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**Perpetrators' Perspectives on Family Violence:
What Happens, and Why, During a Family Violence Event?**

A thesis
submitted in fulfilment
of the requirements for the degree
of
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at
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Abstract

Family violence (FV) is a significant social issue in many countries around the world, and New Zealand is no exception. In recent years, significant advances have been made in the development of FV theories and in our¹ empirical understanding of risk factors implicated in these theories. However, from both a theoretical and empirical standpoint, we continue to have a limited understanding of what happens, and why it happens, during a FV event (FVE). The current research developed and tested a descriptive theoretical model of a FVE from the perpetrator's perspective. Event narratives were gathered from 14 men and 13 women completing community-based FV perpetrator treatment programmes. All narratives were gathered during individual semi-structured interviews and were systematically analysed using grounded theory methods (Strauss & Corbin, 1990). The resulting event process model of FV (FVEPM) contains four sections arranged temporally from the most distal to the most proximal factors in relation to the FVE described: Background factors (Section 1), Event build-up (Section 2), Event (Section 3), and Post-event (Section 4; Chapter 5). The FVEPM provides a descriptive temporal outline of a FVE, including its cognitive, behavioural, social, and motivational components. It highlights the dynamic nature of FVEs, and the salient role of situational and interpersonal factors in contributing to FV perpetration. Further analysis of the FVEPM revealed three distinct pathways to FV: Conflict escalation (Pathway 1), Automated violence (Pathway 2), and Compliance (Pathway 3; Chapter 6). Each pathway describes distinct patterns of cognition, affect, motivation, and behaviour that characterise a FVE. Next, the generalisability of the FVEPM and its pathways was tested with an incarcerated sample of eight men with extensive histories of violent and other offending (Chapter 7). Overall, participants' event narratives were consistent with the phenomena and processes set out in the FVEPM. However, event narratives were better represented by splitting Pathway 1 into two subtypes, and no event narratives were assigned to Pathway 3. Finally, drawing on Section 3 ('Event') of the FVEPM, a conceptual framework of motives for FV was proposed (Chapter 8). The proposed framework advances existing conceptual models by

¹ I frequently use the words "our", "we", and "us" throughout this thesis. For the most part, this word choice reflects the fact that although the research in this thesis is my own, I received direction and support from my supervisors and conducted the research in a postgraduate research lab. At other times, I use the word "we" in this thesis to refer to what is known or not known in the wider scientific community.

differentiating motives from the contextual factors that may influence their selection, and by providing an organising framework from which to consider multiple and changing motives during a FVE. The current research represents a novel attempt to develop an inclusive theoretical model of a FVE, and to examine distinct pathways to FV perpetration. Theoretical and clinical implications of the current research are discussed, including the need to consider how dyadic interaction patterns may contribute to FV perpetration and the role of perpetrators' dissociative experiences during a FVE. Finally, limitations of the current research and suggestions for future research are proposed.

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This thesis is dedicated to my mum, Jenny Weston.

Thank you for the sacrifice, compassion, resilience, and endless love
with which you crafted my own life story.

“My behaviours were shit, damn straight I needed help ... it’s just sometimes people need to hear our story before they put on their judging hat.” – *P30*

Table of Contents

Abstract	ii
Acknowledgements	iv
Table of Contents	viii
List of Abbreviations	ix
List of Publications	x
Chapter 1: Introduction	1
<i>Defining Family Violence</i>	<i>1</i>
<i>Family Violence in New Zealand</i>	<i>3</i>
<i>Conclusion</i>	<i>14</i>
<i>Thesis Outline</i>	<i>15</i>
Chapter 2: Theories of Family Violence	17
<i>Ward and Hudson’s Metatheoretical Framework of Theory Construction</i>	<i>17</i>
<i>Level I Theories of Family Violence</i>	<i>18</i>
<i>Level II Theories of Family Violence</i>	<i>22</i>
<i>Level III Theories of Family Violence</i>	<i>27</i>
<i>Conclusion</i>	<i>31</i>
Chapter 3: Empirical Risk Factors for Family Violence	32
<i>Ontogenetic Risk Factors</i>	<i>33</i>
<i>Microsystem Factors</i>	<i>38</i>
<i>Exosystem Factors</i>	<i>39</i>
<i>Conclusion</i>	<i>40</i>
Chapter 4: Research Rationale and Methodology	42
<i>Research Rationale and Aims</i>	<i>42</i>
<i>Grounded Theory Methodology</i>	<i>43</i>
<i>Rationale for Using Grounded Theory</i>	<i>46</i>
Chapter 5: Manuscript 1	48
Chapter 6: Manuscript 2	73
Chapter 7: Manuscript 3	99
Chapter 8: Manuscript 4	122
Chapter 9: Discussion	145
<i>Comparison with Other Level III Theories of Family Violence</i>	<i>145</i>
<i>Theoretical Implications</i>	<i>149</i>
<i>Clinical Implications</i>	<i>155</i>
<i>Limitations of the Current Research</i>	<i>157</i>
<i>Suggestions for Future Research</i>	<i>159</i>
References	161
Appendix A – Participant Information Sheet	183
Appendix B – Staff Information Sheet	186
Appendix C – Participant Consent Form	187
Appendix D – Interview Schedule	190
Appendix E – Co-authorship Forms	195
Appendix F – Examples of Participant Quotes	199

