was created to improve women’s lives, and an agency within this organization focuses on reducing domestic violence in Mexico. This agency, the National Institute for Women, created in 2001, developed the National Program for Equal Opportunities and Non-Discrimination Towards Women. It addresses the problem from various angles, including prevention, the creation of sanctions, and eradication. The program has been successful in promoting legislative changes in different states of Mexico and developing health norms for treating victims. Other outcomes include the creation of surveys and studies on family violence as well as agencies and public awareness campaigns addressing IPV.

Until fairly recently, there was little awareness of the magnitude of the problem. The available information came from small and random initial studies, mainly by non-governmental organizations working with women. In the 1990s the first efforts toward more rigorous research using a variety of surveys were initiated. Their geographical range, however, was limited to one city or specific area. In 2003 the National Institute for Women jointly with the National Statistics Institute developed a survey to better understand IPV and its magnitude. As a result of research, the most important definition of family violence was developed in 1999 by the Mexican Official Norm of the Ministry of Health. According to their definition, family violence is “the unique or repetitive act or omission, committed by a member of the family, in a power relationship - based on sex, age or physical condition - against one or more of its members, regardless the physical space, where primary, psychological, sexual, or abandonment mistreatment occurs.” IPV is included within this framework. In 1999 the Survey on Family Violence also found that the most frequent victims of all types of mistreatment were children (45%) and women in couple relationships (39%). In a specific survey on IPV in 2003, four types of violence or abuse against women were identified and analyzed: physical, emotional, sexual, and economic. The emotional and economic types of abuse seemed to be most prevalent.

The National Survey on the Dynamics of Household Relationships (2003) clarified...
Understanding the phenomenon from a family dynamics perspective and its connections with wider social relationships is important; however, this aspect had been overlooked. The emphasis remains on psychological and legal standpoints as well as sociodemographic and socioeconomic perspectives when studying IPV. Strong emphasis also is placed on the individual and the gender of the victims. Most of the surveys report frequency of the episodes of violence and pay little or no attention to the family dynamics and relationships that shape and trigger violent behavior. Compared with the empiricist mainstream, family therapists and other family professionals have made few academic contributions.

Results from the National Survey on the Dynamics of Relationships in Households (2003, 2006) indicate that male-initiated violence against women in Mexico appears in multiple forms and contexts: within couples, within the family, at the workplace, at school, and in the community. It is performed by multiple actors: husbands, brothers, brothers-in-law, teachers, bosses, and colleagues. In the case of married and cohabiting women, the data confirms what has been established in other countries: violence within couple relationships is the most prevalent form of violence, and possibly the most traumatic one because it implies an emotional bond and daily coexistence of the woman with her aggressor. In 2003, among women married or in cohabiting unions lasting 15 years or longer, almost 30% experienced emotional violence, 41% economic violence, 13% physical violence, and 17% sexual violence. About 10% of women were subjected to severe violence. The 2006 survey revealed that 10% of women suffered physical violence, 6% sexual violence, 27% emotional violence, and 20% economic violence. It is interesting to note that women who suffer emotional violence frequently experience economic violence, too. Additionally, many of these women were subjected to more than one form of violence.

Yet, as reported in 2003, about half of the victims search for help or confide in family or friends. This fact implies that violence is still socially seen as something that is shameful to share, and a lot has to be done in terms of public policies to support these women. Other findings from 2006 indicate that physical, emotional, and economic violence were more frequently reported by women in urban settings, while sexual violence is equally present in urban as well as rural settings. The lowest prevalence of the four kinds of violence was among the indigenous couples, followed by non-indigenous couples. The highest prevalence was found in mixed couples, that is, where one of the members of the couple is indigenous. The ethnic identity is not a risk factor in itself, but cultural differences may be a contributory factor. Greater prevalence of violence occurs in lower socioeconomic groups, and violence seems to decrease as socioeconomic levels increase. Physical, emotional, and economic violence are more common among younger women, whereas sexual violence is higher among older women (aged 35 to 53 years). Considering the educational level is also of relevance. Lower educational levels increase risk in both victims and perpetrators of physical, emotional, economic, and sexual violence. Additionally, physical, emotional, and economic violence are more prevalent among women who cohabit, followed by those married only by civil law. Women married both by law and the church experience the lowest levels of these three forms of violence. Finally, the results show that all four forms of violence are greater when women had a job; have been married or have cohabited more than once; or when they or their partner have children from different partners. Added risk factors include when they have experienced or witnessed physical and/or emotional violence during their own childhood or when their partner was exposed to similar experiences and when both members of the couple have witnessed violence among their parents.

A relevant finding from both surveys providing a family strengths perspective is that the level of empowerment women achieved serves an important protective role. Greater decision-making power in women, increased autonomy, and an ideology of gender equality also are protective against physical and sexual violence, yet they increase the risk for emotional and economic violence. This finding needs further exploration to clarify the opposite consequences. These results are useful for developing public policies aimed at tackling IPV. But in order to develop public policies aimed at strengthening women, their partnerships, and their families, it is crucial to approach this problem in a multifaceted manner.
Intimate Partner Violence in China

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Intimate partner violence (IPV) refers to any physical, psychological, emotional, or economic abuse perpetrated by one partner to the other within a dating, marital or cohabiting relationship. It can occur in any culture and country. Prior to 1990, IPV was rarely reported in China. The Fourth World Conference on Women in Beijing (1995) drew broad attention from the public, researchers and the government to gender equality, women’s health issues and violence against women. Today IPV has become a serious public concern in China.

Historical, Cultural and Social Context
Confucius philosophy is one of the major influences that shaped Chinese cultural male dominance. Chinese patriarchy was weakened after 1949 when the belief that “women are half of the sky” replaced Confucius’ teaching. The transition of the economic reform that started in the late 1970s has provided opportunities as well as challenges to families. The changes require them to adapt and develop new values. For example, research shows that urban Chinese women who contribute the least as well as the most to the household income were most likely to become victims of IPV (Wang, 2006), indicating that husbands were not able to accept their wives’ higher earning power. The 2013 World Health Organization domestic violence response guideline pointed out that when IPV occurs, it is frequently ignored by the extended family. Victims are hesitant to seek help for fear of losing face and bringing disgrace to their families.

Prevalence
No nationwide data collection system has been established to keep track of all forms of violence against women in China. Studies have reported estimates of IPV in China ranging between 14% and 65% (Xia, Wang, Luo, et al., 2014). A recent study reported that the rates of IPV in a lifetime and within the past year respectively were 35% and 31% for physical abuse (e.g., beating, injuries and illegal confinement) and 56% and 52% for psychological abuse (e.g., verbal attack, control and neglect; Cui et al., 2012).

Risk Factors
Risks for experiencing IPV are similar in China to risks identified in other countries. One of the biggest risk factors is being female. Cui’s recent study shows both Chinese men and women are subject to IPV. However, women are at a higher risk and suffer greater negative impact. Other contributing risk factors are lower educational attainment, lower socioeconomic status, living in a rural area, poor marriage quality and marital conflicts, being separated or divorced, being young, having experienced previous IPV, and drug or alcohol abuse. Families with a more equal power structure are less likely to experience IPV (Cao et al., 2014). Risks for perpetrating IPV are young age, male, and lower socioeconomic status.

Effects
The effects of IPV on Chinese women include cognitive dissonance between reality and traditional beliefs when they were trying to exit an abusive relationship. The consequence of marital breakup might lead to financial instability and complete relationship cut-off between child and non-custodial parent. Many victims suffered from depression and some even committed suicide. Chinese survivors of IPV were vulnerable and at a higher risk of experiencing depression and Post-traumatic Stress Disorder when they did not have adequate access to support and services. In addition, disclosing IPV to someone outside the family may mean the family losing face and the victim being isolated from the family and may result in retaliation from the violent partner.

Major Interventions
Interventions occur in two areas: legal protection and support services. Incidents of IPV declined from 1949 to 1965 and then surged during the Cultural Revolution from 1966 to 1976. This was the result of the influence of nationwide violence used to reinforce ideological social control. In the Post-Cultural Revolution period, from 1977 to the late 1980s, spousal abuse declined. These declines have a reason. The first decline occurred after China enacted its first Marriage Law in 1950 that challenged traditional beliefs by encouraging free choice of marital spouse, monogamy, and equality (Xia, Wang, Do, et al., 2013).

