Understanding the Mutual Partner Dynamic of Intimate Partner Violence
A Review
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Abstract

Introduction: Bi-directional violence is not a recent phenomenon. Nonetheless, little attention has been given to the actual dyads of intimate violence. The aim of the present review is therefore to identify and examine research that involves both the male and female partner of couples experiencing problems with intimate partner violence.

Method: A thorough literature search was conducted in the electronic databases PubMed and PsycINFO. This review includes only peer-reviewed articles conducting quantitative data analysis. The key inclusion criteria were the concept of bidirectional violence. Therefore, this review only includes studies where both partners participated in the study. A total of 70 studies were included.

Results: A wide variety of psychological, social, and interaction variables were identified. Especially challenges related to alcohol, attachment, communication, jealousy, mental health and relationship satisfaction were identified. Results sheds light on how conflicts escalate and are important aspects of how IPV-patterns are developed.

Discussion: The present review demonstrates the importance of incorporating partner dynamics into our understanding of IPV. By putting less emphasis on the prevalence rates and instead focus more on the dynamics of the relationships, IPV appears to be a symptom of a variety of problems within the dyad. Therefore, it would be beneficial to target preventive efforts and interventions towards both members of the couple to directly address the unhealthy dynamics that are contributing to a pattern of IPV.
1. Introduction

The concept of mutual partner violence is not a recent phenomenon (Saunders, 1986) however, to date, there remains high levels of controversy regarding the nature and extent of this type of partner violence which makes comparisons between studies difficult. During this time, two perspectives have dominated the field; feminist and family conflict theories, which present two opposing viewpoints regarding the female role in partner violence (Archer, 2000). Feminist theories see partner violence as an expression of male dominance that saturates society and has done so since ancient time. Family conflict theories see the couple and the family as a system where the members interact and where expectations and behavior develop over time. Family conflict researchers have typically conducted epidemiological studies with representative national samples, while feminist research has studied victimized women at shelters and male perpetrators in treatment programs (Archer, 2000; Langhinrichsen-Rohling, 2010; Straus, 2010). Therefore, it is important to note that the evidence base supporting both these perspectives represent two opposing ends of a continuum (Johnson, 1995).

Another important consideration that accounts for contradictory findings in the field of mutual partner violence is how the concept is measured. There have been many reviews conducted outlining the inconsistencies in findings based on IPV studies that are the result of measurement difficulties (e.g., Follingstad, & Bush, 2014; Hamby, 2005). For example, many studies use the Conflict Tactic Scale (CTS; Straus, 1979) which has received a lot of criticism regarding the validity of the scale and whether it takes into account the context in which the aggression occurs (Ackerman, 2018). For example, the CTS (or CTS2) does not distinguish whether the mutual violence involved a primary aggressor and self-defending victim or two combative partners nor to determine the impact of the violence perpetrated (Chartier & Caetano, 2012).
Another challenge is that mutual partner violence is defined in different ways across studies. Within the literature, there are numerous terms used such as mutual violence (Field & Caetano, 2005), bi-directional (Vivian & Langhinrichsen-Rohling, 1994), and gender symmetry (Straus, 2010). Furthermore, as Capaldi and colleagues highlight, when the violence in intimate partner relationships is mutual, it is critical to acknowledge that this does not imply that it is symmetric in terms of frequency, severity, types of behaviours, or impact (Capaldi, Shortt, Tiberio, & Low, 2018).

Collectively, despite these challenges, there is evidence to suggest that mutual violence does occur and while there may be differences in the types, severity and frequency of the acts it is important that this concept is given more scientific study. In a meta-analytic review concerning sex differences between heterosexual partners, Archer (2000) established two key findings; (1) women are slightly more likely (and more frequent) to use physical aggression towards a partner than men; and (2) men are more likely to inflict injury than women. A more recent and comprehensive review examining bi-directional vs. uni-directional intimate partner violence (IPV) further emphasizes the need for recognizing the female role in IPV (Langhinrichsen-Rohling, Misra, Selwyn & Rohling, 2013). Many have argued that different population groups report diverse findings when examining bi-directional IPV (Johnson, 1995). However, evidence suggests that studies including population-based samples, smaller community samples, university/school samples, treatment seeking samples, legal/criminal justice samples, and different sexual orientations, all report experiences of bi-directional IPV. Indeed, a higher ratio of female-to-male compared to male-to-female IPV, was found in four of the five subtypes considered. These findings have considerable implications for assessment, legal, intervention, and preventive efforts (Langhinrichsen-Rohling et al., 2013).
Despite the growing evidence of mutual partner violence, official agencies continue to focus efforts towards violence against women. In the latest report, the World Health Organization (WHO, 2013) outline evidence-based guidelines for the appropriate response to IPV and sexual violence against women. The report states: “Although men are also victims of partner violence and sexual assault, these guidelines focus on women, because they experience more sexual violence, more severe physical violence, and more coercive control from male partners.” (WHO, 2013). Therefore, while the WHO acknowledges male victimization, this report focused solely on women’s experiences highlighting the need for guidelines that are tailored towards male experiences of partner violence.