List of Abbreviations

CAN	Child abuse and neglect
CHDS	Christchurch Health and Development Study
DMHDS	Dunedin Multidisciplinary Health and Development Study
FV	Family violence
FVE	Family violence event
FVEPM	Event process model of family violence
GuiNZS	Growing up in New Zealand Study
IPV	Intimate partner violence
MCOT	Ministry for Children, Oranga Tamariki
PIFS	Pacific Islands Family Study

List of Publications

Peer-reviewed journal articles

- Stairmand, M., Polaschek, D. L. L., & Dixon, L. (2019). Perpetrators' perspectives on family violence: An event process model. *Journal of Interpersonal Violence*. Advance online publication. doi: 10.1177/0886260519873440
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- Stairmand, M., Dixon, L., & Polaschek, D. L. L. (2019). Pathways to family violence: Investigating patterns in the event processes of family violence perpetrators. *International Journal of Offender Therapy and Comparative Criminology*. Manuscript accepted pending revision.
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Chapter 1: Introduction

New Zealand—and New Zealanders—are known for many things: our pristine natural environment, our Kiwi ingenuity, our sporting success, our small-town community spirit, and our horrifying family violence (FV) statistics. The names of our FV victims—Moko Rangitoheriri, Sophie Elliott, Christine and Amber Lundy, Scott Guy—are as familiar to us as the names of our favourite sports stars and television celebrities. *Once were Warriors* remains one of our most well-known and highest grossing films. The economic cost of FV in our country equates to more than one-half of what we earn from our dairy exports (Kahui & Snively, 2014). There are more children in New Zealand who have been the subjects of official notifications of abuse and neglect than there are children who have been told by a doctor that they have asthma (Rouland & Vaithianathan, 2018). How many ways can we convey the enormity of New Zealand's FV epidemic? What other evidence do we need to show how ingrained FV is in our social fabric? We have only just begun.

This chapter explores FV in New Zealand. We examine local and international definitions of FV, the epidemiology and nature of FV in New Zealand, and demographic data pertaining to New Zealand's FV perpetrators. In doing so, we endeavour to provide the reader with a firm basis from which to understand the local context in which our research took place.

Defining Family Violence

FV—otherwise known as domestic violence—is a broad, widely-used, and somewhat controversial term (Barnett, Miller-Perrin, & Perrin, 2011). Although academic debates as to what constitutes FV have continued for 50 years or more, researchers are yet to agree upon a single, universally-accepted definition of FV (Gulliver & Fanslow, 2012). Specifically, definitions vary in the extent to which they emphasise violent behaviours (or elements of these such as form or frequency), the intention or outcome of these behaviours, and the situational circumstances surrounding them (Emery, 1989; Hines, Malley-Morrison, & Dutton, 2013; Parke & Collmer, 1975).

Throughout history, FV has interchangeably—and simultaneously—been viewed as a private, human rights, legal/criminal justice, medical, and social issue (Hines et al., 2013). Along these lines, definitions of FV have largely been shaped by community, cultural, and societal perspectives (Barnett et al., 2011; Gulliver & Fanslow, 2012). Definitions of FV are also influenced by social and cultural

understandings of the nature of interpersonal relationships (e.g., what constitutes a 'partner'), and what is considered problematic within this context (e.g., the historical acceptance of gendered violence; Barnett et al., 2011; Emery, 1989; Hines et al., 2013; Parke & Collmer, 1975). As public concern about FV has increased, definitions have generally expanded to include a broad range of behaviours carried out in a wide range of contexts. For example, the Crimes (Substituted Section 59) Amendment Act 2007 removed the legal right of New Zealand parents and caregivers to use reasonable force for the purposes of correcting their child's behaviour.

Although definitions continue to vary, there appears to be consensus among researchers and practitioners alike regarding common types of FV, both in relation to what constitutes 'family'—intimate partner violence (IPV), child abuse and neglect (CAN), intrafamilial violence (e.g., elder abuse, sibling violence)—and what constitutes 'violence'—physical, sexual, psychological, neglect (in relation to dependents)—within this context (American Psychiatric Association, 2013; Barocas, Emery, & Mills, 2016; Family Violence Death Review Committee [FVDRC], 2017; Heyman, Slep, & Foran, 2015; Malley-Morrison & Hines, 2007; Ministry of Social Development, 2002, 2017b; Pierotti, 2013; World Health Organisation, n.d.). In this thesis, we consider IPV, CAN, and intrafamilial violence under the umbrella term of FV. We do so for two reasons. First, research suggests a high level of overlap between CAN and IPV within families, with co-occurrence rates ranging from 40% (Appel & Holden, 1998) to 51% (Slep & O'Leary, 2005). Second, any form of FV carried out in the presence of a child who has a family-like relationship with the victim constitutes CAN in and of itself (Family Violence Act 2019, s. 11).

Defining family violence in New Zealand. The Family Violence Act 2018 defines FV as the perpetration of physical, sexual, or psychological abuse against a partner, family member, or person with whom the perpetrator has a family-like relationship (s. 9 and s. 12). Psychological abuse is broadly defined and includes threats of any form of abuse, intimidation, harassment, property damage, ill-treatment of household pets or animals whose welfare is of concern to the victim, financial or economic abuse, and allowing a child to witness—or be at real risk of witnessing—violence towards a family member or person with whom they have a family-like relationship (s. 11). Specifically in relation to CAN, the Oranga Tamariki Act 1989 extends this definition to include acts of omission such

as neglect and deprivation (s. 14). It is upon these definitions of FV that many FV interventions—legal or otherwise—in New Zealand are based.