The second decline followed the 1980 amendment of the 1950 Marriage Law that outlawed domestic violence. A significant progress in the protection of women was made in Chinese history in 2001 when the Marriage Law was amended. This amendment gave women the right to sue an abusing husband publicly and to do so in a society where patriarchy had been prevalent for thousands of years. Another important government policy is the Law on Protection of Rights and Interests of Women that was introduced in 1991 and amended in 2005. This law states that abandonment and infanticide, cruelty causing bodily injury and inflicting death on women are criminal acts.

In the past, IPV was viewed as a family matter and no formal intervention occurred. With the introduction of new laws and increasing awareness, governmental and grassroots
The first time Marvin hit Emily, they were arguing. “You don’t know what you’re talking about,” he told her. “Oh, I’m quite sure I do,” she snapped. As she turned to face him, his fist slammed into her mouth, knocking her into a wall. Later, she asked, “What can we do to stop this from happening again?” Marvin replied, “I guess you better learn to keep your f---mouth shut when it comes to things you know nothing about.” Despite marriage therapy, individual counseling, and stints in Batterer Intervention Programs, the abuse continued for 15 years. In 2006, Emily returned home from visiting her critically ill sister and decided she was “done” with Marvin. She determined that life was too short to put up with his abuse. This was not the end of their story. Instead it was the start of a new chapter free from intimate partner violence (IPV). This article reviews some critical issues regarding IPV in the United States, its prevalence, and how professionals can help. Two issues relevant to our research are examined: the role of distortion and rationalization in the maintenance of violence, as well as desistance, or the process that culminates in IPV cessation.

Prevalence and Costs of Violence
Men’s violence against women in intimate partnerships is a significant problem in nearly every culture. In 2006, Claudia Garcia-Moreno led a World Health Organization (WHO) study to get a better sense of the scope of violence against women worldwide. The researchers went into the homes of women in 10 different countries, and did over 24,000 interviews. The researchers used clipboards with fake interview prompts on the back of their assessment pages so they could be flipped over in case of interruption by a male partner. This was to protect the confidence of these women, many of whom had never disclosed their abuse. They found that IPV exists in most geographic areas at rates between 29% and 62%, and in many cases it is severe and continuous. Urban Japan experienced the lowest rates (15%) whereas provincial Bangladesh, Ethiopia, Peru, and the United Republic of Tanzania reported figures between 60% and 70%. Per this and other WHO studies, variability between regions may be related to societal. Neighborhood/villagers’ associations, courts, law enforcement, employers, hospitals, schools, Chinese Women’s Federation, and other government offices can all contribute to reducing the statistics of IPV and thus impact the lives of individuals and their families.

Selected References
to cultural acceptance of violence against women, women’s educational attainment, and the region’s relative wealth. Rates in the United States fall on the lower end of the spectrum, at around 25%.

Both women as well as men can be victims of IPV. However, in heterosexual relationships women are at far greater risk for trauma. Men cause more injury and female victims express more fear than do male victims. Men use more coercive control with violence (in a pattern called intimate terrorism) than do women. Violence increases symptoms of Post-Traumatic Stress Disorder, depression, stress, and low self-esteem in women. Abuse is associated with adverse health outcomes, such as chronic pain, arthritis, disability, migraines, and stomach ulcers.

The Role of Denial, Rationalization and Distortion in IPV

Despite the appalling statistics and severe consequences of IPV in the U.S., many professionals are not well equipped to either assess or address it. One reason is that couples often hide or minimize their violence from outsiders. One study found that only 6% of wives indicated on a therapy intake form that violence was a problem, yet when asked to complete a specific written assessment, 53% indicated that their husbands had physically assaulted them. This tendency towards minimization and secrecy can extend to professionals, who would often rather focus on basic issues (like communication skills) than wade into the challenges that IPV presents.

Studies have found that both perpetrators and victims of violence use denial, rationalization, and other types of distortion. A perpetrator uses excuses and blame to control his partner and avoid responsibility for his abuse. This can be done in blatant ways, like when Marvin blamed Emily for his violence because she said something he did not like. But it can also be subtle and manipulative. For instance, in my (JW) research one man admitted to deliberately provocating his partner in order to justify his own violence.

He recalled:

“I’ll just keep pushing and pushing and get up in her face . . . just to violate her personal space . . . and I’ll keep at it and not stop until she lashes out on me . . . and slaps me across the face. [Then] . . . it’s like the sting of the slap is making me grin, it’s like ‘you don’t know what the heck you just did’ . . . ‘thank you.’ Now I can take it a step further myself. I can lash out on her.

This type of distortion is always present with perpetrators, and is a red flag indicating an unhealthy relationship. Violence expert Virginia Goldner has called denial the primary clinical issue because until a perpetrator takes responsibility for violent behavior it will not change.

Victims also may see things in distorted ways, believing the violence is her fault or that it is not actual violence. An abused woman may minimize out of fear that she will not be believed, because she has few options of getting out, or because she has been recruited by her partner to accept blame. For example, Emily would sometimes think: “he wouldn’t have hit me if I hadn’t popped off.” “He was just drunk,” or, “His mom threw him in a trash can so he takes his anger at her out on me and he can’t really help it.” These distortions may be reactions to trauma and help her cope with the abuse, but they will not usually contribute to stopping the abuse. Generally for violence to end, both parties have to see it as unacceptable and take steps to address it. In saying this, we are not suggesting that a victim is responsible for violence or for changing it. However, it is important for both victims and perpetrators to acknowledge the serious nature of violence and get help. Although an obvious step for victims is to leave the relationship, many choose to stay and some couples are able to stop violence.

IPV and Desistance

Peppered throughout Western literature is evidence that abusive partners can change and IPV can desist. A 2001 study by Jana Jasinski, for example, found that 70% of couples reporting violence during the first wave of data collection denied violence in the 12 months prior to the second wave five years later. Several other studies report similar results, which contradict the notion that IPV only escalates and persists. Unfortunately, because of the scarcity of desistance research, conclusions about rates, predictors, and mechanisms of desistance cannot be drawn. However, it appears that desistance relates to frequency, severity, and mutuality of IPV, with infrequent, mild, or unidirectional violence being more likely to desist than frequent, severe, or mutual IPV. When partners use control tactics like restricting the victim’s access to friends or money, violence is less likely to desist. In these cases, when violence ends, control tactics and psychological abuse usually remain. Two studies to date have examined mechanisms of desistance: Wuest and Merritt-Gray (2008), interviewed female victims, and Scott and Wolf interviewed male perpetrators. Participants in both studies cited “turning points,” like victims demanding change as facilitators of desistance. For example, children calling the police or an especially heinous act of abuse enabled many victims to quit distorting, denying, and minimizing the violence. In turn, victims demanded change and began taking steps to increase their personal autonomy (e.g., volunteering, working, going back to school). These mechanisms were evident with Marvin and Emily. After deciding she was done with Marvin, Emily joined Al-Anon and took steps to better herself. As her confidence grew, she changed her interactions with Marvin by disengaging from arguments before they escalated. She took responsibility for her behaviors while refusing to take responsibility for his. Influenced by these changes, Marvin joined AA, got sober, and recognized the abusive-ness of his actions. By 2007 the violence had stopped and they continued efforts to improve. They both currently report being extremely satisfied with their relationship.

Desistance doesn’t always result in a healthy relationship. Wuest and Merritt-Gray (2008) found that some desisted couples reinvest in their relationships, but others merely coexist with little affection or emotional engagement. In some cases of coexistence, formerly violent partners continue to be
manipulative and domineering, leading their non-violent partners to vigilantly monitor and protest the abusive partner’s behavior. In reinvested couples, both work to disrupt abusive patterns by monitoring behavior, reinforcing desired behaviors, and recognizing and disrupting triggers.

