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SPRb1161

Social Work and Intimate Partner Violence

Alkauthar Seun Enakele

MASARYK UNIVERSITY
Czech Republic

Last week summary

Extent and Nature of Intimate Partner Violence

Alkauthar Seun Enakele

MASARYK UNIVERSITY
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- Approximately 1.3 million woman and 835,000 men are physically assaulted by an intimate partner annually .

- Females are victims of intimate partner violence at a rate about five times that of males

- Females between the ages of 16 and 24 are most vulnerable to domestic violence.

- Sexual assault or forced sex occurs in approximately 40-45 percent of IPV relationships.

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Intimate partner violence varies by country: Barbados (30%), Canada (29%), Egypt (34%), New Zealand (35%), Switzerland (21%), United States (33%).
Philippines and Paraguay (10%).
In India, (70%), Turkey 42% and United Kingdom (44.3%).

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In Europe study on IPV against women found that 1 in 4 women experience violence over their lifetimes and between 6 and 10% of women suffer from IPV.

Alkauthar Seun Enakele

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An international study conducted by the World Health Organisation (WHO, 2012) focusing on women's health and domestic violence collected data on IPV from more than 24, 000 women and men across 10 countries.

The result of the survey reported that :

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- 13-61% reported ever having experienced IPV
- 4-49% reported experiencing severe physical violence by a partner
- 6-59% reported sexual violence by a partner at some point in the lives
- 20-75% reported one or more emotionally abusive acts from a partner in their lifetime

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Assignment for Class discussion next week

The student should identify the nature and extent of IPV in their respective countries.

A. The percentage of the IPV prevalence on physical, emotional, sexual and economical violence

B. Compare the rate against males and females

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LESSON FIVE

Dynamics and Risk Factors of Intimate Partner Violence

Alkauthar Seun Enakele

Dynamics and Risk Factors of IPV

Risk factors do not automatically mean that a person will become a IPV victim or an offender. Although some risk factors are stronger than others, it is difficult to compare risk factor findings across studies because of methodological differences between studies.

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A systematic review of risk factors for intimate partner violence was conducted. Inclusion criteria included publication in a peer-reviewed journal, a representative community sample or a clinical sample with a control-group comparison, a response rate of at least 50%, use of a physical or sexual violence outcome measure, and control of confounding factors in the analyses.

Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of risk factors for intimate partner violence. *Partner abuse*, *3*(2), 231-280.

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The risk factors of IPV:

(a) Contextual characteristics of partners (demographic, neighborhood, community and school factors),

(b) Developmental characteristics and behaviors of the partners (e.g., family, peer, psychological/ behavioral, and cognitive factors),

(c) Relationship influences and interactional patterns.

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Each level of risk factors can be involved in the emergence as well as the causes of IPV.

Demographic risk factors

Age,

Gender,

Socioeconomic status [SES],

Race/ethnicity,

Acculturation /stress

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Neighborhood and Community Level Risk Factors

- Collective efficacy (e.g., community cohesiveness)

- Controlling or confounding variables (neighborhood poverty)

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School Context Risk Factors

- Perceived school unsafe
- School attachment
- School bonding
- School economic disadvantage

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Family Risk Factors

- Exposure to IPV in family of origin
- Experience of child abuse
- Parenting

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Risk factors on peer associations and Influences

- Association with deviant peers
- Lack of social and emotional support

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Psychological and Behavioral Risk Factors

- Conduct problems/antisocial behavior, anger, and hostility
- Personality disorders (other than antisocial behavior)
- Depression
- Suicide attempts
- Alcohol and drug use
- Self-esteem

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Cognition Risk Factors

Hostile attributions, attitudes, and beliefs:

IPV was predicted by hostile attributions, generation of aggressive responses, and positive evaluation of aggressive responses

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Relationship Risk Factors

- **Marital/relationship status**—Aspects of relationship status that have been examined in association with risk for IPV include married, cohabiting, divorced, and dating or single (including never married and formerly married).
- **Relationship discord**—Relationship or marital discord is considered a proximal risk factor to IPV and is theoretically and practically akin to psychological aggression toward a partner.
- **Relationship satisfaction**—Relationship or marital satisfaction (or conversely dissatisfaction)
- **Negative emotionality and jealousy**

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Implications for Intervention and Policy

1. Prevention and intervention programs should work on amelioration of proven risk factors (particularly malleable factors) – as identified in this review – rather than untested or less robust factors, to prevent and reduce IPV.

