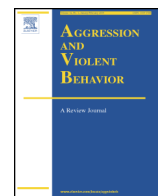




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Aggression and Violent Behavior



Domestic violence offending behaviors: A review of the literature examining childhood exposure, implicit theories, trait aggression and anger rumination as predictive factors

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ABSTRACT

The prevalence of domestic violence (DV) is an increasing public health concern globally. This paper outlines the current literature on what is known about DV proclivity, with particular attention to predictors for DV perpetration from childhood. We begin by reviewing key methodological issues that are inherent within DV literature and hinder the development of interventions and treatments for DV offenders. The main body of this article provides an overview of four main predictive components for DV perpetration: (1) developmental risk factors for DV offending (e.g. childhood exposure to DV); (2) specific implicit theories related to sexual, violent and DV offenders; (3) the role of anger rumination as a psychological process of DV offending; and (4) an exploration of the role of trait aggression in increasing DV Proclivity. Finally, it was concluded that there is a need for the development of a psychometric measure to encompass these four key predictors of DV Proclivity and future offending.

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1. Introduction

Domestic violence (DV) is an increasing, complex global public health concern. Research on its prevalence and associated costs to the victims has thrived. Reports by the World Health Organization found the lifetime prevalence of physical and sexual DV to be between 15 and 71% for women across 10 different countries (Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2006). Similarly,

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other studies have reported a prevalence of DV homicide to reach 13.5% across 66 countries (Stöckl et al., 2013). The majority of instances of DV are cases of revictimization (Kershaw, Nicholas, & Walker, 2008); in the UK alone in 2012, 63% of reported cases of DV involved repeat victims (Flatley, Kershaw, Smith, Chaplin, & Moon, 2010). Common consequences of DV for the victims include Post Traumatic Stress Disorder (PTSD), depression, anxiety and physical injuries (e.g. Coker, Smith, Bethea, King, & McKeown, 2000; Taft, Vogt, Mechanic, & Resick, 2007). These consequences significantly impact the overall psychological well-being of an individual and can be difficult to identify and address without seeking professional help. Although research on DV has historically focused on victims, researchers and practitioners have more recently shifted attention to its perpetrators. Thus, research has begun to explore the consequences of DV for the perpetrators (Walker et al., 2010), the role that implicit theories of DV might play on predicting violence among male and female offenders (Weldon & Gilchrist, 2012), and how clinicians and practitioners could support perpetrators, alongside victims of DV (Larkins et al., 2015).

The increased focus towards DV perpetrators has been predominantly due to high recidivism rates, which strongly suggests that this type of violence is a serious issue that requires large resources to address. For example, the risk of repeat assault from DV perpetrators who had received no treatment reached a staggering 68% (Dobash, Dobash, Cavanagh, & Lewis, 1999); and for individuals who had been engaged in an intervention, recidivism estimates had been approximately 30% (e.g. Babcock, Green, & Robie, 2004). This suggests that current DV assessments and rehabilitation programs need more research attention in order to reduce reoffending. As a result, researchers need to engage in more comprehensive and in-depth consideration and examination of the factors related to DV. One way that the current paper addresses this is to identify prevalent DV predictors from previous DV research, and introduce new predictors suggested to contribute to the onset of DV perpetration and proclivity, that could develop as a result of being exposed to DV during childhood. This approach aims to build on current research and reflect the growing diversity among offender types (i.e. female perpetrators), with the aim of informing practice, treatment programs, and future research. Currently, many treatment programs rely on tools and measures that are based on literature over three decades old (Hilton, Harris, Rice, Houghton, & Eke, 2008); relying on such outdated measures could contribute to the high recidivism rates.

Thus, the current paper has three primary goals: 1) to outline the literature on developmental risk factors of DV perpetration; 2) introduce and discuss factors that have, hitherto, received relatively little attention in the literature, namely, implicit theories of DV, trait aggression, and angry rumination; and 3) propose and discuss how these factors may be inter-related to influence DV perpetration. More specifically, we propose that angry rumination is an important factor linking developmental risk factors (e.g., early exposure to violence) to other psychological factors involved in domestic violence.