Whānau violence – A Māori world view. With the Family Violence Act 2018 and its predecessor—the Domestic Violence Act 1995—frequently relied upon to “define the nature and the facts” (p. 10, Barnett et al., 2011) of FV in New Zealand, it is important to revisit the notion that definitions of FV reflect the worldviews of those who create them (Gulliver & Fanslow, 2012). In this regard, it is argued that New Zealand’s legal definition of FV is based on a Pākehā (i.e. New Zealand European) worldview; this understanding of FV is distinct from, and offers an incomplete account of, what constitutes whānau (i.e., extended family, family group) violence from a Māori perspective (Cooper, 2012; Cram, Pihama, Jenkins, & Karehana, 2002; Te Puni Kōkiri, 2008). Specifically, whānau violence refers to any form of violence that occurs both within, and against, Māori whānau (FVDRC, 2017; Te Puni Kōkiri, 2008). There are two key reasons why this definition is incompatible with many definitions of FV. First, whānau extends far beyond the nuclear family structure commonly identified in FV definitions (Cooper, 2012; Te Puni Kōkiri, 2008). Second, FV definitions fail to recognise the socio-historical-cultural components of whānau violence (Cooper, 2012; Te Puni Kōkiri, 2008). The Domestic Violence Act 1995 went some way to addressing the former issue by broadly defining a family member as any "person who is a member of the person’s whānau or other culturally recognised family group" (p. 10, s. 2). However, this definition was omitted from the Family Violence Act 2018. Pertaining to the latter issue, neither Act refers to social, political, and economic forms of whānau violence such as colonisation and institutional racism (FVDRC, 2017; Te Puni Kōkiri, 2008). In this regard—and with obvious implications for prevention and intervention approaches—it is argued that definitions of FV and whānau violence are both qualitatively and philosophically different (Cram et al., 2002; Te Puni Kōkiri, 2008).

Family Violence in New Zealand

Epidemiology. Establishing the incidence (FV experienced in a specific time period) and prevalence (FV experienced within a lifetime) of FV in New Zealand is not an easy task (Lievore & Mayhew, 2007). This is partially due to the hidden nature of FV; official statistics account for only a small proportion of FV, and underreporting may similarly occur—albeit to a lesser degree—when 'unofficial' data (e.g., population-based surveys) are considered (Lievore &

Mayhew, 2007). For example, findings from two recent national sample surveys suggest that approximately three-quarters of FV incidents are not reported to police (Ministry of Justice, 2015, 2019). Even these statistics are likely to be an underestimate. Individuals may not report FV—particularly to authorities or unknown researchers—for many reasons, including fear, shame, a belief that FV is a private issue, a desire to avoid official consequences for themselves or others, not knowing how or where to seek help, or a lack of awareness that what they are experiencing is FV (Australian Bureau of Statistics, 2013; Mayhew & Reilly, 2007; Ministry of Justice, 2019).

Yet there is another, more practical reason why rates of FV are difficult to ascertain: No single agency is responsible for ensuring that comprehensive FV statistics are collected in New Zealand (Gulliver & Fanslow, 2012). National administrative datasets (e.g., Department of Corrections, New Zealand Police) were designed to inform organisational practice and service delivery rather than to measure FV (Gulliver & Fanslow, 2013). Furthermore, inconsistent definitions of FV prevent comparison across organisations, and changes in recording and reporting practices make it difficult to reliably monitor trends over time (Gulliver & Fanslow, 2012; Lievore & Mayhew, 2007). Nevertheless, when considered alongside cohort studies and population-based surveys, national administrative datasets provide useful information about the incidence and prevalence of FV in New Zealand (Gulliver & Fanslow, 2012; Lievore & Mayhew, 2007).² Taken as a whole, these data make it clear that FV is a significant social issue in New Zealand (Gulliver & Fanslow, 2012).

National administrative datasets.

Family violence deaths. National statistics for FV-related deaths were compiled from 2002-2006 (Martin & Pritchard, 2010) and again from 2009-2015 (FVDRC, 2017).³ Data from these two reports are remarkably consistent. Across both time periods, approximately 28 New Zealanders were killed on average each year due to a FV event (FVE); roughly one-half of these deaths were attributed to IPV, more than one-quarter to CAN, and the remaining deaths to intrafamilial violence (FVDRC, 2017; Martin & Pritchard, 2010).

² See Lievore and Mayhew (2007) for a useful summary of the strengths and weaknesses of many data sources included in this review.

³ Research was commissioned to “back-capture” data gaps for 2007 and 2008 (see FVDRC, 2011). However, data gathered for these years remains incomplete and is not included in this thesis.

*Ministry for Children, Oranga Tamariki*⁴ data. The Ministry for Children, Oranga Tamariki (MCOT) —previously called Child, Youth, and Family— provide data for three CAN indicators: notifications of concern from the police and general public, notifications requiring further investigation, and notifications resulting in substantiated CAN (Ministry of Social Development, 2017a). Data pertaining to substantiated findings are reported here. These data identify that thousands of individual children are victims of CAN on average each year: more than 8,800 children per year between 2001-2006 (Families Commission, 2009); 16,300 between 2007-2012 (Paulin & Edgar, 2013), and 15,400 between 2013-2017 (Ministry of Social Development, 2017a, n.d.). Across all datasets, psychological abuse was most commonly experienced (41-63%), followed by neglect (25-38%), physical abuse (17-23%), and sexual abuse (8-14%; Families Commission, 2009; Paulin & Edgar, 2013; Ministry of Social Development, 2017a, n.d.). Although recent statistics provide no information about the victim-perpetrator relationship, the 2001-2006 data identify that 87% of perpetrators shared a family-like relationship (i.e., as a family member, household member, or primary caregiver) with the victim (Families Commission, 2009).