Professional interventions, like Batterer Intervention Programs, can facilitate desistance by encouraging batterers to take responsibility for their abuse, increase partner empathy, and improve conflict resolution skills. Likewise, interventions that develop women’s empowerment may facilitate desistance or enable her to leave the relationship if necessary. Both perpetrators and victims need to avoid denial of IPV and acknowledge its seriousness. This helps them change patterns and unhealthy beliefs that contribute to violence.

**Professional Implications**

Even though IPV rates in the United States have declined and are lower than many countries, more progress is needed. By challenging the personal and social beliefs that support violence and through developing better interventions, further progress can be made. This includes recognizing the varying dynamics and types of IPV present in American culture (see Johnson, 2008) and tailoring interventions based on needs. For example, a woman who is being controlled and dominated by her partner will have different needs than a couple who escalates but neither is controlling. While it is possible for couples to overcome violence, sometimes the safest option is for victims to leave. As professionals, we are obligated to provide recommendations that are safe, respectful, and well-informed. As such, professionals must be skillful in screening for violence, identifying risk factors for lethality, and recognizing distortion and control. Professionals should also familiarize themselves with resources in their area and refer appropriately. This might include connecting victims with shelters, hotline numbers, or legal services and getting perpetrators to Batterer Intervention Programs. Although it may be tempting to ignore or downplay signs of abuse, professionals can do much to help couples in their journey toward desistance.

**Selected References**


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Perceptions of Domestic Violence by Turkish Couples in Long-Lasting Marriages: An Exploratory Study

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According to the 2013 report of the United Nations, the proportion of women who are exposed to physical or sexual violence is around 30% globally. The range varies from a low of 15% in Japan to a high of 71% in Ethiopia. The current incidence is 39% for Turkey based on governmental data from the Family and Social Policies Ministry (FSPM). In a 2008 survey, four out of ten women reported being victims of physical violence during their lifetime, perpetrated by either a spouse or partner. Types of violence included shooting, kicking, strangling, and stabbing. Also during their lifetime, 42% of women reported either physical or sexual violence with 12% reporting serious injuries. Emotional violence had the highest report rate of 44%.

According to the Turkish Statistical Institute, incidence of reported physical violence varies according to the educational level of women. The majority (52%) of those with minimal or no formal education reported the highest incidence of physical violence in their lifetime compared to 39% among women with at least a high school education. According to FSPM (2013), a total of 695 persons, including 369 women, died between 2009 and 2012 as a result of domestic violence. Nationwide 6,764 women received police protection due to domestic violence.

In Turkey domestic violence is one of the fundamental factors leading to divorce. About a fifth of women considered beating or ill-treatment as grounds for divorce. No data regarding the exposure of men to domestic violence was retrieved.

As awareness of the domestic violence problem in Turkey has grown, efforts have been made to curb it. As in other nations both governmental and civic organizations have played important roles in these efforts. Concern about domestic violence was one of the reasons for the establishment of the FSPM as a separate government agency in 2011. The FSPM initiated a bill Protection of Family and Prevention of Violence against Women which was passed in 2012. The FSPM, in accordance with this bill, established ‘Koza Violence Prevention and Monitoring Centers’ to curtail domestic violence. These centers provide violence prevention/monitoring and counseling services for victims and perpetrators. Other efforts include emergency call centers for victims, counseling, stay-away orders, campaigns and national action plans to combat domestic violence. Since January 2014, the FSPM circulates manuals informing women about domestic violence, including patterns of abusive behavior in partner relationships. These activities have been given high priority since preventing violence is less expensive than the costs associated with diagnosis, treatment, protection and prosecution.

Awareness of the domestic violence problem has stimulated much research. For example, Balkanlıoğlu and colleagues (2014), as part of a larger study to investigate the factors associated with long-lasting marriages, asked questions related to domestic violence in the Turkish context. Research questions addressed included: “Do long-lasting marriages continue despite the violence?” or “Do long-lasting marriages continue because there is no violence in the marriage?” To discover the answers to these questions, the following questions were asked of the participants: “Did your partner use violence against you?” or “Did you use violence against your partner?” During the interviews, spouses were also asked how they resolved domestic violence in their marriages.

Sixty participants representing thirty Turkish couples volunteered to be interviewed. They had to be healthy, married for twenty or more years to a first spouse, and have an official marriage certificate. Length of marriage ranged from 20 years to 52 years with the average being a little over thirty years (30.23). Before the interviews, participants signed an informed consent form and filled out a socio-demographic profile and survey. Interview questions were semi-structured. Each spouse was interviewed separately face-to-face. The interviews were conducted in participants’ homes to provide a comfortable environment. During each interview, two researchers were present. One conducted the interview while the other took observation notes.

Grounded Theory was used to analyze the qualitative data from the interviews and observation notes. Alternative names of the subjects were used to ensure confidentiality. Data was analyzed using open, selective and axial coding methods. Analysis of data revealed three code categories: Couples’ perceptions of domestic violence, experience of domestic violence and solution suggestions.

Couples’ perceptions of violence were limited to physical violence and did not include verbal, emotional, or sexual violence. Only after researchers asked follow-up questions including that “violence could not only be physical but also psychological, financial or sexual”...
did participants report instances of verbal-emotional violence. A common response was "it happens in every marriage" while smiling. Even after further probe questions, no economic or sexual violence was reported.

Infrequent physical violence, mostly by men, was reported in some of the marriages. Physical violence was not reported as continuous but as happening once or a few times during the marriage. Mrs. Seda who has been married for 36 years mentioned the following: There were small problems; we were young at that time. Friends of my mother [mother-in-law] used to visit us. They used to say to my husband 'as the twig is bent, so grows the tree.' One day although we did not have a problem, he hit me once! He said 'Why do I hit you?' [Laughs]. But other than that nothing serious happened.

Mr. Husain who has been married for 26 years said: "Violence against my wife? Well, we passed through such a period, we have." But verbal and emotional violence were more common; "Shouting, calling names, this sort of thing or something like this happened; when I get angry, I shout at her."

Social environment is one important factor. Family circles of some of the spouses reportedly encouraged violence. For example, Mr. Adil who has been married for 39 years stated that he used violence against his wife once because of his brother. "It was something private, it was a misunderstanding, and it was because my brother gave me wrong information about my wife!"

Sampled spouses in most of the marriages did not report physical violence, which was probably a contributing factor to these long-lasting relationships. On the other hand, verbal and emotional violence were much more common.

Spouses in these very successful long-lasting marriages were also asked how to resolve domestic violence. Their comments consistently recognized domestic violence as a prevalent problem even though most reported it absent from their own marriages. Below are excerpts of spouses' suggested solutions.

Need to search for reasons:

Causes of violence should be investigated and then solutions should be investigated! ... Due to debts, there could be some arguments and then violence emerges! (Mr. Husain, married for 26 years)

Appreciating the importance of religion and education:

My suggestion, of course would be valid for conscious people! I say it again, if we consider our Prophet Mohammad's life, Koran and life of Mohammad are the key. Everybody's solution could be there. Our Prophet's life could be the solution for marital problems. (Mr. Yusuf, married for 20 years)

On the other hand, verbal and emotional violence were common and were usually considered ordinary by spouses plus often they did not consider this as violence.

Solving financial problems:

It's [violence] all because of financial problems! Instead of using violence, let's work harder; 500 or 600 (Turkish Liras) earning is enough, everybody should work! Earning should enter the house. Whatever (the problem) they should talk. There is nothing that could not be shared. We share everything, our earnings! If it's just earnings let's come together, it can be solved, I think! (Mrs. Seda, married for 36 years)

Communication and patience:

Besides Mrs. Seda stressing the need to talk, Mrs. Serap, married for 28 years made stated: Should correct themselves by talking to each other.