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2. Efforts to increase public awareness that risk factors apply to men and women and that reducing risk for both sexes may ultimately reduce IPV

3. More awareness for women that internalizing and alcohol use may be risk factors for them.

4. More awareness is needed of risk contexts (e.g., higher risk related to relationship separation).

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5. More awareness of drug use as a risk factor to address in prevention and treatment.

6. As IPV is associated with deviant peer association, conduct problems, and substance use, prevention and treatment programs addressing these issues for adolescents and young adults should consider adding an IPV prevention component. This would be a cost effective way of addressing IPV prevention

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7. As couple conflict and dissatisfaction are very predictive proximal risk factors, increasing problem-solving and interaction skills and reducing negative behaviors are important targets of prevention and intervention.

8. As IPV emerges in dating couples, prevention programs should start early, and both prevention and intervention programs be targeted particularly to the higher-risk ages of the teens and twenties.

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CASE STUDY ONE

A refugee woman from the North Caucasus region, who was 37 years old at the time of admission. She reported having mental health problems following forced marriage at the age of 18 and abusive family relationships, but she never received treatment before. She had no previous history of medical conditions. The patient was referred to the outpatient clinic for psychological trauma at the Dresden University Hospital Carl Gustav Carus for the first time by her general practitioner (GP). At that time, she was living together with her violent and abusive husband and her six children. She was unintentionally pregnant and living in constant fear of her extremely violent husband, who was beating both her (also during her pregnancies) as well as their children.

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RISK FACTORS

- 37 years old
- Mental health problem
- Forced marriage
- Financial dependency
- Violent husbands
- Refugee status

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CASE STUDY TWO

The first patient is a woman from a country in the Middle East, who was 33 years old and went to a lower secondary school. She was referred by an outpatient clinic for refugees because of attempted suicide, intrusions, and nightmares. Besides, she had been suffering from epilepsy since her childhood. The patient reported to have been growing up in a violent family, being exposed to sexual and physical violence by her uncle and brother. When she could no longer bear the violence, she fled from the house and decided to escape her country of origin. On her way to Germany she fell into the hands of smugglers and decided to get married to protect herself from assaults by other men. The present relationship with her husband was violent as well. She reported not to be able to attend German language courses as she was anxious and therefore avoided leaving her apartment.

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RISK ASSESSMENT AND INTIMATE PARTNER VIOLENCE:

BRIDGING RESEARCH AND SOCIAL WORK PRACTICE

My overarching perspective

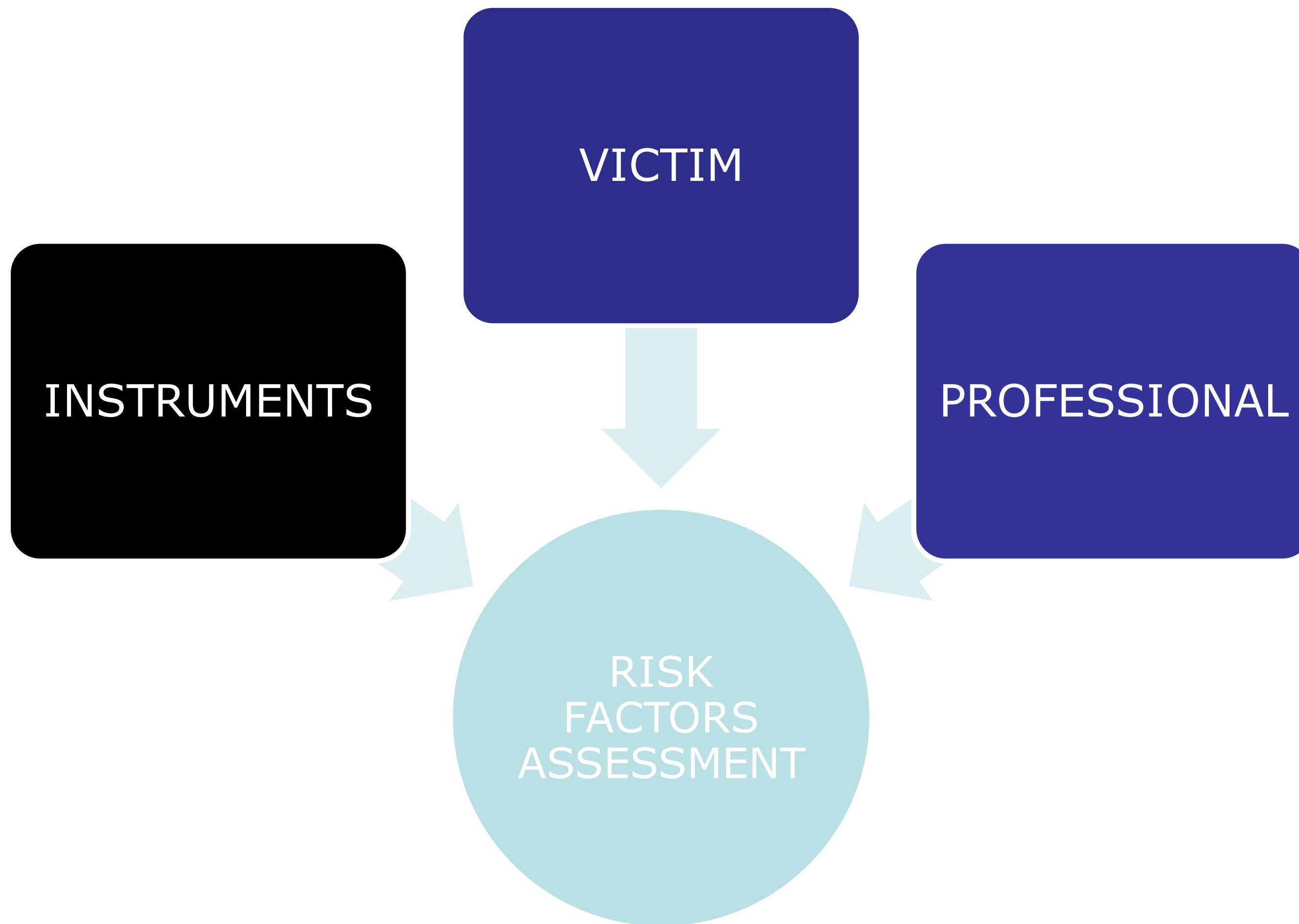
- As a researcher
- On the field of intimate partner violence

Why risk factors assessment?

- Limitations on resources
- Need for appropriate response
- Time-limited nature of contact with potential victims
- Relevance across multiple contexts

➢ Need to connect research to practice

Sources of information about IPV risk



What we do and don't know about risk assessment instruments

KEY FINDINGS: *INSTRUMENTS PREDICT MODERATELY WELL - BETTER THAN CHANCE.*

Goodman, Dutton & Bennett (2000)

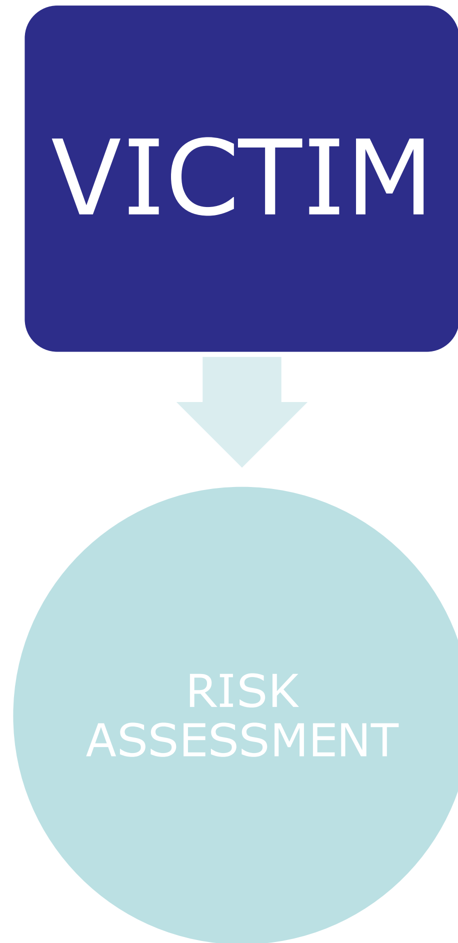
Roehl and colleagues (2005)

Yang, Wong & Coid (2010)

KEY GAPS IN OUR KNOWLEDGE:

- Studies over-rely on official reports of repeat violence as opposed to victim reports (Bennett Cattaneo & Goodman, 2005 review).
- Focus on prediction is of limited relevance to practice:
- Quantifying risk does not tell you what a specific person will do.
- Focus of practice is prevention, not prediction.
- Are instruments helpful to victims? To practitioners?
- How can we integrate prediction into risk management?