Using data from New Zealand’s Integrated Data Infrastructure, Rouland and Vaithianathan (2018) calculated the prevalence of CAN among all children born or adopted in New Zealand in 1998. Of those children who remained living in New Zealand at age 17, 24% were the subjects of at least one MCOT report of concern by age 17. Ten per cent were a substantiated victim of CAN; 5% were a substantiated victim of psychological abuse, 4% of neglect, 3% of physical abuse, and 2% of sexual abuse (Rouland & Vaithianathan, 2018).

Police data. Prior to the Family Violence (Amendments) Act 2018, there was no specific “FV” offence in New Zealand. Rather, any offence detected during a FV callout was recorded as FV-related (Families Commission, 2009). For example, a drug-related “FV” offence may be recorded if illegal substances were discovered during a FV callout. As such, “FV” offences refer to a broad range of offence types, including violence, sexual, drugs/antisocial, dishonesty, and property damage/abuse (Families Commission, 2009). Approximately half of all FV offences resulting in court involvement are made up of three offence types:

⁴ Ministry for Children, Oranga Tamariki is New Zealand’s government agency responsible for protecting young people who are experiencing—or at risk of experiencing—child abuse and neglect.

Breach of protection order,⁵ common assault (domestic) and male assaults female (Ministry of Justice, n.d.). Across all offence types, a yearly average of nearly 10,000 convictions were recorded between 2008-2017; 15% of these convictions resulted in a prison sentence (Ministry of Justice, n.d.).

A large number of general violence offences are also FV-related. For example, between July 2014-December 2016, 77% of all recorded physical assaults with an identified offender⁶ were perpetrated by a family member: 55% were perpetrated by a partner or ex-partner, 8% by a parent, 6% by a child, and 4% by a sibling (New Zealand Family Violence Clearinghouse [NZFVC], 2017a). Between 2007-2014, 38% of homicide victims were killed by a family member (New Zealand Police, 2018).

Between 2007-2018, police conducted more than 1,167,000 FV investigations; 42% of these investigations resulted in at least one recorded offence (NZFVC, 2017a; New Zealand Police, 2019). Between 2009-2018, a yearly average of more than 2,400 protection orders were granted (Ministry of Justice, n.d.). An additional 108,000 police safety orders⁷ were issued between 2011-2018 (New Zealand Police, 2019).

Ministry of Health data. Between 2005 and 2006, 19% of hospital admissions resulting from physical abuse and neglect were perpetrated by a partner or family member. Of this 19%, 12% were perpetrated by a partner, 2% by a parent, and 5% by another family member (Families Commission, 2009). A further 59% of hospital admissions were perpetrated by an unspecified person (Families Commission, 2009).

Age Concern data. Age Concern is a national organisation that receives and investigates referrals for suspected elder abuse (Families Commission, 2009). The following data pertains to substantiated cases of elder abuse closed between 2000-2006. During this period, a yearly average of more than 300 FV cases were found (Families Commission, 2009). In 64% of cases, a child or child's partner was the perpetrator; a further 21% of cases were perpetrated by a partner, 3% by a

⁵ Any person who experiences FV may apply to the court for a protection order against the perpetrator of that FV (Family Violence Act, s. 59 and s.60). A protection order stipulates that the respondent must not make unauthorised contact with, perpetrate FV towards, nor encourage any other person to perpetrate FV towards, the applicant (s. 90).

⁶ Only 43% of recorded physical assaults had an identified offender.

⁷ A police safety order may be issued by police when they believe that FV is likely to have occurred, and have reasonable grounds to believe that a police safety order is necessary to ensure that the victim remains safe from FV (Family Violence Act, s. 28 and s.29). Unlike a protection order, a police safety order can be issued without the suspected victim's consent (s. 30).

sibling, and 12% by a more distant relative (Families Commission 2009). Psychological abuse (72%) was most commonly experienced, followed by financial abuse (54%), physical abuse (26%), neglect (18%), and sexual abuse (2%; Families Commission, 2009).

Cohort studies. Four longitudinal birth cohort studies provide FV statistics: the Christchurch Health and Development Study (CHDS), Dunedin Multidisciplinary Health and Development Study (DMHDS), Growing up in New Zealand Study (GuiNZS), and Pacific Islands Family Study (PIFS). Whereas non-Europeans are underrepresented in the DMHDS and CHDS cohorts (Magdol, Moffitt, Caspi, & Silva, 1998a; Marie, Fergusson, & Boden, 2008), many GuiNZS children identify as Māori (25%), Pasifika (21%), or Asian (18%); 16% identify as New Zealander, and 47% identify with two or more ethnicities (Morton et al., 2017). All children in the PIFS have at least one Pasifika parent (Paterson, Carter, Gao, Cowley-Malcolm, & Iusitini, 2008).