Archer (2000) posits that violence against women is understood to be more common in countries with low gender equality, with mutual violence occurring more frequently when women are not subject to coercive power of their husbands or families and when they are not economically dependent on their partners. This point, however, is contradicted by a comprehensive review on partner abuse worldwide (Esquivel-Santoveña, Lambert & Hamel, 2013). This review found that country level of human development (measured by Human Development Index, HDI) was not a predictor of either male or female physical partner abuse perpetration or female victimization more generally. Gender inequality level (measured by Gender Inequality Index, GII) further did not predict either male or female perpetrated physical abuse nor female-only victimization in general population or community samples. These recent findings may help explain why IPV continues to cause a major public health concern, even in western societies know for high gender equity (European Union Agency for Fundamental Rights, 2014). This issue raises a series of questions concerning partner dynamics and how they interact in regard to IPV.

In response to the contentious discussion, Straus (2011) argued that those who acknowledge mutual violence and gender symmetry do so on the grounds of perpetration
rates, while those who deny mutual violence and gender symmetry do so on the grounds of the consequences (i.e. the greater extent of injury experienced by women). To date, more than 200 studies have been conducted concerning mutual violence (Straus, 2011), but little attention has been given to the actual dyads of intimate violence. By focusing on unilateral violence, typically men’s violence towards women, means that implications for research, risk assessments and interventions for mutual partner violence are neglected (Bates, 2016). To ensure effective intervention services are developed that reduce violence and subsequent adverse consequences both research and clinical practice need to focus on the holistic view of the relationship dynamics (Bates, 2016).

In light of the challenges outlined above, it is important to acknowledge that as mutual violence does occur more research is needed to assess partner characteristics that may underlie the violence in relationships. As stated by Straus and Gozjolko (2016), like individuals, each couple has a history of ongoing patterns of behaviors that are relevant for the overall understanding of the relationship dynamic. Therefore, the aim of this review is to identify and examine research that includes both partners experience of IPV with a hope of approaching a better understanding of the relationship dynamics associated with mutual IPV.

2. Methods

2.1 Search strategy

A thorough literature search was conducted in the electronic databases PubMed and PsycINFO. The key search words were mutual AND/OR bidirectional AND dyadic OR dyad OR couple and was linked with domestic violence/ or emotional abuse/ or intimate partner violence/ or partner abuse/ or physical abuse. No delimitation regarding year of study or publication was used.
The electronic databases identified 1.072 publications of interest and another five were identified manually. This review contains all studies known to the authors that fulfill the inclusion criteria but is unlikely to cover all conducted studies.

### 2.2 Inclusion and Exclusion Criteria and Quality Evaluation

This review includes only; 1) peer-reviewed articles; 2) studies conducting quantitative data analysis; and 3) Inclusion criteria regarding the concept of mutual/bidirectional violence. Therefore, this review only includes studies where both partners participated in the study.

### 2.3 Summary of Included Studies

The search process resulted in 70 identified studies for review, which could be categorized in seven overall themes Alcohol, attachment and trauma history, infidelity and jealousy, mental health, power and communication, typology, and relationship satisfaction.

### 3. Results

Following a thorough review of the 70 selected studies, seven categories were identified in respect to the main themes of the studies; Alcohol, attachment and trauma history, infidelity and jealousy, mental health, power and communication, typology, and relationship satisfaction. In the following section, results will be presented in regard to the identified categories.