What we do and don't know about victims' assessment of their own risk



KEY FINDINGS

- Victims assess their own risk all the time.
- Victim assessments add above and beyond risk factors and risk assessment instruments in predicting future violence (Bennett Cattaneo & Goodman, 2003; Bennett, Goodman & Dutton, 2000; Weisz, Tolman & Saunders, 2000; Heckert & Gondolf, 2004).
- Victims do not exhibit any consistent type of bias in their predictions, and are moderately accurate.

Method

- 246 women seeking help for IPV at shelter, civil or criminal court
- 5 follow-up interviews over 18 months
- At intake measured assessment of risk & all predictors.
- At 18 months asked if risks were realized
- Two questions:
  1. How accurate are participants in predicting repeat abuse?
  2. What predicts level of accuracy?

Q 1: No pessimistic or optimistic bias, and more likely to be right than wrong

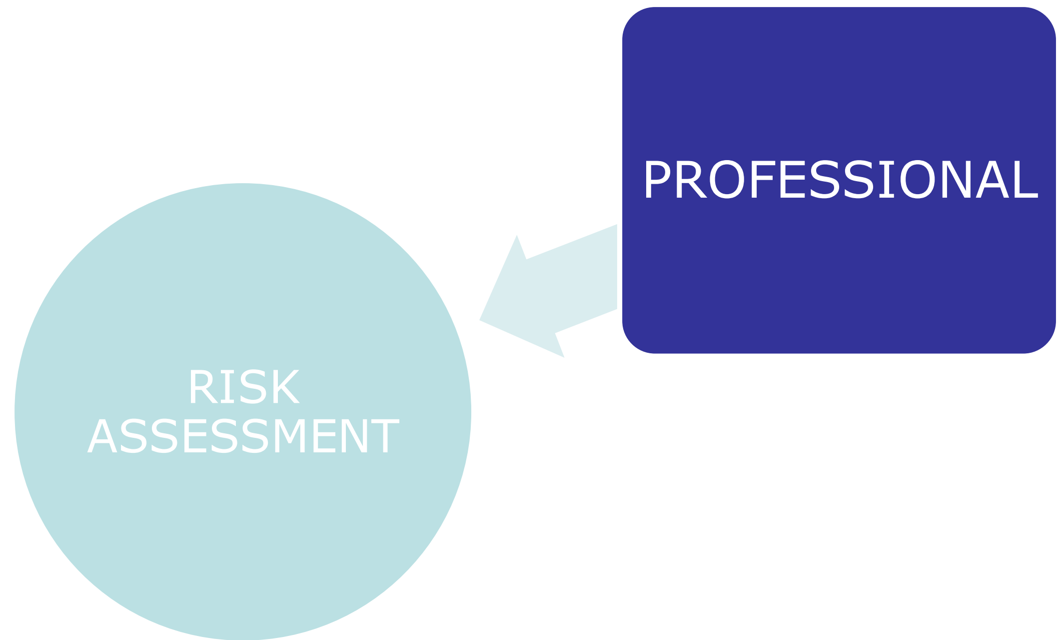
	Re-abused	
Risk Perceived	NO	YES
LOW	Correct Reject	Miss
HIGH	False Alarm	Hit

Bennett Cattaneo, Bell, Goodman & Dutton, 2007; Bell, Bennett Cattaneo, Goodman & Dutton, 2007

KEY GAPS

- What is the nature of risk assessment among IPV survivors who do not seek help?
- How can we best include victim expertise in assessments of risk of physical abuse?
- How are their perceptions influenced by input from other sources? Over time?
- How can we best include victim conceptions of risk that are broader than physical abuse? (Davies, Lyon & Monti-Catania, 1998)