CHDS, DMHDS, and PIFS participants in a current or recent intimate relationship were asked to disclose their IPV perpetration during the prior 12 months. Psychological IPV perpetration was reported by 95%/86% (women/men) of the DMHDS cohort at age 21 (Magdol et al., 1997), 69%/57% (women/men; minor psychological IPV only) of the CHDS cohort at age 25 (Fergusson, Horwood, & Ridder, 2005), and 90% of mothers⁸ in the PIFS (Paterson, Feehan, Butler, Williams, & Cowley-Malcolm, 2007). Physical IPV perpetration was reported by 36%/19% (minor/severe) of women and 22%/6% (minor/severe) of men in the DMHDS (Magdol et al., 1997), 6%/3% (minor/severe) of women and 7%/3% (minor/severe) of men in the CHDS (Fergusson et al., 2005), and 35%/21% (any/severe) of mothers and 10%/4% (any/severe) of fathers in the PIFS (Schluter, Abbott, & Bellringer, 2008).

Participants were also asked about their childhood exposure to FV. In the DMHDS cohort, participants were asked whether they had seen, heard, or were told about their parent being hit or hurt or being threatened by harm by a partner. Participants were equally likely to report witnessing threats against a parent (mother 18%, father 8%) and physical harm (mother 16%, father 7%; Martin, Langley, & Millichamp, 2006). In the CHDS cohort, 35% and 36% of participants respectively reported witnessing their mother and father criticise or call a partner

⁸ Psychological IPV perpetration by fathers was not reported in this study.

names (Fergusson & Horwood, 1998). A considerably smaller number had seen their parent threaten to hit or throw something at a partner (mother 10%, father 11%), push, grab, or shove a partner (mother 6%, father 10%), or slap, hit, or punch a partner (mother 6%, father 7%; Fergusson & Horwood, 1998). Additionally, 78% of the CHDS cohort reported receiving infrequent physical punishment from their parents; a further 7% were subject to regular physical punishment, and 4% received frequent or severe physical punishment or were treated in a harsh or abusive way (Fergusson & Lynskey, 1997). Two per cent of the CHDS cohort reported being sexually abused by a family member as a child (Fergusson, Lynskey, & Horwood, 1996). By age 4, 4% of children in the GuiNZS—as reported by the child’s mother—had witnessed physical IPV between their mother and her partner (Morton et al., 2017). By age 4 ½, approximately one-fifth of GuiNZS children had experienced physical (20%) and psychological (24%) CAN by their mother or mother’s partner (Walsh et al., 2019).

Population-based surveys.

Youth2000 Survey Series. In 2001, 2007, and 2012, the Adolescent Health Research Group conducted youth health surveys in New Zealand secondary schools (Adolescent Health Research Group, 2013). Participants were asked whether they had observed, or directly experienced, physical violence in their home. Prevalence rates were comparable to those reported in the DMHDS and CHDS: 14-17% had witnessed an adult in their home hitting or physically hurting another child during the previous year, and 6-10% had witnessed the same behaviour towards an adult (Adolescent Health Research Group, 2008, 2013; Fleming et al., 2007). In 2012, 14% of participants reported that an adult in their home had purposely physically harmed them during the previous year (Adolescent Health Research Group, 2013). In 2007, 7%, 6%, and 5% of students respectively reported that someone in their home had damaged or tried to damage their personal possessions, threatened to hurt them, or called them hurtful names (Adolescent Health Research Group, 2008).

New Zealand Crime and Victims Survey. The New Zealand Crime and Victims Survey is a national sample survey investigating the crime victimisation experiences of individuals aged 15 and older (Ministry of Justice, 2019). The first New Zealand Crime and Victims Survey was conducted in 2018. Two per cent of participants reported experiencing physical FV victimisation in the prior 12

months (Ministry of Justice, 2019). More specifically, physical IPV victimisation was reported by 1% of participants (1.7% of women and 0.6% of men) in the prior 12 months, and by 16% of participants (21% of women and 10% of men) in their lifetime (Ministry of Justice, 2019).

New Zealand Crime and Safety Survey. The New Zealand Crime and Safety Survey—the predecessor to the New Zealand Crime and Victims Survey—was conducted in 2006, 2009, and 2014 (Ministry of Justice, 2015). Data pertaining to the most recent survey are reported here.⁹ Six per cent of participants reported experiencing FV victimisation in the prior 12 months: 4% experienced physical FV, 4% experienced psychological FV (including property damage), and 1% experienced sexual FV (Ministry of Justice, 2015). IPV victimisation was reported by 5% of participants in the prior 12 months, and by 26% of women and 14% of men in their lifetime (Ministry of Justice, 2015).

New Zealand Violence Against Women Study. The New Zealand Violence Against Women Study explored experiences of IPV victimisation among a representative sample of ever-partnered women (Fanslow & Robinson, 2011). Psychological IPV victimisation was reported by 17%/52% (past year/lifetime) of participants (Fanslow & Robinson, 2011). Physical (5%/33%; past year/lifetime) and sexual (2%/17%; past year/lifetime) IPV victimisation were also reported (Fanslow & Robinson, 2004).

The nature of family violence. Consistent with international research (e.g., Breiding, Chen, & Black, 2014; Dixon & Slep, 2017; Langhinrichsen-Rohling, Misra, Selwyn, & Rohling, 2012; Lilly & Mercer, 2014; Stith, Smith, Penn, Ward, & Tritt, 2004), official (i.e., national administrative datasets) and unofficial (i.e., research) data suggest that New Zealand’s FV perpetrators both perpetrate and receive—albeit not necessarily at an equal rate or severity—FV, perpetrate multiple forms of FV, and perpetrate FV across multiple FVEs.