#### 3.1 Alcohol

Cunradi, Todd & Mair, 2013; Foran & O’Leary, 2008; Kachadourian, Homish, Quigley, & Leonard, 2012; Lambe, Mackinnon, & Stewart, 2015; Ramisetty-Mikler, Caetano, & McGrawth, 2007; Ray & Gold, 1996; Schumacher & Homish, 2008. Watkins, Maldonado, & DiLillo, 2014. Eight out of the 11 studies were conducted between 2008-2018 with sample sizes ranging from 56 to 1,556 couples (M=525.5). Of the samples, three were college samples, one was newlywed couples, and one included couples with children in the ages 3-7 years. Further, two studies were representative from the US and two from the labor market. Only one study same-sex couples included (11% lesbian couples). The majority of these studies applied regression analyses whilst two used Actor Partner Interdependence Models (APIM). Concerning the type of violence, six examined physical violence, one examined psychological violence and one examined both physical and psychological violence. One study further dealt with sexual violence and indicated that sexual violence was of a very low endorsement and severity and was defined as ‘insisting on sex’ and ‘sex without a condom’. Several of the studies demonstrated modest levels of violence. One study explored environmental aspects such as alcohol outlets and neighborhood demographic factors and found non-significant effects when impulsivity and adverse childhood experiences (both M+F) were statistically controlled for. In addition, in the same study, ethnicity was a significant factor with Afro-American men and Asian American women exerting more violence than their partners.

The mediating variables were hyper sex roles, impulsivity, jealousy, and beliefs/expectations. These variables play a main role in activating male psychological violence, reducing female self-esteem, and male drinking. Alcohol appeared to have a small effect by itself; it gets its momentum through impulsivity, jealousy and lack of anger control mechanisms. Adverse childhood experiences also had the role of accelerating violence when alcohol and impulsivity had laid the scene. In the Ames et al. (2013) study, male adverse childhood experiences, job problems and female drinking were not associated with IPV. Male and female
avoidant coping together with male and female hostility did contribute to IPV in association with male drinking and daily hassles. The Lambe et al. study had conflict and IPV as outcomes; alcohol was used to cope with negative effect (depression) following conflict with partner.

3.2 Attachment and trauma history

Fifteen studies were identified on attachment and trauma history. Thirteen out of the 15 studies were published between 2004-2016. The studies represent sample sizes ranging from 80-1635 couples (M=377.4) and all but two were from the United States (US); the exceptions were from Canada and England. The samples in these studies represent seven community samples (mostly married or cohabiting), two college samples, one online survey, one with court mandated couples, one with couples seeking therapy, and finally one representative sample as well as one sample from the “Flourishing Families Study” in the US and one from the Cambridge Longitudinal Study.

Seven studies analyzed the data using Actor Partner Independence Models (APIM), one study conducted a multi-group path analysis, one conducted Autoregressive Modelling (ARM), while the remaining six studies conducted either regression analyses, ANOVA or MANOVA analyses. Concerning the types of violence, physical violence was most often examined independently by six studies, two studies investigated psychological violence, while four studies included both physical and psychological violence, and two studies concerned the combination of physical, psychological and sexual violence.

3.2.1 Trauma history and family-of-origin violence

Several of the included studies linked childhood physical abuse (CPA) and a trauma history with IPV (Alexander, 2014; Fritz et al., 2012; Lussier et al., 2009; Malone et al.,
1989; Maneta et al., 2012; MacEwen & Barling, 1988; Rapoza & Baker, 2008; Schafer et al., 2004; Taft et al., 2006). Maneta et al. (2012) found CPA to be related to both female perpetration and victimization of physical aggression, whereas it was only related to victimization for males. Interestingly, Rapoza and Baker (2008) found both male and female perpetration was linked to physical and psychological abuse from the father. However, male victimization was associated with CPA from the mother and female victimization was associated with CPA from the father. These findings suggest a potential victimization pattern similar to a pattern of abuse in childhood, regarding gender. Similarly, Fritz et al. (2012) found that wives reported more IPV perpetration, when their husbands reported more mother-to-child abuse. However, Taft et al. (2006) only identified a link between father-to-child and father-to-mother abuse in childhood and male perpetration, which questions the transmission of IPV patterns, as mother-to-father and mother-to-child aggression was non-significant for both males and females. However, Taft et al. (2006) did not examine victimization in relation to childhood abuse. In a more general trauma perspective, Alexander (2014) found that men in dual-trauma relationships describe themselves as more physically and psychologically aggressive towards their partners, than men in non-dual-trauma couples. Interestingly, their female partners described them as less psychologically aggressive and no-more physically aggressive than other women, suggesting a more tolerating attitude towards partner aggression. Moreover, men described females with a trauma history as more likely to engage in physical aggression, whereas women in dual-trauma relationships described themselves as significantly less likely to be aggressive. Only one study did not find a potential link between childhood abuse and later IPV (MacEwen & Barling, 1988).