What we do and don't know about professional assessments of risk



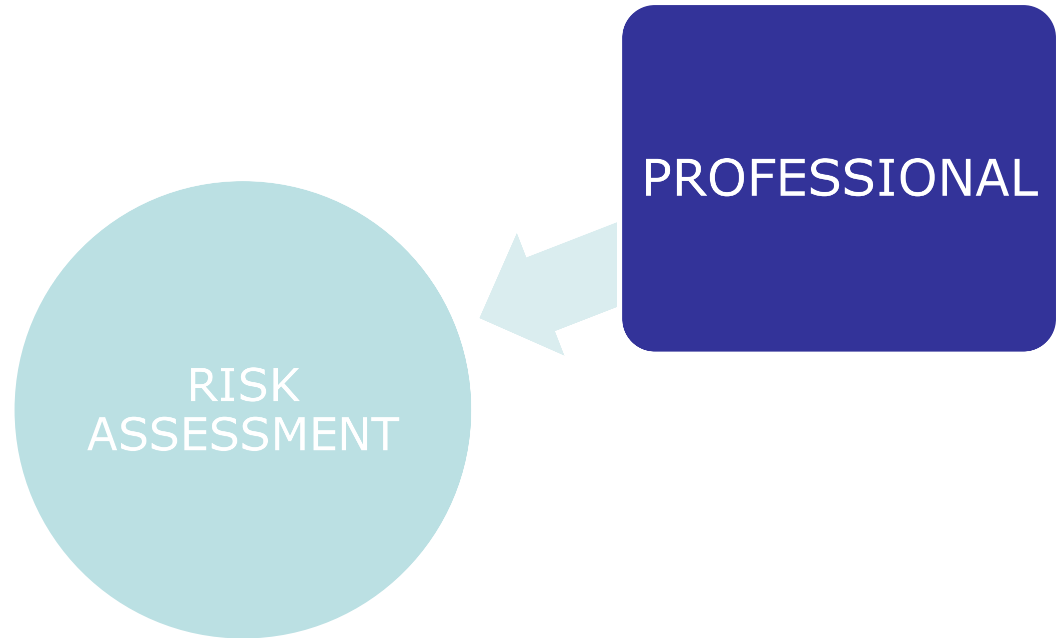
KEY FINDINGS

- The problem of expert judgment (Westen & Weinberger, 2004)
- No evidence they add to predictive accuracy of instruments (Williams & Houghton, 2004)
- Comparable to victims, but draw on different information

Bennett Cattaneo (2007) findings

- Assessments of both victims and advocates were moderately correlated with continued abuse, but different factors influenced their risk assessments.
- Victims: more symptoms of PTSD; batterer more generally violent; not living with the batterer at the time of the offense; higher level of psychological abuse.
- Advocates: greater level of drug use by the batterer; victim and the batterer had children in common; greater levels of physical violence and psychological abuse.

What we do and don't know about professional assessments of risk



KEY FINDINGS (2)

- The problem of expert judgment (Westen & Weinberger, 2004)
- No evidence they add to predictive accuracy of instruments
- Comparable to victims, but draw on different information
- The practice landscape is not well understood

Method & Results
Bennett Cattaneo & Chapman (in press)

- Interviewed 13 local practitioners about risk assessment practices
- Very few participants used any standardized approach
- Many expected structure would be disempowering
- Almost no information about what victims gained about risk assessment practices

KEY GAPS

- Is it true that more structure is disempowering?
- How do professional assessments of risk affect victim thinking? Behavior?
- How can professional expertise best be integrated into the risk management process?

Where we go from here 1
Risk prediction versus management

- Much research that is not practice-applicable (Bennett Cattaneo & Goodman, 2007)
- Need to shift focus from prediction to management:

  What are the chances violence will occur?

  versus

  Under what circumstances might violence occur, and how might we change them?

- Need to identify dynamic causal factors of violence

Where we go from here 2
How should we use instruments?