Mutual family violence. Whether FV is uni- or bi-directional is rarely reported in administrative datasets. FVDRC data offer one exception: Of the 92 IPV-related deaths from 2009-2015, 16 were perpetrated by women in the context of prior IPV victimisation by their current or ex-partner (FVDRC, 2017). Local research suggests that much IPV occurs within mutually violent relationships. However, the majority of studies to date have measured FV mutuality across the

⁹ The New Zealand Crime and Victims Survey and the New Zealand Crime and Safety Survey use different methodologies. As such, data from each survey is incomparable (Ministry of Justice, 2019).

course of a relationship, rather than in relation to a specific FVE. In the CHDS, a strong correlation ($r = .68, p < .001$) was found between witnessing mother-perpetrated and father-perpetrated IPV (Fergusson & Horwood, 1998).

Additionally, participants reported witnessing physical and psychological IPV perpetration of a comparable severity by both parents (Fergusson & Horwood, 1998). CHDS participants also described high levels of mutual IPV in their own relationships: 90% of those who reported IPV victimisation also reported IPV perpetration, and 94% of those who reported IPV perpetration also reported IPV victimisation (Fergusson et al., 2005).

A strong correlation ($r = .63, p < .01$) was found between IPV victimisation and IPV perpetration in the DMHDS cohort (Magdol et al., 1998a). IPV victimisation was reported by 41% of female perpetrators and 80% of male perpetrators of severe physical IPV (Magdol et al., 1997). Similarly, participants who had witnessed parental IPV reported witnessing mutual IPV (28%) and mutual physical IPV (25%) respectively (Martin et al., 2006). Consistent with these findings, the majority of PIFS mothers who had experienced IPV reported that this was bidirectional; this was true for psychological (93%), minor physical (61%), and severe physical (52%) IPV (Paterson et al., 2008).

Robertson (2005) explored experiences of IPV victimisation and perpetration during the past 12 months among student ($n = 67$), community ($n = 66$), and incarcerated ($n = 39$) samples. Of those who had experienced IPV, 31% (student), 57% (community), and 71% (incarcerated) reported that this was bidirectional (Robertson, 2005). Finally, Stanley (2019) interviewed 43 male attendees of a community-based FV perpetrator treatment programme about their prior experiences of physical IPV perpetration and victimisation. A strong correlation ($r_s = .64, p < .001$) was found between physical IPV victimisation and perpetration during a recent 6-month period; participants reported perpetrating an average of 13.3 and receiving an average of 21.6 physical IPV acts (Stanley, 2019).

To our knowledge, only two New Zealand studies to date have measured the degree of mutuality of FV during a specific FVE. First, of the 843 participants in the New Zealand Violence Against Women Study who had experienced physical IPV, 64% reported that they had retaliated with physical IPV during the same FVE; 31% had done so once, and 33% had done so on multiple occasions (Fanslow, Gulliver, Dixon, & Ayallo, 2015a). Further, 19% of women who had

experienced physical IPV victimisation at the hands of their partner had physically abused their partner *first* during a specific FVE; 76% had done so only once, and 24% more than once (Fanslow, Gulliver, Dixon, & Ayallo, 2015b). Finally, in a qualitative analysis of 60 FVEs involving physical IPV perpetration by 43 male perpetrators, nearly one-half ($n = 24$) of FVEs were characterised by perpetrators' reports of mutual physical IPV perpetration (Stanley, 2019).

Multiple types of family violence. Between 2001-2006 and 2009-2012, 13% and 11% of MCOT-substantiated perpetrators respectively carried out multiple forms of CAN (Families Commission, 2009; Paulin & Edgar, 2013). In the first New Zealand study to investigate national prevalence rates of male-perpetrated IPV, Leibrich, Paulin, and Ransom (1995) found that 90% of physical IPV perpetrators had also perpetrated psychological IPV. Across student and community samples, Robertson (2005) found that 62% of psychological IPV perpetrators had used physical IPV and 47% of physical IPV perpetrators had used psychological IPV. These figures rose to 84% and 96% respectively when the experiences of incarcerated participants were considered (Robertson, 2005). Stanley (2019) similarly reported a strong correlation ($r_s = .56, p < .001$) between physical and psychological IPV perpetration. In the CHDS cohort, children who were most frequently exposed to parental IPV were highly likely to witness multiple forms of IPV (Fergusson & Horwood, 1998).

Associations between physical FV and sexual FV have also been found, both in relation to CAN and IPV. CHDS participants who experienced harsh or severe physical CAN were significantly more likely ($p < .001$) than those who did not to experience sexual CAN (Fergusson & Lynskey, 1997). In the New Zealand Violence Against Women Study, 42% of participants who had experienced moderate or severe physical IPV had also experienced sexual IPV (Fanslow & Robinson, 2004). Although victims of sexual CAN are equally likely to be male (47%) or female (52%; Families Commission, 2009), women are much more likely than men to report experiencing sexual IPV (e.g., Ministry of Justice, 2015). To our knowledge, no New Zealand research has explored the association between sexual and physical abuse for male IPV victims.

Repeated family violence. Between 2003-2005, 89% of Age Concern's FV-related elder abuse cases involved repeated FV: 45% involved several FV incidents, and 44% involved more than several incidents (Families Commission, 2009). During the same period, 58% of all FV-related cases involved FV lasting

more than one year (Families Commission, 2009). Of the 2,506 women who accessed Women's Refuge services in 2005 and 2006, 51% had experienced abuse lasting more than two years (Families Commission, 2009).

