

Overview of domestic violence criminology essay



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Domestic violence, also known as domestic abuse, spousal abuse, or intimate partner violence, is any threatening behaviour, violence, or abuse between adults who are or have been in a relationship (Saunders & Barron, 2004). HM Prison Service has employed the following definition of DV: 'Actual, attempted, or threatened physical harm perpetrated by a man or woman against someone with whom he or she has, or has had, an intimate, sexual relationship' (Kropp, Hart, Webster, & Eaves, 1999). Psychological abuse has not been included in this definition because of the complexities surrounding this term. However, as other theories include this form of abuse, it will be discussed within this review. Domestic abuse accounts for 14% of all violent crimes and has more repeat victims than any other offence. Repeat victimisation accounts for two-thirds of domestic abuse incidents, and a fifth of victims have been abused on three occasions or more (Walker, Flatley, Kershaw, & Moon, 2009).

Spousal abuse takes place throughout society, regardless of gender, age, sexuality, race, location, or affluence; however, victims of domestic assault are more likely to be women (National Crime Victimization Survey, 2007). Children can also be severely affected by what they witness and often show the highest levels of behavioural and emotional disturbance (O'Keefe, 1994). In addition, they may be accidentally injured due to being embroiled in the violence perpetrated towards their mother, they could be subjected to intentional abuse by the male perpetrator, or they may receive physical abuse from their over-stressed mother (Abrahams, 1994). Furthermore, there is a strong correlation between child abuse and DV, in that those who

are abused as children are more likely to become perpetrators of abuse as adults (Walby & Allen, 2004).

DV can be psychological, physical, or sexual (Department of Health, 2005). Psychological abuse can include isolation from loved ones, blackmail of harm to others if they should convey contentment or self-sufficiency, humiliation, controlling what they can and cannot do, withholding information from them, restricting their finances and access to resources, or belittling them and making them feel embarrassed. Physical abuse involves contact with the intention of causing injury, pain, or intimidation (Shipway, 2004).

Sexual abuse is prevalent in assaultive relationships with between a third and half of abused women being raped by their partners on at least one occasion (Myhill & Allen, 2002). Sexual assault is considered to be any occasion during which force is used to acquire engagement in unwanted, degrading, or unsafe, sexual activity. Women who are assaulted both sexually and physically are also at increased risk of being seriously or fatally injured (Stark & Flitcraft, 1996). Regardless of the form of abuse, it often occurs on more than one occasion. DV is generally a pattern of controlling and abusive behaviour, which a perpetrator uses to gain power over a partner (Walby, 2004).

A range of studies, which follow, have examined the physical and emotional consequences of being subjected to abuse by an intimate partner. The female victims of male partner violence often experience psychological difficulties (Foa, Cascardi, Zoellner & Feeny, 2000) including features of trauma (Kemp, Green, Hovanitz & Rawlings, 1995). They struggle with issues

such as self-esteem (Aguilar & Nightingale, 1994), stress and depression (Campbell & Lewandowski, 1997) and employment (National Research Council, 1996).

Theories of DV

There are numerous theories which attempt to explain DV. These are discussed below, along with an overview of the Healthy Relationships Programme (HRP) and its' theoretical basis

According to psychodynamic theory, due to an ordeal from childhood, or a personality disorder, some people are prone to violence. Therefore, their abusive behaviour is a symptom of a deep-seated psychological problem. Consequently, it claims that the issue of DV should be addressed by identifying the subconscious problem, then consciously remedying it (Saunders, 1996). Critics of psychodynamic theory argue that this simply allots a label to perpetrators of DV, which permits them to remain abusive until their emotional issues are managed (Healey, Smith & O'Sullivan, 1998).

According to Pro-Feminist theory, male to female DV is due to the patriarchal organisation of society where the male is viewed as the head of the family and other social institutions. As a result of this, perpetrators often believe that they are permitted to control the actions of their partner. Should their authority be threatened, they respond with violence in order to regain control, whilst holding the belief that their behaviour is warranted (Healey et al, 1998). Using data from the USA, Yllo and Straus (1990) examined the association between spousal abuse and patriarchy. They discovered that American states which gave women the highest and lowest standing in

society had greater incidents of female intimate partner abuse. They claimed that states where females had high standing and spousal abuse figures were increased, was due to men's perception that their masculinity is threatened. Conversely, in states where women had low standing and spousal abuse figures were high, this was felt to denote patriarchal norms. This theory has been criticised by Dutton (1994) for over-emphasising socio-cultural factors, whilst excluding individual factors. In addition, he argued that their explanation of DV was insufficient.

Cognitive-behavioural theory proposes that DV is due to the re-enactment of abuse from childhood experiences or media influence, and that assaultive behaviour is rewarded. It further claims that through abuse, the perpetrator succeeds in obtaining what he wants, which is strengthened through acquiescence on the part of the victim (Hamill, Hayward, Wynn & Craven, 1997).

Family systems theory argues that behavioural problems derive from a dysfunctional family, where everybody is responsible for conflict.