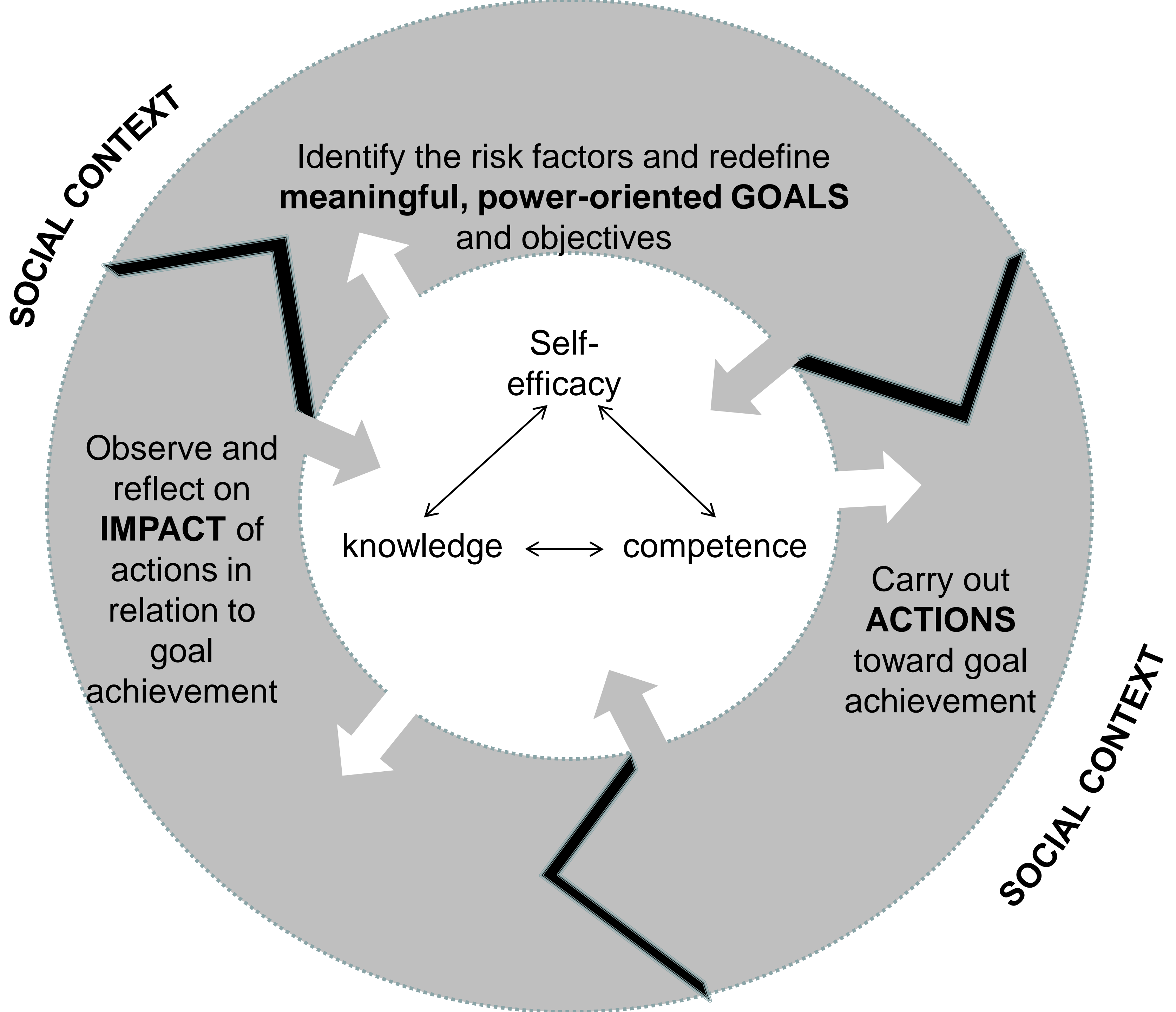
- We have learned that HOW matters as much (or more) than WHAT
- How do our assessments, and the way we conduct those assessments, influence ONGOING victim decision making?
- Viewing our contributions as one stop on a long journey
- ***Need to develop best practices that pulls prediction into management, and gives victim voice***

Where we go from here 3
How can we be survivor-centered & use our expertise?

- ***Need to develop best practices that pulls prediction into management, gives victim voice, and integrates advocate expertise.***
- ***Need to innovate and evaluate with these outcomes in mind.***

Empowerment process model

Bennett Cattaneo & Chapman (2010)


SOCIAL CONTEXT
Identify the risk factors and redefine
meaningful, power-oriented GOALS
and objectives
Self-
efficacy
Observe and
reflect on
IMPACT of
actions in
relation to
goal
achievement
knowledge
competence
Carry out
ACTIONS
toward goal
achievement
SOCIAL CONTEXT