For both the 2006 and 2014 New Zealand Crime and Safety Surveys, approximately 2% of victims experienced more than 75% of reported IPV offences (Mayhew & Reilly, 2007; Ministry of Justice, 2015). Data from the 2001 Youth2000 survey identified that 17% and 25% of children who respectively witnessed physical FV against another adult or another child in their home during the prior 12 months did so at least three times (Fleming et al., 2007). Similar results were found in a national survey by Leibrich et al. (1995): Of those participants who used physical and psychological IPV in the past 12 months, 20% and 38% respectively did so on three occasions or more. When lifetime IPV perpetration was considered, 28% and 49% respectively reported perpetrating physical and psychological IPV on three occasions or more (Leibrich et al., 1995).

Of those participants in the DMHDS cohort who witnessed parental IPV during childhood and adolescence, 40% witnessed five or more IPV events (Martin et al., 2006). In the same cohort, participants who had experienced IPV in their current relationship at age 26 reported experiencing an average of 1-4 acts of physical IPV per month over an average of 3-5 months (Ehrensaft, Moffitt, & Caspi, 2004). In a community survey of 961 New Zealand women across New Zealand, Kazantsis, Flett, Long, MacDonald, and Millar (2000) found that 11% of women who had been seriously beaten or attacked by a family member had experienced 15 or more FV incidents. Finally, Jolliffe Simpson's (2018) analysis of FV police reports over a 12-month period in Hamilton city found that 73% of FV perpetrators had a police history of FV prior to the current FVE. In the 12 months following this FVE, 65% of participants were identified as a perpetrator in one or more FV police reports (Jolliffe Simpson, 2018).

Family violence perpetrators. We know surprisingly little about New Zealand's FV perpetrators. Many of the demographic data collected about FV perpetrators come from national administrative datasets. Although these data represent those who come to official attention for FV, it remains unclear whether they are representative of the large proportion of FV offenders who do not (Gulliver & Fanslow, 2013). With this caveat in mind, official statistics suggest that the majority of New Zealand's FV perpetrators are young (aged 20-39), Māori or Pākehā, and male. There are two exceptions to this trend: CAN is

equally likely to be perpetrated by men and women, and elder abuse is predominantly perpetrated by older (aged 40+) Pākehā men and women.

Gender. Men are overrepresented in official FV statistics: Approximately 80% of reported (Families Commission, 2009; NZFVC, 2017a), and 90% of convicted (Ministry of Justice, n.d.) and sentenced (Department of Corrections, 2015) FV offenders are men. IPV-related statistics in particular identify high rates of male-perpetrated FV: With regard to protection order applications and breaches, police safety orders, and apprehensions and convictions for FV-related violent and sexual offending, the overwhelming majority (79%-99%) of perpetrators are men (Families Commission, 2009; Kingi, Roguski, & Mossman, 2012; Ministry of Justice, n.d.; NZFVC, 2017a, 2017b; Paulin & Edgar, 2013). These data are in stark contrast to local research findings that consistently suggest that women are as likely (Ehrensaft et al., 2004; Marie et al., 2008) or significantly more likely (Fergusson et al., 2005; Magdol et al., 1997; Robertson, 2005) than men to perpetrate minor and severe forms of psychological and physical IPV.

When CAN and elder abuse are considered, a relatively higher proportion of female perpetrators are identified in official FV statistics. For example, female perpetrators were responsible for 23% of assault on a child convictions between 2000-2006 (Families Commission, 2009), 48% of MCOT-substantiated CAN between 2000-2006 and 2011-2012 (Families Commission, 2009; Paulin & Edgar, 2013), 36-40% of CAN-related deaths between 2002-2006 and 2009-2015 (FVDRC, 2017; Martin & Prichard, 2010), and 42% of elder abuse cases reported to Age Concern between 2000-2006 (Families Commission, 2009). In 2013, women were proportionately more likely than men (15% v. 3%) to be sentenced for assault on a child, and proportionately less likely (6% v. 14%) to be sentenced for a protection order breach (Department of Corrections, 2015).

Age. Official data suggest that FV perpetrators are relatively young. With regard to assault on a child convictions, apprehensions and convictions for FV-related sexual and violent offences, FV-related sentences, protection order applications and breaches, and MCOT-substantiated CAN, 50-69% of perpetrators are aged 20-39 and 26%-42% of perpetrators are aged 30-39 (Department of Corrections, 2015; Families Commission, 2009; Ministry of Justice, n.d.; NZFVC, 2017a). Perpetrators of FV-related deaths are also relatively young. Between 2002-2006, the majority of perpetrators of CAN-related (74%) and intrafamilial

violence-related (67%) deaths were under 35, and 56% of perpetrators of IPV-related deaths were aged 25-44 (Martin & Pritchard, 2010). Between 2009-2015, 42% and 33% of perpetrators of CAN-related and intrafamilial violence-related deaths respectively were aged 20-29, and 74% of perpetrators of IPV-related deaths were aged 20-49 (FVDRC, 2017). Age Concern data suggests that elder abuse is carried out by slightly older perpetrators: Between 2000-2006, approximately three-quarters of perpetrators were aged 40 and above (Families Commission, 2009).