Learning trust, respect, and responsibility:

By reaching an agreement! I'm against domestic violence! If there is violence, then there is no peace! There is no trust! No trust between husband and wife! (Mr. Salih, married for 36 years)

So here spouses, men too, women also, men need to learn their duties and responsibilities! Being a spouse to each other, not a slave, not an owner! I'm not the owner of my husband and he is not the owner of me! If they provide this respect, then violence can be prevented! (Mrs. Nazan, married for 39 years)

Unsolvable or divorce:

So if it once starts already, I think there is no solution, in my opinion! ... Therefore, if there are such things, I don't think he's going to change, impossible! (Mrs. Nezihe, married for 23 years)

Contrasting to what national statistics suggest, domestic violence was very rare in these admittedly very select long-lasting marriages. When violence was reported, it was during the early years of marriage and caused either by spouses themselves or their family members. On the other hand, verbal and emotional violence were common and were usually considered ordinary by spouses plus often they did not consider this as violence. Financial or sexual violence was not reported at all. When evaluated in terms of gender, men were nearly always the ones who committed physical violence. In contrast verbal and emotional violence was initiated by both men and women.

These selected couples' reports suggest that the absence of physical violence was a major factor contributing to greater marital quality and continuity. In other words, absence of violence (especially physical) in marriage may be one of the basic prerequisites for long-lasting marriages. Moreover, the results indicated that in cases where verbal and emotional violence is inevitable, spouses' conscious attitudes often lead to efforts to reduce any devastating effects. The reports suggest that the majority of these couples worked at increasing the quality of their relationship and believed that positive solutions were possible. Only a few couples recommended divorce if domestic violence became a habit.

Our study results have some implications for practitioners. The recommendations by long-lasting married couples indicate the importance of religious values and education or learning as a solution to domestic violence. Therefore, family counselors could be advised to address couples' beliefs and values in an effort to resolve domestic violence-related problems. Also, the importance of communication by talking out issues in a non-threatening or violent way is essential.
Violence in Same-Sex Relationships

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Throughout recent decades, intimate partner violence (IPV) has become increasingly known as a serious public health concern within the United States and around the world. Since the 1970’s, both data and research have become more freely available regarding the occurrence of IPV within heterosexual relationships. More recently acknowledgement has been provided of the differences between male-to-female partner violence versus female-to-male partner violence. Among this focus, statistics indicate that females and racial/ethnic minorities are impacted by IPV at disproportionate rates.

The Breakdown

According to the Federal Bureau of Investigation, a woman is beaten every 7.4 seconds by a male partner in the United States, and approximately 2,000 women per year are murdered by a male current or ex-partner within male-female violence. When it comes to research on IPV within same-sex couples, however, it did not make its debut until the 1990s. Current article reviews estimate that the prevalence of same-sex couples who have experienced some form of abuse within their relationships is similar to or has a higher frequency than heterosexual relationships. Globally, there is an overall lack of statistics or data that examine the prevalence of IPV within same-sex relationships. Some reasons that could factor into the lack of statistics include: the refusal to recognize same-sex relationships, countries punish those that are involved in same-sex conduct, and individuals not reporting IPV due to the fear of being discriminated against by police officers, judges, or government officials (Serra, 2013).

With the documented statistics, it is important to consider that most cases of IPV are never reported. Various factors have been identified as barriers to reporting within heterosexual and same-sex relationships, including: dynamics of the cycle of violence, lack of economic resources, lack of external supports, guilt and self-blaming, perceived and/or actual threat of future violence as well as a general lack of understanding about what constitutes IPV.

Intimate Partner Violence in Same-Sex Relationships

In same-sex IPV, abusers use violence, emotional abuse, and intimidation to ensure continued power and control in their relationships (Carvalho et al., 2011). In discussing same-sex IPV there are characteristics that differ from heterosexual couples. Within same-sex relationships, a partner can threaten to disclose their partner’s sexual orientation or gender expression to their family, employer, landlord, and other individuals in their life which could result in alienation of loved ones or loss of job and place of residence. From the threats of their partners to fearing being discriminated against from medical and law/legal systems, they can become hesitant to pursue support for themselves. Because of the lack of research findings on IPV within same-sex relationships, fewer services and less protection is implemented (McClennen, 2005). Though it is understood that IPV can occur within both heterosexual and same-sex relationships, the research dedicated to understanding the dynamics and factors contributing to the occurrence within heterosexual relationships far exceeds the available research regarding same-sex relationships, perpetuating a continued disparity in awareness and treatment among diverse populations. It has been shown that IPV programs are usually not fully equipped to assist same-sex individuals who experienced or are experiencing IPV (Carvalho et al., 2011). There is a need for more training and awareness.

Risk Factors

In the U.S., several researchers have examined risk factors for IPV within heterosexual relationships. Although difficult to measure or to determine exclusive causation, common areas of concern have been identified. Factors include poverty and associated stress, relationship conflict in terms of frequency, power related dynamics, alcohol and substance use, social gender norms and intergenerational cycling. According to a recent report by the U.S. Centers for Disease Control and Prevention, additional risk factors include existing mental health concerns, prior witnessing and victimization, and an individual’s lack of accessibility to supports. Meyer’s (2003) minority stress model is based on the concept that stigmatized or same-sex couples experience unique stressors. These stressors are both internalized (i.e. homophobia) and externalized (i.e. discrimination). Partners with internalized homophobia can transfer their negative feelings that they have about themselves and project them onto their partner. In turn, the individual who is the victim of IPV, may be struggling with internalized homophobia and have exaggerated beliefs that they are the cause of the abuse within their relationship.

Additional Readings


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Finally, despite the persistent patterns it is important not to treat domestic violence as solely gender-based and as a one-sided matter. All sides of the issue should be considered in a holistic perspective.

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Another element of minority stress is stigma consciousness, when same-sex couples expect to be discriminated against by others. Within same-sex relationships, victims are not forthcoming about abuse as they try to protect their partner against a legal system that is believed to be discriminatory. Lastly, identity concealment is hiding one’s identity in an attempt to reduce or prevent rejection, dislike from others, or negative results. Because of the concealment of part of the identity, the likelihood of access to services is lowered.

Clinical Framework
Significant research has examined the short and long-term effects of IPV occurrence within heterosexual couples. The traumatic effects of IPV can be many and varied. Often IPV can lead to Post-traumatic Stress Disorder, depression, anxiety, lowered self-esteem, somatic symptoms, and impaired functioning in social and occupational roles. In working with LGBT individuals who have experienced IPV, it is essential to have a sensitive and supportive lens. It is important to honor diversity, empower the individual, and respect where they are in the process.

Systematic treatments and interventions for IPV have existed since the late 1970’s. Many researchers note the prominence of treatments focusing on males perpetrating violence toward their female partners. The Duluth model of treatment has been researched since the late 1970’s. In this model IPV is considered to be a male phenomenon perpetrated by a patriarchal society in which control is exerted over woman (Wray et al., 2013). Many of the available treatments fail to consider the possibility of mutual violence within the relationship or it occurring within same-sex relationships. Since that time, treatments identified as most commonly used for IPV are feminist sociocultural perspectives and cognitive-behavioral therapy (CBT). Both treatments share commonalities regarding behavior change, beliefs, and personal responsibility. Feminist sociocultural approaches emphasize education regarding power differentials between men and women, male privilege, and the patriarchal structure of society, whereas CBT emphasizes anger management, stress management, skills training, and distorted beliefs that lead to IPV. These modalities would be especially important within a variety of cultural contexts because it would bring awareness to the power inequalities and privileges that take place and have a direct impact on same-sex relationships.

More recently, psychodynamic and cognitive psychotherapies have been utilized to address the mental health symptoms within a relationship where IPV is present (Bogat et al., 2013), though research has indicated that these are not significantly effective. The first step in treatment is thorough assessment and guidelines for conducting assessment of IPV in a safe and effective manner. Within heterosexual couples, common IPV needs during the assessment phase have been identified to include mental health care, legal advocacy services, employment assistance, support with housing, childcare and economic needs (Echeburua et al., 2014) though the additional layers of risk and comorbidity associated with diverse couple populations remain significantly unrecognized and under researched. These same needs apply to partners experiencing abuse within same-sex relationships.

As a mental health or health care provider, it is important to view this group as individuals in need of support, advocacy services, and information, unless it is stated by the individual themselves that they desire therapy. The victims of IPV need to regain power and control of their lives, along with their identity which may have been temporarily lost while in the harmful relationship.