3.2.2 Attachment
Attachment styles were commonly examined in IPV couples (Lafontaine & Lussier, 2005; Oka et al., 2015; Rapoza & Baker, 2008; Rogers et al., 2005; Sommer et al., 2017). Rogers et al. (2005) found that people with insecure attachment styles were more abusive than those with secure attachment styles, and found evidence of an interaction between attachment and relationship power. Looking at the partner effects, results indicated that abuse within the relationship is independent and that characteristics of both members of the couples contribute to the abuse. People who have partners with an avoidant attachment style are more abusive than those with a secure attachment style. Moreover, the perception of relationship power and satisfaction seemed to interact with attachment and abuse (Rogers et al., 2005).

Likewise, Oka et al. (2015) found that the more males and females reported insecure attachment with their romantic partners, the more they also reported their partners using more relational aggression, and having more power in the relationship. Notably, however, Sommer et al. (2017) found no gender differences in the association between IPV and attachment.

Differentiating between attachment styles, avoidant attachment appears to predict one’s own perpetration of physical and psychological aggression, while anxiety attachment appears to predict one’s own perpetration of sexual coercion. Looking at the partners’ influence, both avoidant and anxious attachment styles of the partner were associated with perpetration of physical abuse and psychological aggression towards the partner. This was, however, only true for attachment anxiety in regard to sexual coercion (Sommer et al., 2017). In contrast, Tougas et al. (2016) did not find insecure attachment (anxiety and avoidance) to be predictors of IPV.

3.3.3 Factors mediating attachment and IPV

In addition to the role of attachment and its association with IPV, studies have focused on underlying mechanisms that may explain this association (Lafontaine & Lussier, 2005;
Maneta et al., 2012; Oka et al., 2014; Oka et al., 2015). The most commonly studied mediator was anger (Lafontaine & Lussier, 2005; Maneta et al., 2012). Both studies found anger to mediate the relationship between insecure attachment or CPA and IPV. However, anger traits affected this relationship in different ways. Lafontaine and Lussier (2005) found State Anger and Trait Anger mediated the relationship between avoidance attachment and psychological violence in men, and Anger-Out (externalizing) mediated the relationship between anxiety attachment and psychological violence in women. For both partners, Trait Anger and Anger-Out mediated the relationship between female anxiety and physical violence (Lafontaine & Lussier, 2005). In regard to CPA, Maneta et al. (2012) found Anger-In (internalizing) to mediate the relationship between women’s CPA and current intimate partner aggression. Anger suppression further mediated the relationship between CPA and re-victimization.

Finally, Oka et al. (2015) found that relationship power significantly mediated the relationship between insecure attachment and relational aggression. The study suggests that when partners feel insecurely attached to one another it is often accompanied by a feeling of low relationship power, which may possibly increase aggression towards the partner.

### 3.3 Infidelity and jealousy

Two studies were identified on infidelity and jealousy (Conroy, 2014a; Madsen et al., 2012). The studies were conducted in 2012 and 2014 with sample sizes of 129 and 422 (M=276), and came from the US and Malawi, respectively. One study used the APIM for analysis and the other used ANOVA. Regarding the types of violence, one study studied physical and sexual violence while the other studied physical and psychological violence. According to Conroy (2014a), perceived partner infidelity appeared to be a better correlate of IPV than self-reported infidelity suggesting that feelings of jealousy might come into play.
The study, however, cannot determine if self-reported infidelity was underreported or if perceived partner infidelity was unreasonably high. Moreover, Madsen et al. (2012) found that higher levels of jealousy was associated with more severe violence.

3.4 Mental health

Eighteen studies addressing mental health problems were identified (from 15 different samples). Fourteen of the studies were recent; published between 2008-2014, with sample sizes ranging from 36-7,395 couples (M=793.4). The studies represent a wide collection of samples; four studies were community samples, four were from the ‘Oregon Youth Study’ (OYS), two studies included pregnant couples, one studied young couples, two studied veterans and one study concerned court mandated couples. Additionally, one rural cohort study was identified as well as two representative studies and one WHO study with samples across 11 countries. The remaining studies were mainly from the US or Canada, except for one study from Vietnam. The majority of these studies used regression analyses (7), ANOVA/MANOVA (5), or simple correlation analyses (2). However, one study used the APIM, one used structural equation modelling (SEM) and two used dyadic path analysis and dyadic growth curve modelling.