Before discussing the previously-listed factors, however, we discuss the difficulties and issues with developing a proper and complete definition of domestic violence. Such a discussion is important because the lack of a consensus on what defines DV can, and has, impeded progress towards a more complete understanding and treatment of this offending behavior. In addition, it is important to note that this review was based on a thematic approach to encompass these four inter-related domains and used the following search terms, various combinations of them and related concepts: 'domestic violence'; 'intimate partner violence'; 'childhood exposure'; 'abuse/abuser'; 'implicit theories'; 'cognitive distortions'; 'anger/angry rumination'; 'generalized trait aggression'; 'predictors'; 'risk factors'; 'developmental'; 'offender/offending'; 'perpetrator' and 'recidivism'.

2. Defining domestic violence

There has been a lack of consensus among researchers and practitioners regarding a universal definition for DV. This has been an ongoing problem that hinders the development of valid etiological theories and effective interventions (Bowen, 2011), and could be due to the variability in interpersonal behavior, individual and situational factors related to DV. For instance, the term 'domestic violence' has been used to encapsulate all forms of violence and abuse that occur within a familial household (see Langlands, Ward, & Gilchrist, 2009; Klopper, Schweinle, Ractliffe, & Elhai, 2014; Ogbonnaya & Pohle, 2013), but, specific behaviors that constitute DV are not made explicit (e.g. physical violence). This introduces some ambiguity in how DV is interpreted and understood, and reduces the consistency and reliability across DV studies. In turn, this inconsistency has led to less reliable findings on public perceptions, attitudes and behavior of DV (Hegarty, Sheehan, & Schonfeld, 1999). For example, previous studies have found some individuals to report emotionally abusive behavior, such as giving their spouse the silent treatment or telling them to stay at home as "sometimes" spouse abuse (Johnson & Sigler, 1995).

Some researchers have tried to overcome this confusion by using different terms that represent the individuals involved in DV. For example, for physical and/or sexual violence and psychological abuse between past or current intimate partners the term 'intimate partner violence' is commonly used (e.g. Carpenter & Stacks, 2009; Ernst et al., 2009; Hester, 2012; Roehl & Guertin, 2014; Whitfield, Anda, Dube, & Felitti, 2003). Other researchers have stated that 'DV' should be used as an umbrella term to refer to what occurs when one partner is abused by another in an intimate context; this includes both male and female victims and same sex partner violence (Holt, Buckley, & Whelan, 2008). Notably, however, this approach does not mention the occurrence of DV towards children within the home, and thus, limits the impact of research that aims to address DV on a broader, all-inclusive level.

Generally, previous definitions are found to not adequately represent DV. More precisely, (1) they are too specific in their depiction of DV behavior and do not include information about persons involved or the context (e.g. Wilt & Olson, 1996), and/or (2) they present a broad representation of DV that provides no conceptual information about DV predictors or behavior (e.g. Dutton et al., 2006). Therefore, DV perpetration research lacks consensus due to differing definitions used and this, in turn, can pose methodological issues that produce poor empirical data.

In addition, differences in the definition of DV employed across studies and the specific type of behavior and perpetrator that they reflect means that significant numbers of participants and researchers may misinterpret what is meant by abuse, violence, or offender. As a substantial amount of information learnt about DV perpetration is achieved through the use of self-report measures and assessments, it is assumed that, if these tools are varied in their conceptual depiction of DV, then the information gained, although valuable, is limited. There is little certainty that across numerous samples, the participants have interpreted DV in the same way, or indeed, that researchers and clinicians have used the same definitions/terminology or have conceptualized DV in the same way, as a universal definition does not exist. This may be one explanation for the gaps in our knowledge of DV perpetration, which is used to inform DV perpetration treatment programs. As a result, this could have an impact on high DV recidivism rates.

In light of these issues, in order to increase the conceptual clarity of DV, this paper will use the term *domestic violence* (DV) for which the definition will encapsulate all documented forms of DV (i.e. emotional/psychological, physical violence, sexual assault/abuse, controlling/threatening behavior, and coercion), that occurs predominantly between intimate partners (e.g. boyfriend and girlfriend, married, long-term relationships), and towards children both within and outside the household by a parent/primary caregiver (biological or non-biological).

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