Last Thoughts
There is a need for more research on each sub-identity within LGBT couples experiencing IPV. Relationship dynamics, societal messages and their effects, along with interventions deserve to be investigated. There is a need for more programming, safe and inclusive shelters, advocacy/legal aid, and policies to be put in place for protection.

Ideally everyone deserves the opportunity to receive support and assistance.

In order to treat all couples effectively, efforts for prevention and intervention are crucial. It is important to raise awareness within communities through education, greater access to support, and a decreased societal tolerance for violence in general, while simultaneously identifying and maximizing protective factors. Treatment providers and agencies can prioritize the reduction of cultural and institutional barriers that are commonly experienced by both heterosexual and same-sex couples as it relates to IPV. Keep in mind that the research regarding effective treatment of IPV within couples is a growing field of expertise. Safety and intervention needs to be tailored to the specific factors impacting individual couples. We as providers should be equipped to thoroughly assess the needs that are unique to each couple while reducing the barriers to reporting violence and accessing services.

Selected References

“Education is the most powerful weapon which you can use to change the world.”

Nelson Mandela
Signals of Abuse in the Swedish Context

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Introduction
Partner abuse (or men’s violence against women, domestic violence, interpersonal violence, spousal abuse, and/or violence in close relationships) in Sweden, as elsewhere, is a complex societal and public health problem which involves several perspectives and different actors. Not only does this involve the person exposed to violence/abuse and/or threats, but also children, other relatives, and close acquaintances/friends. The abuse can be physical, mental and/or sexual and in some cases, may involve economic or emotional abuse. These situations often call upon a variety of disciplines to assist with intervention and treatment efforts, including health care professionals, social workers, and various aspects of law enforcement.

Swedish Policies
Sweden is highly ranked internationally in its equality policies for all its citizens. One of the cornerstones in Swedish gender equality policy is to ensure that all people, regardless of gender, will have the same opportunities, rights, and obligations to live without the fear of being exposed to abuse or violence. A number of legislative efforts have been implemented regarding men’s violence towards women. This includes preventive work programs for violent men as well as programs that provide knowledge and skills regarding how to approach and treat women who have been abused; all important factors in the work against spouse abuse in Sweden (Burman, 2010).

Women have been abused in close relationships for decades. Yet it was not until as recent as 1982 when in Sweden it became possible to prosecute against domestic violence. Beginning in 1998, Sweden enacted the Act on Violence against Women. Interestingly, the number of reported cases increased as more women spoke out about their situations and as more health care, social work and law enforcement agencies became aware of the signals of abuse. Since 2001, the responsibility of victims in general, and women exposed to violence specifically, developed further into the Social Service Act, acknowledging that abuse defied earlier stereotypes and women were not the exclusive victims.

Domestic violence is seen as both a crime and a societal problem that must be addressed. Even though the focus in general has been on men’s violence against women, it is worth mentioning violence/abuse between spouses of either sex and those living in close relationships regardless of gender, age, and ethnicity. According to the Social Service Act, the rights of children involved in these situations must also be taken into consideration.

Incidence
Regardless of the strong Swedish policies against violence, problems still exist. In 2012, there were about 28,000 reported cases of violence against women, often perpetuated by men, and specifically by a man with whom the victim was involved in a close relationship (The National Board of Health and Welfare, 2014). It is generally felt that this number is even higher because some women fear disclosure and do not report the incidents. Increasingly there is a movement towards mandatory reporting by professionals, particularly if children are involved.

International Comparisons
In Nordic countries, as well as in Great Britain and the United States, situations and interventions frequently reveal similar themes. The legislation may be more highly developed in Sweden, specifically as it concerns women’s rights and independency. Some other parts of the world may be hindered in the development of policies concerning human rights because of patriarchal systems, lack of education, religious and cultural differences. These all contribute to vast international differences in identification and services (Aladuwaka & Alagan, 2011; Sayem, 2012).

Supports and Services
According to the Social Service Act, municipalities in Sweden are responsible for their constituents and for the services and supports they may need in regard to partner abuse. Further, each municipality has the responsibility to provide these supports and services to men or women whether they are in hetero- or homosexual relationships and to care for their children as well.

Women, with or without children, who want to leave an abusive situation can also turn to one of the almost 200 Women’s and Young Women’s Shelters, located in the municipalities throughout the country. Most of these shelters are staffed by voluntary workers, even though some of the shelters may also be supported by professionals, such as social workers. According to an annual study made by the National Board of Health and Welfare (2014), 95% of municipalities offer a Women’s Shelter and almost 70% of those municipalities offer shelter for women exposed to violence who are also addicted to drugs and alcohol. Some municipalities may offer Women’s Shelters where they are able to bring their pets (mainly cats and dogs). Researchers report that pets may be exposed to violence or are used to put pressure on the abused women. In the same study, which compares the municipalities with each other, 30% of the municipalities claim they have policies that offer special support to older people and to persons with disabilities exposed of violence. Sixty-seven percent of municipalities surveyed also offered support and counseling to abusive men, where the objective was to prevent further violence.

One limitation in this stream of services is a lack in the ability to provide services in other languages (25%) and only 14% of the municipalities had policies regarding the

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continuation of schooling where children feel safe while living in women’s shelters. In addition to the services listed herein, municipalities may also offer financial support, counseling and specific support to find new housing or to protect their identity (Social Service Act). Several municipalities have formed collaborations between municipal boards, health care offices, social workers and/or law enforcement agencies regarding the management of these issues.

Exemplary Programs
Beside services provided by municipalities, other agencies or organizations exist to support their efforts. One such program is known as Victim Support Centers. Currently there are almost 100 organizations in Sweden specializing in victim support. These centers offer information, counseling and support to those who have been exposed to a crime (robbery, abuse, rape or threats). These services can be done in collaboration with the law enforcement agencies, the judicial and court systems.

Voluntary work is critical to the success of these programs. Much of the initial voluntary support was drawn from women with personal experience of domestic violence who met other women who had been exposed to domestic violence. The main purpose is to offer support and guidance through an emergency helpline and individual support in the transitioning process. This type of voluntary support is offered through a variety of organizations including two non-political and two independent national organizations without religious affiliations. Together they share the majority of the responsibility of coordinating more than 200 Women’s Shelters in Sweden.

Another exemplary program can be found in one of the southern regions of Sweden, the Region of Halland. Abuse specialists (2014) have developed a regional handbook on how to handle violence/abuse for those living in close relationships and/or between partners and spouses. The handbook is used in social work programs, health care offices, voluntary work, law enforcement agencies, with judges and probation officers. The purpose of this handbook is to help workers identify those persons who are exposed to violence and to offer support and services regardless the region where they are located. Similar handbooks have been developed in other municipalities in other regions.

Important elements of this work are the instruments or tools used to make a structured assessment of violence risk. A variety of different checklists are used to determine if there is an ongoing abusive situation. The World Health Organization has listed 56 different programs worldwide in which men are obligated to complete after being sentenced for such a crime. They can also participate on a voluntary basis. The first programs were developed in the U.S. and that program, implemented in Sweden today, is inspired by the Domestic Abuse Intervention Project from Duluth, Minnesota, and based on Cognitive Behavioral Therapy principles. Treatment programs may vary (individual or group therapy). Batterer intervention programs for men or those who have been sentenced are offered either through the prison system or by open centers in our largest cities.

An evaluation of men’s domestic violence made by the National Board of Health and Welfare (2010) revealed that one year of treatment had a positive effect in decreasing the physical and emotional abuse. There was also a reduced use of alcohol and drugs during the treatment, which affected the men’s health in a positive way. Of course the most important goal with the treatment was for the men to realize and understand their own responsibility for their behavior in domestic violence.

Discussion
To leave an abusive situation or change an abusive behavior is seen as a process. This may involve stages of doubt, looking for alternatives, making a turning point and building a new life, all of which involve personal empowerment. Programs can be helpful to both those who have been exposed to violence as well as perpetrators. Swedish social policies are based on supporting clients to help themselves and to take power and control of their own lives. The professional work can be difficult and the concept of power can be used as a tool. Fear, helplessness, oppression, as well as interpersonal responses of violence need to be identified and discussed further.