3.4.1 Mental health problems associated with IPV

The association between mental health problems and IPV have been examined as both a risk factor (Capaldi, 1997; Kim & Capaldi, 2004) and as a consequence of the violence (Christopher, 2008; Kar 2010, Laurent, Renner, Tran et al., 2012 and Vaeth et al., 2010). Overall, IPV is linked with psychological distress for both males and females (Fortin et al., 2012; Kan & Feinberg, 2010; and Miller et al., 2011). Studies have primarily focused on de-
pression and personality traits such as antisocial behaviors and traits consistent with borderline personality disorder. Furthermore, IPV has been associated with PTSD for especially men (Christopher, 2008; Teten et al., 2009). Miller et al. (2011) found 17.2% of all IPV to be attributable to premarital mental disorders. Interestingly, externalizing disorders were found to be associated with mutual IPV for men, while the same was found for internalizing disorders for women (Miller et al., 2011). Gender differences have also been established regarding help-seeking behaviors. For example, Fortin et al. (2012) found women benefited from help-seeking in regard to IPV, whereas males actually reported negative effects on their symptoms of psychological distress, when seeking help from physical or psychological abuse. Extending on mental health, sleep problems has also been associated with psychological violence for both men and women (Rauer & El-Sheikh, 2012). Further, they found the partners physical violence to be associated with one’s own increase in physical violence one year later.

3.4.2 Personality Disorders and Anti-social behavior

Not surprising, antisocial behavior has been linked with aggression (Alexander, 2014; Capaldi, 1997; Capaldi and Owen, 2001; Kim & Capaldi, 2004; Lamotte et al., 2014). Regarding antisocial behavior and partner dynamics, Kim and Capaldi (2004) identified an association between female antisocial behavior, as well as depression, and concurrent male physical and psychological aggression, as well as prospective psychological aggression. Capaldi (1997) also found that men with anti-social behavior appear to find female partners with more antisocial behaviors compared to other men. Lamotte et al. (2014) differentiated these traits and found men to score higher on anti-social behaviors, while females scored higher on controlling and hostile controlling behaviors.

Traits of borderline personality disorder have further been linked with both perpetration and victimization for men, and with victimization for women (Maneta et al., 2013). Studying
only the mental health of men, Alexander (2014) found an association between childhood trauma and borderline traits. Interestingly, men in dual-trauma couples (i.e. both the male and female partner had a trauma history) acknowledged more antisocial behavior as well as suicidal ideation further emphasizing that certain dynamics may exist in mutually violent couples.

3.4.3 Depression

Studies on depression appear to be the most common mental health problem studied in association with IPV and it appears to both predict (Anderson 2002, Capaldi, 1997; Kim & Capaldi, 2004) and to be a consequence of IPV (Anderson 2002, Christopher, 2008; Kar 2010, Laurent et al., 2009, Renner et al., 2014; and Vaeth et al. 2010). Capaldi (1997) found depressive symptoms and low self-esteem to predict aggression in females, while Kim and Capaldi (2004) found male antisocial behavior to co-occur with depression. Again, female symptoms of depression (as well as antisocial behavior) was a predictor of male physical and psychological aggression. Regarding the effects of depression on males and females respectively, there appeared to be somewhat contradicting results. Kar (2010) found victimization to be associated with depression for both genders, but with a three times higher likelihood for females. Contrary findings were reported by Vaeth et al. (2010) who found depression to be associated with female-to-male aggression, not male-to-female. Differences in the association with types of violence has further been identified by Renner et al (2014). Both men and female perpetrators of emotional aggression had approximately double the odds of being victims of physical violence. For females, physical aggression was associated with depression, while this was found for emotional aggression and men. Further adding to the understanding of partner dynamics, Laurent et al. (2009) found that females’ positive engagement in the relationship lowered depression scores for both genders, while psychological aggression and a
decrease in positive engagement was associated with depression for females. Overall, depression appears to be interlinked with both perpetration and victimization of IPV for both partners.