Consequently, DV is a result of intimate partners interacting together; therefore, neither is classed as the abuser, regardless of whether only one of them displays physical violence (Straus, Hamby, Boney-McCoy & Sugarman, 1996). Both Pro-Feminist and Cognitive-Behavioural approaches criticise this approach by maintaining that DV does not involve joint responsibility, perpetrators are entirely responsible for their behaviour, victims are in no way to blame for the abuse they experience, and nobody provokes violence. They maintain that this approach encourages victim blaming (Browne, 1993).

Disempowerment theory states that men who have low self-esteem or perceive themselves as being inadequate are at risk of using violence to assert power (Archer, 1994). Consequently, they redress this by attempting to control those they are threatened by (Gondolf, Fisher, Fisher & McPherson, 1988). This theory states that individual traits, such as self esteem and psychological symptoms, increase risk of DV based on personality-oriented factors, such as attachment style. Family of origin factors, such as violence in the home and child abuse, occur during developmental years, and provide conflict resolution for the children as adults. Relationship characteristics, such as partner satisfaction and emotional dependency, can place a person at risk of being domestically abusive (McKenry, Serovich, Mason, & Mosack, 2006).

Attachment theory claims that DV is a result of anger due to desires that are not fulfilled. Bartholomew & Horowitz (1991) developed a four-category model of attachment, which is now widely used in the research of domestic abuse. This includes a secure attachment style, displayed as an ease with independence and closeness; fearful, such as those who are socially avoidant; dismissing, those who rebuff attachment; and preoccupied, such as overly dependent and ambivalent types. Fearful and dismissing styles are typified by high attachment avoidance, or discomfort with intimacy associated with a negative other model. Preoccupied and fearful styles are typified by high attachment anxiety, or a fear of abandonment and rejection associated with a negative self model (Corcoran & Mallinckrodt, 2000).

The theory which underpins the HRP, Dutton's (1995) nested ecological approach, incorporates varied aspects of abusive attitudes and behaviour. It

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explains DV as multi-determined, taking into account the interpersonal context and the characteristics of the abuser. Consequently, this then provides clinical direction to address DV. The model is composed of four levels which all have an effect on each other. The first is the culture, known as the Macrosystem - beliefs which stem from one's culture, such as 'a woman's place is in the home'; second is the subculture, Exosystem - surrounding social structures, such as the influence of peers; third is the family, Microsystem - immediate environment, such as the issues that led to the abusive behaviour, and the effects of it; and finally, the individual, Ontogenetic level - personal traits, such as learned habits. The Macrosystem incorporates societal and cultural values and beliefs and also has an influence on the Exosystem, Microsystem and Ontogenetic level.

Theories underpinning different offending behaviour programmes have received criticism for their uni-dimensional approach. Consequently, the nested ecological model addresses this by integrating the various facets of abusive attitudes and behaviour. The HRP is based on this model of change and includes elements from the Power and Control wheel (Pence & Paymer, 1986), so that perpetrators' abusive behaviours can be identified and challenged. The wheel demonstrates how violence is connected to male power and control. According to this model, the abuser maintains control over his partner through constant acts of coercion, intimidation and isolation interspersed with sporadic acts of violence (Healey et al, 1998). The nested ecological model also supports the cognitive-behavioural treatment approach to treatment (e. g., Andrews and Bonta, 1998).

Evidence to support Dutton's (1995) nested ecological model is provided by O'Leary, Smith-Slep & O'Leary (2007) and Stith, Smith, Penn, Ward & Tritt (2004) who revealed how numerous features of the different ecological levels function with each other to predict DV. O'Leary et al stated that causal variables for male to female DV included the amount of social support the perpetrator felt they had, expression of anger, and being a witness to family violence. This study emphasises the importance of using an integrated approach from a range of viewpoints to research DV, in particular from ontogenetic and psychological perspectives. The Stith et al study reported that factors associated less with DV are those which are the furthest from the violent act, such as those linked to the exosystem. Conversely, when attempting to understand DV, the features that are most directly associated with the violent context and the individual are most significant. However, a limitation with this finding is that Stith et al did not consider issues that are relevant to the wider society and culture.

A single-factor explanation of DV has been criticised for considering perpetrators to be an homogenous set of people and not taking into account the different individual features of the offenders and their use of violence (Graham-Kevan, 2007). Furthermore, it does not clarify why some men are abusive towards their partners, whilst others are not (Dutton, 1995).

How the Healthy Relationships Programme addresses Domestic Violence

The HRP is a cognitive behavioural intervention that targets moderate to high-risk adult male offenders of intimate partner violence or homicide. The High Intensity HRP has 10 modules containing 62 group sessions, with the

option of adding more, and are delivered at a rate of 3-4 per week. There are also a minimum of 10 individual sessions throughout the programme.

The goals of the HRP are to reduce the risk of physical and psychological abuse against intimate partners and their children by men who are currently imprisoned. Skills are taught to assist with this, and to establish healthy, non-abusive relationships. The programme deals with attitudes supportive of spousal assault, and provides group members with the skills to change the way in which they behave abusively in their intimate relationships. It is anticipated that the programme will tackle perpetrators with multiple criminogenic needs and a long-standing pattern of abusive behaviour.

Both current and past partners of participants are contacted during the programme. They are cautioned that the perpetrators attendance is not an assurance that he will no longer be violent or abusive. Partners are advised of treatment resources available in their community, and offered a victims' package to ensure safety. They are also provided with support and general information about domestic abuse.