Coordinated community work is used between social work, health care, law enforcement and the judicial system. One goal is to develop a sense of security in women and children exposed to ongoing or former violence. These situations often involve the whole family and rely on a larger network of supports and services. A multi-pronged, systemic approach is required in changing abusive behavior that can be destructive to all those touched by it.

Selected References
Globally, women’s education is an important catalyst in the process of societal development. Educating women benefits not only the individuals concerned, but also their families and communities. One of the major goals for 2015 by the United Nations is to reduce the gap between men’s and women’s education. Worldwide education carries the same message; namely to increase literacy through the ability to read and write simple sentences. Globally women account for two-thirds of those who are illiterate. Education should focus on other important needs as well, often the byproduct of the education itself. Despite the many benefits schooling can offer women, there are regions where it is creating a gap between the women and their society. This can contribute to them being abused by their families, partners, and even society. The most difficult challenge is the violence from their intimate partners (IPV). Currently some situations exist where education is creating challenges without providing solutions. Women’s education should include some key elements to overcome these challenges.

Does education sufficiently empower women globally and give them the tools to change their lives and promote their autonomy? Women’s education is considered the major vehicle for future development in general. Economic prospects and health care are two examples where dramatic improvement can occur. Women’s education and fertility rates are closely correlated, as educational levels increase, fertility rates decline. Educated women are supporters of gender-equitable societies. In some societies, the process of obtaining an education can improve psychosocial well-being of women, because educational institutions may be the only places where they can socialize, enjoy personal time, find support from peers and teachers, and discover themselves.

Culture plays an important role in how women are educated and subsequently treated. The World Health Organization (WHO) indicates the prevalence of abuse in their regions. Educated women are exposed to IPV in cultures that grant women limited rights, have dowry traditions, and force women to endure polygamy, early marriage, and where abuse against women is sanctioned. In traditional cultures that demand women to function exclusively as wives and mothers, men prefer to marry uneducated women. In these contexts, education has a limited effect on women’s lives. Being schooled does not give these women sufficient knowledge and resources to stop the violence against them. Instead, it elicits additional challenges as the women lack support and her risk for sexual, physical and emotional violation may increase. For example, Abuya et al. (2012) found an association between education and IPV among women being offered HIV testing in Kenya. They also found that women who have post-primary, vocational, or secondary education and who live in urban areas are more protected against physical violence than women with only primary education. For well-educated women, violence was higher in rural than in urban areas. In rural areas, women have limited career opportunities, and most of them depend economically on their male relatives who act as heads of households. In this type of scenario, women’s independence threatens men’s authority and can incite violence.

In some regions educated women are not fully prepared for the real world. A large gap exists between the women’s education and the realities of life. While in school, women start their intellectual journey and have high expectations for their future. In some countries, education is the only means for women to gain even limited freedom and hope for an improved future. They aspire to the independence, economic rewards and social status equal to that of their male counterparts. They would like to fully participate in the labor force, but their societies do not utilize women’s education. As a result, many of them do not have access to resources and remain trapped within their families and communities. In some places, highly educated women are considered a threat to the family structure and to the fabric of society. They are believed to be too independent and may not find husbands or gain social acceptance. Women experience internal conflicts that stem from the tensions between their education and their families and communities. These conflicts sometimes overflow into their society and thus cause violent behavior. In 2012, Malala Yousafzai, an activist who promotes women’s education, was shot three times by a radical group that opposes women’s education. Social, domestic, or IPV is the cost that women bear for breaking the cycle and being different. Although education can be eye opening, women need to understand what their real world is like and whether they are willing to pay the cost of attempting to change their communities. In some regions, women are limited to two choices: fight or give up. We need to acknowledge that globally the costs and rewards of women’s education differ from one area to another.

For this reason, education should not target women only. Education is a necessity for men and women alike; for all members of a society. Women’s education and women’s empowerment should be linked. Empowerment means that women can act in their own interests and can develop and realize their own potential. Women’s education and empowerment continues on page F19.
Churches and their leaders can be part of the solution to domestic violence, not just part of the problem. To be sure, there is a holy hush still operating in some religious circles, but in other contexts the silence has been shattered, as church people and clergy raise awareness about domestic violence and respond with compassion and best practices to those whose lives have been impacted by it.

Many women around the globe look to their religious communities first when violence strikes at home: they consult with another “sister in the faith,” or meet with a religious leader. They read sacred material, confide in a few friends and family members, and pray. Like abused women everywhere, they long for safety and for their abusers to change. Through our fieldwork amongst religious women we have learned that in the Caribbean women often reach out to each other, whereas in Asia and Eastern Europe they are less likely to share their pain, choosing rather to suffer in silence. In the United States and Canada, religious leaders and their congregations are an important, but often undervalued, resource in assisting women, men and children, especially in rural areas.

Almost 10 years ago I began to research the narratives of men who have battered an intimate partner. Barbara Fisher-Townsend was a doctoral student working with me in those early years and our forthcoming book, Men Who Batter (Oxford University Press, October, 2014), documents stories of men as they talk about their childhoods and teen years and then the downward vortex to violence and its consequences, for them and for those they have hurt.

One research project included personal interviews with 55 men connected to a faith-based batterer intervention program. Most of the men had been incarcerated at some point. Most came to the program because they were court-mandated to do so. For a period of four years, we interviewed each man every six months, totaling four or five meetings per interviewed person. Their accounts are explored within a broader framework of the specific agency and the regional coordinated community response to domestic violence, including criminal justice workers and those who staff shelters and work in advocacy. We attended groups; interviewed therapists, parole and probation workers, judges, social workers, clergy, police and advocates; observed court-room proceedings; and held focus groups with other abusers. In essence, we tried to understand as much as we could about men who batter and those who seek to assist them (and their families) in the aftermath of the violence.

Additional Readings
This project grew out of some of my earlier work with survivors of abuse. For almost 25 years, I have been interested in what happens when violence strikes deeply religious families. There are some unique issues that surface when religious women are violated and religious men abuse.

One of the factors to account for why a Christian woman stays longer with a violent partner is that she (often) believes that if only her husband would seek help that the violence would stop and peace and safety would be restored to family life. We were intrigued to know if there was any empirical basis for such hope. We knew from our past research that ministers, priests and other religious leaders were often ill-informed about intimate partner violence (IPV) and that one of the consequences of this lack of training was that many women of faith were disappointed after they sought pastoral help. Few clergy are willing to make referrals to professionals working in the community and the reluctance is greatest amongst the most poorly trained. Moreover, there are very few faith-based services for women victims/survivors. And there is substantial resistance on the part of workers in community-based agencies to refer to religious professionals those women on their caseloads, or in their shelters, for whom faith is an important part of their lives.

Yet, faith and religious practices, what is often referred to as lived religion, is an important component on the road to recovery for many women who have been battered. For sure, some religious perpetrators use the sacred Scriptures and religious language to justify the abuse. Some religious victims use the Bible and religious language to justify their own personal suffering. Some believe that divorce is always wrong. This is why it is so important to have priests, pastors, rabbis and other religious leaders as part of the collaborative community response.

The language of hope, healing, and change is central to many religions. It can be harnessed to offer women strength, empowerment and courage to face life challenges, including the suffering and long-term consequences of abuse. For those who are abusive, faith and religious language can offer a call to justice and accountability: to face the consequences of one’s actions, to repent, and to change both attitudes and behavior. Theologian Catherine Clark Kroeger and I discuss these issues in two of our books, No Place for Abuse (2010) and Refuge from Abuse (2004). We offer numerous practical suggestions for every house of worship interested in ministering to abused women and their children.

