

Similar, or even slightly higher, rates of any physical violence ... by women against men than men against women.

GUEST VIEWPOINT: Violence between partners is a serious health problem

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Today

The use of physical violence during disagreements between romantic partners, often referred to as intimate partner violence, is a significant public health problem.

Each year in the United States, it is estimated by the Centers for Disease Control that women experience about 4.8 million intimate partner-related physical assaults and rapes, and that men are the victims of about 2.9 million intimate partner-related physical assaults.

The majority of survey studies of both dating and young marital couples indicate similar, or even slightly higher, rates of any physical violence (from pushing and shoving to severe violence) by women against men than men against women. That applies to both married and dating couples.

Rates of intimate partner violence in gay and lesbian couples are similar to those observed in heterosexual couples.

Intimate partner violence resulted in 2,340 deaths in 2007. Of these, 70 percent were female and 30 percent were males. The consequences of intimate partner violence also include physical and mental health such as injury and depression, involvement with the legal system, loss of income and work productivity, and financial costs incurred from medical and psychological treatment and recovery.

In addition to the victims themselves, the perpetrators experience

consequences such as incarceration and loss of family contact, and children experience numerous consequences. Those committing physical violence have a higher likelihood of engaging in more of it, as well as in more severe acts of psychological aggression (e.g., verbal abuse) than those showing only psychological (but no physical) aggression.

As such, psychological aggression has a higher prevalence than violence and has also been shown to have severe negative impacts on the partners and children in the family in many cases.

Current intervention practices focused predominantly on men's violence toward women have been found to be largely ineffective in reducing violence that takes place in couples' relationships, making it a research priority to increase the development of evidence-based approaches to prevent and treat couples' intimate partner violence.

Intimate partner violence levels peak at relatively young ages, even

perhaps as early as late adolescence, and declines with age. Arrests for intimate partner violence also tend to occur at younger ages. Thus, a focus on prevention among adolescents seems appropriate.

Recent findings indicate that intimate partner violence is not limited to violence perpetrated on women by men. It is increasingly known that women's violence toward men is also significant and that it has negative outcomes that have implications for prevention and intervention programs.

A critical issue is that much physical violence toward a partner is mutual (or bidirectional) and is related to poor relationship skills, estimated at from around 50 percent to as high as 71 percent of couples engaging in violent behavior.

Because it has also been found that both partners are responsible for initiating the behavior, women's physical violence cannot be construed as

primarily defensive.

Also, both men and women report injuries as a result of their victimization by a partner, although women are more likely than men to suffer severe injuries and are more likely to be killed.

Contrary to prior beliefs, couples who report or who are observed to use mutual or bidirectional violence also report sustaining and initiating greater amounts of violence, more types of violence, and they experience more injuries than those who report male-only violence.

Moreover, intimate partner violence that does not result in physical injuries can have other impacts that are destructive to the relationship and to the well-being of both partners.

These findings, which have been found and replicated in a number of studies including our own, suggest that both partners have to take responsibility for the presence of violence in many couples'

relationships, even if men have a special responsibility to refrain from violent behavior at the least, given their greater size and strength.

There is also increasing evidence that the use of alcohol is not a primary explanation for violent behavior, contrary to common belief. Alcohol users who are not otherwise aggressive are not likely to be violent toward their partners.

Taken as a whole, these findings make a strong case for the importance of developing prevention programs, including help developing positive relationship skills for youth and adolescents, even as they are embarking on their first dating experiences.

Preventing intimate partner violence requires an understanding of the dynamics that constitute a healthy romantic relationship.

Specifically, as articulated by the CDC, these characteristics include:

belief in nonviolent conflict resolution, effective communication skills, ability to negotiate and adjust to stress, belief in partner's right to autonomy and shared decision-making and trust.

Clinicians and researchers are clamoring for new approaches to understanding and preventing intimate partner violence, believing that evidence-based interventions will provide stronger protection for both women and men who are victims or perpetrators of such violence.

Preventing intimate partner violence is also likely to reduce the occurrence of mental health disorders and adjustment problems among children living in families struggling with violence.

It is time for a paradigm shift and a new vision for prevention of intimate partner violence in romantic relationships and also for interventions with couples experiencing violence.

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