3.5 Power and communication

This category describes 17 studies from 16 samples ranging in sample size from 10-1156 couples (M=227) (Schnurr, Mahatmya, & Basche, 2013; Cascardi & Vivian, 1995; Cascardi & Vivian, 1995; Crane & Testa, 2014, Derrick, Testa, & Leonard, 2014; O’Leary, 2006; Halford, Sanders, & Behrens, 2000; Halford, Farrugia, Lizzio, & Wilson, 2010; Rogers, Bidwell, & Wilson, 2005; Sabourin, 2009; Yoon & Lawrence, 2013; Karakurt & Cum- bie, 2012; Conroy, 2014b; Lawrence & Bradbury, 2001; Marshall, Jones, & Feinberg, 2011; Shortt, Capaldi, Kim, & Tiberio, 2013; and Ulloa & Hammett, 2016). All but one, are from the US; the exception is one study from Malawi. The majority of studies (11) have been published in recent years. Only one study included children, one included friends and parents (as stressors) and two included parental stress from childhood as a personality variable. All but three of the studies are convenience cross-sectional studies; the three exceptions included a) 56 continuous days of diary writing; b) six observations over a seven-year time period and; c) six observations over a period of 12 years. Most studies were based on young college students in their early twenties; two samples are older than 30 years, seven did not report mean age of the sample.

The type of IPV studied also varied; three studied psychological violence; five studied physical violence; six studied both types of violence; one covers physical and sexual violence, and three covers all three types of violence. Moreover, digital violence was part of one study and attributed as a type of psychological violence. Most studies did not mention prevalence; those who did, found that females perpetrate more IPV than men. Several emphasize
that the level of IPV is low. This might be due to the recruitment selection; young college couples, newlywed, first child, or young children. Methodologically, nine studies apply the APIM, one uses Latent Growth Curve Modelling, one MANOVA, other multivariate analysis and simple comparisons (e.g. t-tests). Five studies combine the written tests and interview information with videotaped discussion as means to overcome the problems of self-report. One study pools the partners reported IPV in such a way that they use the highest level as a measure of the dyadic level of violence. We think this analytic choice represents a violation of the APIM paradigm.

The variables can be grouped in psychological, social, and interaction variables. The psychological variables include dominance, empathy, anger, attachment, egalitarianism, sexism, antisocial behavior, hostility, depression, self-regulation (enhancing the relationship), perceived level of and satisfaction with relationship power and parental violence in childhood. All of these variables are associated with level and or type of IPV. Egalitarianism and sexism seem to play a minor role in comparison to dominance for both genders. Among the interaction variables are conflicts due to anger and resulting in aggression; concordance (both partners engaged in the conflict); ‘escalating conflict’ as an observed strategy, shifts from psychological violence to physical violence; and collaboration based on feelings of unity. The social variables are previous relationships, education, male use of psychological violence as a predictor of separation; aggression associated with marital dysfunction. Psychological violence was more destructive than physical violence; two subtypes of psychological violence were identified: isolation which particularly impacts male marital satisfaction and belittling which impacts female marital satisfaction.

3.6 Typology
Four studies addressed suggested typologies between 2007-2017. Sample sizes ranged from 273-291 (M=239.3) and represented one community sample, one with pregnant couples, and two samples of couples engaged in therapy; all from the US. Two of the studies used regression or analysis of covariance, one conducted a Latent Class Analysis, and one conducted a cluster analysis. The studies included different combinations of the type of IPV experienced; physical, physical/psychological, physical/sexual and physical/psychological/sexual. IPV appears to be associated with observed behavior towards the partner, in situations of conflict resolution (Ross and Babcock, 2009; Simpson et al., 2007). Simpson et al. (2007) demonstrated that IPV is common among therapy seeking couples that would not normally be assessed for violence-related issues. A three-class solution was identified in a therapy seeking sample (no violence, low-level violence, and moderate-to-severe violence). Lewis et al. (2017) further found the mutual violent relationships to be the least healthy ones. Deconstructing Johnson’s control-based typology, Ross and Babcock (2009) demonstrated that men and women can be equally classified as ‘intimate terrorists’. Moreover, both male and female intimate terrorists were significantly more violent than their partners. Regarding observed behaviors, overall women were more domineering, belligerent, and contemptuous towards their partners than men. For women, symmetry in violence and violence severity, was associated with more hostile behavior, while asymmetry was associated with hostile behavior for men (Ross & Babcock, 2009). Simpson et al. (2007) demonstrated that global distress and difficulties with problem-solving was associated with more severe violence, while no difference was detected regarding affective communication. Finally, Wray et al. (2015) demonstrated a three-cluster solution for violent couples (Family-only, Borderline/Dysphoric and Generally-Violent/Antisocial). Moreover, people seem to find partners who have similar personality subtypes (Wray et al., 2015).
3.7 Relationship satisfaction

