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# INTIMATE PARTNER VIOLENCE

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**Kathleen A. Kendall-Tackett  
Sarah M. Giacomoni**



**Civic Research Institute**

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Edited by  
**Kathleen A. Kendall-Tackett, Ph.D.**  
and  
**Sarah M. Giacomoni, B.A.**



**Civic Research Institute**

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# Foreword

by Ileana Arias, Ph.D.

It is my pleasure to introduce *Intimate Partner Violence*. The contents of this book represent state-of-the-art theoretical and empirical perspectives on intimate partner violence (IPV) and the result of the evolution of our focus on IPV during the past thirty to forty years. IPV continues to be a prevalent and costly public health problem in the United States. However, IPV prevention research has never been characterized by greater consensus on the conceptualization of IPV and appropriate approaches to its prevention and control than it is today. Likewise, we have been able to achieve unprecedented levels of social and political will necessary to support research on the etiology and maintenance of IPV that can guide development of prevention and treatment programs and strategies.

Our understanding of IPV has improved from the evolution of our approach to researching the etiology, risk and protective factors, and possible methods for prevention and intervention. Each past decade has been characterized by an expansion of the conceptual, disciplinary, and theoretical bases guiding empirical inquiry. Identification of the battered child syndrome in the early 1960s led to immediate keen interest in documenting and preventing family violence and treating its victims. Investigations into the occurrence of child abuse led to detection of violence among other family members, and there was a rapid growth in the focus on violence between spouses in the 1970s. This empirical focus was extended to other intimately related heterosexual couples, such as dating couples, and to gay and lesbian partners in the 1980s and 1990s.

A similar progression and increased inclusiveness characterized the disciplines brought to bear on the phenomenon of IPV. Initial empirical attention to IPV was the domain primarily of sociologists and family studies scholars. Their major focus was on the assessment of relationship quality and functioning and on macrosystemic variables with potential etiological significance, such as socioeconomic factors. Subsequent psychological research on IPV shifted the focus from macrovariables to microvariables, such as intrapersonal characteristics and interpersonal interactions. This new wave of research concentrated first on identifying the consequences of IPV and then on identifying etiological and maintaining factors to guide the development of psychological interventions for individuals, couples, or families. More recently, a public health perspective has been applied to understanding IPV with an emphasis on primary prevention. Each discipline introduced its respective theories of deviant behavior and consequently increased the theoretical breadth of etiological research on IPV. Initially, additional disciplines and theoretical perspectives were introduced as alternatives in competition with existing perspectives. However, in recognition of the complexity and multidimensional nature of IPV, a more complementary approach was adopted.

The work included in this volume represents our most current understanding of IPV. Although not a deliberate endeavor from the outset, this work is the result of the guidance and frame provided by the social ecological model. Information about variables on all levels that help us understand the development and maintenance of IPV has been identified as indispensable if we are to prevent IPV effectively. Accordingly,

empirical findings on individual, family, community, and social risk and protective factors need to be accounted for in our efforts to prevent and treat victims and perpetrators of IPV. Specifically, we need to identify individual, family, community, and social prevention and treatment strategies because, having recognized IPV as complex and multidimensional, we cannot continue to follow the tradition of intervening at only the individual and, at most, the family, level. Our recognition of the need to address variables at each level of the social ecological model has allowed the field to include empirical and theoretical work from various disciplinary perspectives. Accordingly, we have increased the breadth of our knowledge and understanding of IPV, and that breadth is reflected in the chapters of this book.

While we have increased the breadth of knowledge during the past decades, we look forward to increasing the depth of our understanding in the coming decades. Various disciplines and theoretical approaches have been introduced to our work on understanding, preventing, and responding to or treating IPV. However, “parallel play” has characterized this more inclusive approach. That is, we recognized the need for multidisciplinary and multitheoretical approaches, but these perspectives were introduced and exist contiguously. We have not made much progress in the interactions among these various dimensions. For example, in this book, there is information about individual factors and community factors and information on individually focused prevention/treatment strategies and community strategies. However, we have done little to address how individual factors interact with family factors, community factors, and social factors. Likewise, our efforts to prevent or treat IPV have not capitalized on those interactions. Individuals are nested in family systems that are nested in community systems which, in turn, are nested in broader social systems. Each level or sphere of influence may not be additive but instead may modify or interact with nested spheres of influence. Statistical approaches developed to address such nested relationships can be used to guide questions about the interactions among these various levels of influence.

The field has shifted its trajectory over time. Currently, greater emphasis is placed on the primary prevention of IPV. We need to continue to examine the overlap of IPV with other forms of violence. In so doing, we may identify common and central risk factors, examine the generalizability of IPV prevention to other forms of violence and vice versa, and identify the limits of IPV prevention efforts if other co-occurring or preceding forms of violence are not addressed. Consistent with the social ecological model, we need to continue to address various levels of influence on the etiology and maintenance of IPV. Importantly, significant advances in our understanding, prevention, and control of IPV will depend on our ability to understand the interrelationships among these various levels of influence and on our ability to address those interrelationships in our prevention efforts. Though we have made considerable advances, we still have a long way to go. However, the groundwork has been laid and we are poised to make significant breakthroughs in our ability to prevent IPV.

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