Here are some fast facts to emerge from our empirical research over the years:

- Our data amongst Protestant clergy reveals that most ministers are called upon several times a year to respond to a woman in a current abusive relationship or a man who is being abusive towards his wife or partner.
- Most religious leaders are not aware of the dynamics surrounding IPV and therefore can be (easily) manipulated by the abuser.
- Pastors often seem unable, or unwilling, to offer help to victims that is explicitly religious in nature—the exact reason women sought their help.
- Church women offer an impressive and extensive social support network to other women they know including help to flee an abusive relationship.
- When a minister or religious leader preaches a message that condemns violence in the family, it encourages women who have been victimized to come forward for help.
- Many women’s groups within congregational life support local shelters for battered women by financial contributions or in-kind donations of volunteer labor or goods.
- Some religious abused women fear that if they seek help outside their faith community that it will jeopardize their relationship with other women in the congregation, or with the leader.
- An important part of the call to accountability for religious men who batter is someone who can challenge them to alter misguided religious beliefs.
- Contemporary seminary students do not feel equipped to respond to the needs presented by families impacted by domestic violence.

The Stained Glass Story of Abuse
On our Religion and Violence e-Learning [RAVE] website www.theraveproject.com, there are many resources for women whose lives have been touched by IPV. There also are resources for those who walk alongside them as they journey towards healing and wholeness. Developed with a generous grant from the Lilly Endowment, these materials are available free of charge: brochures, bulletin inserts, and posters can be downloaded and distributed within local congregations. Other resources, like The Stained Glass Story of Abuse, can be used as part of the ongoing training of a ministry team or an individual priest or pastor. The Stained Glass Story of Abuse, a visual representation of the life of a religious woman who has been battered, can be shown as part of a presentation. In terms of training, the RAVE website offers assistance for secular workers who are responding to religious victims, and support for religious leaders who are called upon by families at their time of crisis.

Listed below are five things that every congregation CAN do to begin to shatter the silence related to domestic violence:

- Ensure that safety is the top priority and that information on abuse is available. Place a poster and other related materials near (or in) the pastor’s study.
- Place a brochure on abuse in every church washroom, together with contact information for help. Bathroom stalls are one of the very few confidential places in a congregation to pick up information without anyone seeing you do so.
- Identify one Sunday in the church calendar year to discuss abuse and place an insert in the bulletin with relevant information concerning IPV and how to seek help. It is important to mention how congregational members can offer assistance (like financial or in-kind contributions) to the local women’s shelter.
- Ensure that the youth group has one evening at least once a term where abuse in intimate relationships is discussed and where teens are encouraged to ask for help.

Yet, faith and religious practices, what is often referred to as lived religion, is an important component on the road to recovery for many women who have been battered.

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www.theraveproject.com
Implementing Violence Prevention on Campus

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Most academics and students like to think of our campuses as safe places, and if we consider campus safety at all, it might be in response to highly publicized and extremely rare mass shootings. So, is campus violence really a big deal? Unfortunately, yes. The age group of traditional college students (18-24 year olds) is susceptible to interpersonal violence (especially sexual violence). In addition, campus settings assemble large numbers of these vulnerable individuals together in time and place, and often in unfamiliar settings for the first time in their lives.

First-year students are especially vulnerable to victimization, and it is important to consider international studies when thinking of campus violence. Students who travel abroad may be at risk to perpetrate or experience unusually high-risk behaviors, and international students are often unfamiliar with contexts that might prove dangerous to them (both in the U.S. and in other nations).

Campus violence is a problem internationally as well, but it has received less attention than in the U.S. Often, the privileged status of college students works against them, in the sense that government resources are viewed as better spent on more needy individuals. College students may even view experiences of violence as an acceptable part of their college experience.

Sadly, for too many students, campus violence blights what otherwise could be a wonderful experience. Many people are aware that a college education is associated with substantial benefits, such as much greater lifetime income, less unemployment, better health, and even a longer lifespan. Also, college students generally experience less victimization than their same-age peers who don’t attend college.

In that context, the following fact is a glaring exception: college attendance is a risk factor for sexual assault. A woman who attends college is more likely to be sexually assaulted than a woman who does not attend college. This problem has been highlighted recently in the U.S. media, and most recently via the White House Task Force to Protect Students from Sexual Assault (April 2014). One in five women experiences a sexual assault while in college, with the vast majority of assaults perpetrated by someone known to her. In addition, other types of relational violence such as stalking and dating violence exist as special problems on college campuses.

As a family therapist and as an educator, the topic of intimate partner violence (IPV) is no stranger to me. Even with this background, however, the experiences of implementing a Campus Program Grant have taught me a great deal about where the field of violence prevention is headed and the challenges in the path.

My initial interest in the topic came from clients and from personal experience. In my family therapy training and my small private practice, I regularly encounter people who have experienced victimization, often violent. In addition, several of my personal friends, especially women, over the past 20 years have disclosed experiences of sexual assault or other kinds of violence.

Then, over my years as a faculty member, students from my family studies program have disclosed experiences that were unsettling. In a relatively small department, with about 100 majors, students have disclosed...
experiences to me that have impacted their academics and made immutable changes in the courses of their lives. To put this disclosure in context, only a fraction, (roughly 5%) of all campus violence is ever reported to an authority figure, implying that there is much I never hear about.

Through an intersection of events and a fellowship with the Samford grants office, I was able to collaborate with community partners and four other institutions to write a successful proposal for a Campus Program Grant from the Department of Justice. While our local consortium of five institutions received this single grant, the Campus Program has allocated nearly $140,000,000 over the past 15 years to help over 400 campuses nationwide develop their responses to sexual assault, dating violence, and stalking. The minimum requirements of the grant are first, to develop a coordinated community response team (CCR team), which is charged with revising policies and providing a comprehensive response to the multidisciplinary issue of violence. Second, each recipient of the program grant is required to train its campus law enforcement, in conjunction with community partners such as the local police or District Attorney’s office, to allow seamless investigation and prosecution of violent crimes. Third, each campus is required to train the campus judiciary, which provides an academic and administrative response to violations of campus policies. Fourth, the campus program requires that all incoming students be oriented to the issue of violence, and informed about options available to them if they are victimized.

Do these requirements sound familiar? If so, that is because they are congruent with recent legislation (e.g. the Campus SAvE act) and recommendations coming from the White House Task Force. Many of the requirements formerly unique to the campus grant program are now required of all postsecondary institutions accepting federal funds.

These changes are only one sign of a rapidly changing awareness of interpersonal violence in the U.S. I am astonished at how much has happened in the last three years compared to the last 30 years. Aside from the legislation, visibility of campus violence has increased dramatically. As I wrote these words, a radio program discussed the recent events over Memorial Day and the misogynistic hatred that Elliot Rodger linked to his violence. Over 60 educational institutions are being investigated to determine their compliance with the changes in law and policy about campus violence. And, many student organizations have expressed strongly an awareness of their rights to an education free of harassment and discrimination coming from violence.

Going beyond the legal issues of complaints and compliance, best practices have also changed substantially and affected violence prevention educators. Research has given us insight into perpetrators of violence, and research sadly has failed to show many lasting benefits of our prevention education focused on risk reduction. Gone are the days when violence prevention was considered to be lecturing to undergraduate women about how to dress, not to drink, and what areas of campus to avoid after dark.

Today, best practices in violence prevention involve nurturing small actions by many people on campus. Current approaches demonstrate that we can each make small steps to prevent a violent encounter by expressing our intolerance of violence or by intervening to prevent a situation from turning violent. This emphasis is based on research arising from the experience of bystanders who did too little in NAZI Germany or in highly publicized encounters with violence in the last few decades of the 20th century. To me, this evidence-informed approach is both hopeful and realistic, and I look forward to the time when we can say that our campuses are safer places.

Significant obstacles remain. As a whole, colleges and universities are struggling to find a way to articulate their respective strengths in a very competitive marketplace, while simultaneously acknowledging a need for violence prevention. No institutional members (faculty, administrators, staff, or students) look comfortably at their institution as a place that is dangerous to vulnerable students. In my view, this paradox is one of the greatest opportunities and challenges we face as family educators.

Parents, in particular, have a great need for education to dispel myths, such as ‘if my college or university receives very few reports of violence, it must be a safer place.’ In fact, just the opposite is true. We know that all campuses are experiencing significant levels of violence. And if students feel comfortable reporting violence, that is a strong indication that a campus is addressing the problems proactively.