Four studies were identified on relationship satisfaction (from three samples). The studies were conducted between 2006-2012 with the sample size ranging from 158-1294 (M=444) and all from the US. One sample represented newlywed couples, two were from the OYS and one was from the “Add Health Study”. For analyses, two studies used regression, one conducted hierarchical linear modelling and one conducted growth curve modelling. Regarding types of violence, three studies studied physical and psychological while one combined physical, psychological and sexual violence. All of the included studies have focused on the relationship satisfaction and IPV. Not surprisingly, IPV appears to influence relationship satisfaction (Lawrence & Bradbury, 2007; Marcus, 2012; Shortt et al., 2006; Shortt et al., 2010). In both uni-directional and mutual violent couples, IPV is associated with poorer quality and dissatisfaction with the relationship (Marcus, 2012). Interestingly, change in satisfaction was not found to be associated with change in aggression. For males, only initial satisfaction was associated with dissolution of the relationship, while for females, higher initial aggression and relatively stable levels of aggression, as well as lower initial satisfaction, and steeper declines in satisfaction was associated with dissolution of the relationship. Moreover, changes in male physical aggression were associated with their own satisfaction (less satisfaction more aggression), the same patterns were not found for females (Lawrence & Bradbury, 2007). Short et al. (2006) found physical aggression to increase the likelihood of separation by 162.5%. Even when controlling for contextual factors, psychological aggression, and satisfaction, physical aggression significantly predicted the likelihood of separation, whereas relationship satisfaction did not significantly increase changes of staying together (Shortt et al., 2006). Finally, interaction effects were reported between relationship satisfaction, IPV and internalizing/externalizing affect. Externalizing and internalizing affect seem to
moderate the relationship in different ways. For couples with high levels of internalizing affect (sadness, fear/tension, stonewalling or refusing to respond) IPV was associated with a decline in relationship satisfaction. Only in couples with low levels of externalizing affect (criticism, domineering, contempt, belligerence, threats, defensiveness and anger) did higher levels of IPV predict low levels of satisfaction, suggesting that the consequences of IPV are greater for couples who do not experience problems with negative affect (Shortt et al., 2010).

4. Discussion

The present review identified seventy studies that included both male and female partners. The selected studies represent a wide variety of samples ranging from small convenience samples to larger representative studies, characterizing participants of different ages, socioeconomic status, as well as relationships at varying stages (e.g. dating vs. marriage), among other things.

It is noteworthy that despite the use of self-report data, the majority of the included studies put relatively little emphasis on the mutual or bidirectional aspects of the reported IPV in regard to prevalence rates. Instead, most studies focused on partner dynamics rather than the common questions of ‘guilt’ or the attempt to identify a ‘primary perpetrator’. Even studies based on at-risk male populations or court mandated couples (e.g. the OYS or the Cambridge Longitudinal Study) have demonstrated the need to include both partners in order to fully understand the underlying dynamics.

Alcohol abuse has commonly been linked as a contributing factor of IPV. In the present review, however, the authors were interested in assessing the literature that have studied the complexity of the association between alcohol and IPV to better understand, which factors may moderate and mediate the relationship. When doing so, alcohol was found to have a
small independent effect, but instead is mediated by certain traits such as; impulsivity, jealousy, depression and general beliefs and/or expectations. Studies on communication have further demonstrated that a wide variety of psychological, social, and interaction variables influence how conflicts escalate and are important aspects of how IPV-patterns are developed.

Studies on attachment emphasize the importance of studying the partner dynamics of IPV. It is not surprising that attachment styles influence how a person engages in a relationship. For therapeutic interventions, it is important to be aware that insecure attachment have been found to increase the risk of victimization, and that avoidant attachment is a risk factor for perpetration. Furthermore, studies indicate transmission of IPV-patterns from prior childhood experiences, however, results are somewhat contradicting, and thus, more research is needed to establish a potential pathway.

Mental health can be studied as both a risk factor and as a consequence of IPV. Therefore, many of the same mental health problems have been identified as both. Depression, PTSD and Borderline as well as Antisocial personality traits are some of the most studied mental health problems and even though most of the included studies on mental health had less emphasis on the relationship dynamics it seems inevitable that such mechanisms will interfere with the dynamic. Research trying to assess certain typologies in regard to IPV found that people appear to partner up with others who experience similar problems (Wray et al., 2015). Future research could benefit from more studies examining mental health problems as risk factors for IPV and how mental health influences partner dynamics.