To help dispel the myths, one of the first recommendations that the White House task force issued in April 2014 was that each campus should conduct a campus climate assessment. And this recommendation (soon to be a requirement) is a great opportunity for NCFR members. I would like to encourage NCFR members who work on a campus to consider becoming involved in the assessment process on their campus. Often, NCFR members have considerable experience in survey research, in statistical methods, and in evaluation procedures that can be very valuable to employees working in student affairs. In fact, the White House recommends that student affairs personnel consult with local faculty members to create a robust assessment process.

I would like to end with a few suggestions for action:

- Contact someone in your student affairs office, and offer your help.
- Become familiar with the basics of legislation such as the Clery Act, Title IX, and the Campus SAvE act.
- If you work with parents of teenagers, inform them about best practices in colleges and universities to prevent violence. Help the parents and students ask about these programs and support them on the campus they choose.
- If anyone is interested in collaborating on campus assessment and research projects related to reducing campus violence, this would be an opportune time to share survey instruments (I have several), insights, and to develop theories that move the field of violence prevention forward.

*The astute reader will note that I refer to sexual assault, dating violence, and even stalking in this article, though these crimes may not match some definitions of IPV found in the literature. Often, this distinction emerges because many college students are just beginning long-term relationships and may not be cohabiting with their intimate partners or spouses. The emerging literatures on the multiple domains of violence, polyvictimization, and polyperpetration point out that many of these distinctions raise false
Practical Ways to Conduct International Partner Violence Research Using Dyadic Analysis

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In a 1968 article in JMF, I reported social class differences in the way families in Minneapolis, San Juan, Puerto Rico, and Bombay, India interacted with each other. It took two years of preparation and a grant from the National Science Foundation before I could even start gathering the data. Today, thanks to archived data, almost everyone reading this can start analyzing data from a multi-nation study today or tomorrow. It is not quite that easy, but almost. The first purpose of this article is to let NCFR members know that they are welcome to use the data for multi-nation studies of partner violence (PV) that I organized: the 32-nation International Dating Violence Study (IDVS) and the 15-nation International Parenting Study (IPS). Each has over a thousand variables in addition to measuring several aspects of PV. These include the Personal and Relationships Profile which measures 26 risk factors for PV such as dominance and drinking problems; Rohné’s Parental Acceptance-Rejection scale; and Straus and Faucher’s Dimensions of Discipline Inventory. These measures let you study an extremely large range of ideas about the causes and consequences of PV. The data files can be downloaded from my website or study an extremely large range of ideas about discipline Inventory.

My second purpose is to introduce a simple but powerful method of dyadic analysis: What I call Dyadic Concordance Types or DCTs. These two purposes overlap because the two multi-nation studies just mentioned were designed to permit dyadic analysis. Dyadic Concordance Types (DCTs) Dyadic analysis of PV refers to using the behavior of both partners to explain why PV occurs, or to study the effects of PV. DCTs are an easily applied method of dyadic analysis. The crucial benefit of dyadic analysis using DCT’s is that it reveals vital information on a couple that is usually ignored by the Actor-Partner Interdependence Model (APIM) developed by Kenny and colleagues (2006). The vital information is whether the violence being studied is by just the male partner, just the female partner, or by both. Those three categories are the three DCTs. I suggest that knowing which of these DCTs applies to each of the couples being studied or treated is a crucial starting point for work on PV. Yet it seems that over 90% of work on PV is not informed by this crucial information. In addition, DCTs are a practical mode of dyadic analysis. It does not require structural equation modeling and a week-long workshop. If you can run a cross-tab and analysis of variance, you can do a dyadic analysis using DCTs. Further information on DCT can be downloaded from my website. You May Already Have Data for Dyadic Analysis and Not Realize it Given the few instances of dyadic analysis in research on PV, it is ironic that the data needed is easy to obtain. Actually, hundreds of researchers already have it because they used the Conflict Tactics Scales. If you are one of them, you only need to cross-classify the dichotomized Physical Assault scale of the male and female partners to know which cases are in the Male-Only, Female-Only, and Both assaulted DCT. Similar cross-classifications can be used to identify the three Dyadic Concordance Types for other abusive behaviors measured by the CTS such as psychological aggression, intransigence injuring a partner, and sexual coercion.

I suggest that knowing the DCT of each couple in a study or treatment group is a crucial starting point for describing and understanding couples in which violence occurred, and for planning data analysis or treatment.

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prevention continued from page F22 barriers between types of violence that often involve the same people.

Additional Readings


Of course it is better to use a multi-indicator measure such as the three-minute short-form of the revised Conflict Tactics Scales (Straus & Douglas, 2004). It provides two measures of assault: one for any assault and one for severe assault by each partner. As noted previously, it also provides scales to identify the dyadic concordance or discordance types for four important aspects of the “context” of those assaults: injury, sexual coercion, psychological aggression, and tress.3

Examples of Results Using DCTs

Students exposed to violence between their parents, the predominant Dyadic Concordance Type was “Both-Violent.” The left side and middle pairs of bars show that, if PV is measured as any assault, Father-Only assault was only slightly more frequent than Mother-Only assault. However, if the criterion is a severe assault, the Father-Only was a larger percent of the violent parents than Mother-Only. The predominance of Both-assault and the substantial percent of students who grew up in homes where both parents assaulted, and the similar percent of Mother-Only and Father-Only, may be surprising to some. However those results are similar to what was found by six of the seven other studies that used DCTs for research on exposure to children of PV.

Does Which DCT Make A Difference? As might be expected (even though that has been ignored in research and treatment), children of parents in the Both-assaulted DCT had the highest probability of later in life also assaulting a partner. What might be surprising, is that in almost all the 15 nations, the Mother-Only DCT was as strongly associated with the child perpetrating PV as the Father-Only type, and that this applied children of girls as well as boys.

Another example showing that each DCT has different effects is a study of the relation of violence to depression in the dating relationships of the students in the 15 nations. It found, again as expected, that the Both-assaulted DCT was associated with the highest risk of depression. The Male-Only and Female-Only DCTs were also associated with depression, but not as strongly as when both assaulted. Moreover, for women, but not for men, victimization was most closely related to depression, whereas for men perpetration was more closely associated with depression (Straus & Winstok, 2013).

Implications for Research, Theory, and Practice

Student samples have the great advantage of putting research within greater reach. For the two archived studies described in this article student samples put international research on PV within reach of almost everyone. But can such samples be used to compare nations? Student samples differ in important ways from the rest of the population; for example, they are much younger. Nevertheless, there is strong evidence that the behavior and beliefs of student couples reflects the behavior and beliefs of others in their respective nations. The correlation of 18 variables measured by student data for the 32 nations in the International Dating Violence Study with those variables measured by published national data averaged .51. A correlation of .68 was found between the rate of PV by parents of students in the International Parenting Study with nation-to-nation differences in the percent of women victims of PV in the recent European Union survey of violence against women. It seems that when PV is high in the general population, it also tends to be high in student samples and visa-versa. International studies and taking into account the inherently dyadic nature of PV have the potential for greatly enhancing understanding of PV. If, in addition, the international research uses dyadic analysis, the combination can provide a more realistic basis for understanding the causes and effects of PV. It is more realistic because it takes account both the socio-cultural and the inter-personal interaction context into account. Two people are involved in PV, either as perpetrator or victim or both. With rare exception prevention and treatment efforts now focuses on either the offender or the victim and ignore

the results of almost a hundred studies which found that when there is violence in a relationship, in half to two-thirds of the cases, both partners assaulted (Langhinrichsen-Rohling et al., 2012). Ignoring or denying this fundamental fact may be part of the explanation for the conclusion in the National Institute of Justice website that “batterer intervention programs…do not change batterers’ attitudes toward women or domestic violence, and they have little to no impact on reoffending.” http://www.ojp.usdoj.gov/nij/topics/crime/intimate-partnerviolence/.

There has been a tremendous growth in research on all aspects of PV, but most of it is based on North American samples and very little used dyadic analysis to understand PV or guide prevention and treatment. The two international studies described in this article permit both. I hope they will contribute to filling this gap and reducing PV worldwide.

Selected References