The authors wish to stress that when addressing individual factors contributing to IPV, it should not be understood from the perspective of ‘who is to blame’. Instead, it should help us understand how these unhealthy patterns are developed and more importantly, how we best prevent IPV and intervene to ensure that both members of the couple benefit from the intervention.
Much of the controversy within the last three decades originates in the question of prevalence rate; are men and women equally aggressive? This review, however, demonstrates that when research puts less emphasis on the prevalence rates and focus more on the dynamics of the relationships, IPV appears to be a symptom of a variety of problems within the dyad. IPV can vary in severity and mutuality, but it seems evident that prevention efforts and interventions would be more beneficial if they incorporate a broader understanding of the underlying difficulties and target both partners.

4.1 Limitations

With 70 included studies, the methodology and generalizability are of varying quality. Many studies are characterized by small effect sizes and the sampling procedures make the results difficult to generalize. Most studies use self-report measures making it sensitive to bias and in general, there is a need for replication to generalize these results.

All but 13 of the included studies used the CTS(2) to assess the occurrence of IPV. The CTS has previously been criticized for relying on self-reports and for not allowing the circumstances and effects of the violence to be assessed. These are valid issues of concern if you rely on information from only one partner, but when both partners are included, researchers are provided with a more compelling picture of IPV-related problems. Instead, a limitation lies with the evaluation of partner violence done by some researchers. Some studies chose to pool the partners’ reported IPV in such a way that they use the highest level, as a stick-yard for the dyadic level of violence. We believe that this analytic choice violates the basic idea of studying the dyadic interaction of importance.

Overall, studies lack a clear definition of what defines mutual or bi-directional violence. Despite both partners being included, many studies appear to determine the phenomenon of ‘mutual’ merely by the self-reported incidences of violence as reported by the CTS or
other self-assessments, without analyzing any situational conditions. Therefore, despite including both male and female partners, little attention is given to the actual dynamic that plays a role in the mutuality of IPV.

Despite these limitations, the present review reflects a general acknowledgement of the importance of incorporating the partner dynamics into our understanding of IPV. Many of the included studies hold several strengths and apply advanced methods such as the APIM, network analyses, and observational studies from video material or logs, all of which contribute to a more dynamic understanding of IPV.

4.2 Future directions

This review sheds light on studies examining mutual violence by including both the male and female partners in the study. The intent of the review was to try to reduce the current knowledge gap characterizing the field of research related to IPV and mutual violence.

In the 2016 special issue of the Journal of Family Violence: “Current Controversies and Research Concerning Perpetration of Physical Partner Aggression”, Robert Geffner (2016) encourages IPV researchers to find a common ground despite previous controversies, by arguing that past disagreements have kept the field from advancing. One step towards a common understanding, is tightening the language we use to label and describe IPV to ensure a more focused discussion and future progression in the field (Geffner, 2016). The varying terminology is evident from this review, with changing use of particularly ‘mutual’ and ‘bi-directional’. A substantial number of studies appear to use the term bi-directional violence and a suggestion would be to stick to this term in the future, as the term ‘bi-directional’ puts less emphasis on extent and severity of the violence.

Geffner (2016) took an important step towards approaching a common understanding and uniting a historically divided field of research. In continuation of this, future research
would benefit from more studies including both partners in the examination of IPV, while taking the above-mentioned limitations into account. A greater understanding of the actual dyad between partners experiencing problems with IPV or mutual IPV is important for the development of effective interventions, which requires that we acknowledge that many perpetrators may also be victims and that we need to understand the context in which the violence occurs (Bates, 2016). Finally, in agreement with Espinoza and Warner (2016), we recommend that future research would benefit from a further integration of psychological variables, including individual factors (e.g. personality, functioning and mental health), clinical assessments and treatment evaluations while focusing on dyadic (couples), and family system disciplines.

5. Conclusion

In conclusion, the present review demonstrates the importance of incorporating partner dynamics into our understanding of IPV. By putting less emphasis on the prevalence rates and instead focus more on the dynamics of the relationships, IPV appears to be a symptom of a variety of problems within the dyad. Therefore, it would be beneficial to target preventive efforts and interventions towards both members of the couple to directly address the unhealthy dynamics that are contributing to a pattern of IPV. Finally, future research could benefit from greater consistency in terminology and applied methods, as well as replication of previous research to allow for greater generalizability.
6. List of References


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