Ethnicity.¹⁰ Māori—comprising 16.5% of the total population (Statistics New Zealand, 2019)—are disproportionately represented in New Zealand’s FV statistics. In 2006, 45% of perpetrators in the police FV database were Māori; 38% were Pākehā, and 13% were Pasifika (Families Commission, 2009). Statistics pertaining to assault on a child convictions, apprehensions and convictions for FV-related violent offences, FV-related sentences, protection order breaches, police safety orders, MCOT-substantiated CAN, and FV-related deaths identify that 36%-54% of FV perpetrators are Māori (Department of Corrections, 2015; Families Commission, 2009; FVDRC, 2017; Kingi et al., 2012; Martin & Pritchard, 2010; Ministry of Justice, n.d.; Paulin & Edgar, 2013). Between 29%-46% of perpetrators are Pākehā, and 8%-18% are Pasifika (Department of Corrections, 2015; Families Commission, 2009; FVDRC, 2017; Kingi et al., 2012; Martin & Pritchard, 2010; Ministry of Justice, n.d.; Paulin & Edgar, 2013). In comparison to the offences listed above, Māori are relatively less likely (28%-29%) and Pākehā relatively more likely (53%-58%) to be apprehended for a FV-related sexual offence or to be listed as a respondent in a protection order application (Families Commission, 2009; NZFVC, 2017a). Age Concern data suggest that Māori are considerably less likely to perpetrate elder abuse: Between 2000-2006, 79% of perpetrators were Pākehā, 13% were Māori, and 2% were Pasifika (Families Commission, 2009).

Conclusion

Given the mainly hidden nature of FV, and the absence of any assigned responsibility for collecting comprehensive national FV statistics,¹¹ the true

¹⁰ Across many national administrative datasets, the ethnicity of a small proportion of perpetrators is recorded as unknown. The following statistics do not include data where the perpetrator’s ethnicity is not identified.

¹¹ As a possible exception to this, the Ministry of Justice have recently commissioned the New Zealand Crime and Victims Survey.

incidence and prevalence of FV in New Zealand is difficult to ascertain (Gulliver & Fanslow, 2012). As such, the statistics reported above may at best be a conservative estimate of FV in our country. Whether or not this is true, statistics regarding substantiated and known cases of FV are alarming in their own right; no matter who is asked, or how they are asked, hundreds of thousands of New Zealanders are reporting that FV is happening in their own home.

Although the data reported above provide a useful indication of rates of FV, knowledge gaps remain. For example, the majority of surveys and research to date has investigated IPV and CAN; relatively few studies have investigated rates of elder abuse, sibling violence, child-parent violence, and IPV in same-sex relationships (Lievore & Mayhew, 2007). Additionally, given that national administrative datasets are not collected for research purposes, publicly available data from these sources lack much-needed specificity. For example, victim-perpetrator relationships are rarely reported in MCOT datasets, and police datasets combine statistics for violence and non-violence related FV offences (e.g., technical vs. violence-related protection order breaches). Within the datasets, large amounts of information are also missing. For example, the victim-perpetrator relationship is not known for 59% of hospital admissions caused by physical abuse and neglect between 2005-2006 (Families Commission, 2009; NZFVC, 2017a), and for 50% of recorded assaults between July 2014-December 2016 (NZFVC, 2017a). Furthermore, statistics from many data sources are all but stripped of contextual information. As such, we know much more about how often FV happens than we do about the situational circumstances (e.g., perceived reasons for FV, one or both parties being under the influence of substances) in which it occurs (Lievore & Mayhew, 2007). For example, only two local studies to date (Fanslow et al., 2015a; Stanley, 2019) provide data on FV mutuality during a specific FVE. Additionally, publicly available data (cf. FVDRC, 2017) provide no information about whether individual perpetrators commit multiple types of FV offences across official datasets, or the frequency with which FV is perpetrated. Collectively, these data therefore provide limited insight into the factors that may precipitate a FVE.

Thesis Outline

The first three chapters of this thesis provide an introductory overview of the international and national literature on FV. Chapter 1 examined FV— including the nature and epidemiology of FV and demographic data pertaining to

FV perpetrators—in New Zealand. Chapter 2 reviews theories of FV, and Chapter 3 discusses empirical risk factors for FV perpetration.

Chapters 4 to 9 relate to our own research. In Chapter 4, we outline our research rationale, questions, and methodological framework. Chapters 5 to 8 present the results of our research, in the form of four papers published in or submitted to peer-reviewed academic journals. Chapter 5 presents our first manuscript, published in the *Journal of Interpersonal Violence* and reproduced in this thesis with permission from SAGE. Chapters 6 and 7 present our second and third manuscripts; at the time of submission, these manuscripts are accepted pending revision and under review respectively by the *International Journal of Offender Therapy and Comparative Criminology*. Chapter 8 presents our fourth manuscript, published in *Aggression and Violent Behavior* and reproduced in this thesis with permission from Elsevier. Finally, Chapter 9 synthesises our study findings, and highlights the contribution of our research to the FV literature.

Chapter 2: Theories of Family Violence

For the past 50 years, family violence (FV) theories have played a crucial role in informing intervention and prevention approaches, suggesting potential avenues for future research, and fostering public discourse surrounding FV (Bartholemew & Cobb, 2011, Dixon & Graham-Kevan, 2011). Early theories tended to attribute FV to one causal factor at an individual, interpersonal, or societal level (Bowen, 2011). With a growing consensus that stand-alone single-factor theories cannot adequately explain FV perpetration (Dutton, 2006), multi-factor theories have proliferated in recent years. These multi-factor theories propose that FV perpetration is caused by interacting intrapersonal, interpersonal, situational, and socio-cultural factors (Bartholomew, Cobb, & Dutton, 2015).

This chapter reviews the international literature on FV theories. For the sake of brevity, we do not provide an exhaustive review of FV theories; rather only seminal theories and those relevant to our research will be discussed. We present each theory within the organising structure of Ward and Hudson's (1998) metatheoretical framework of theory construction. We discuss the key features of this framework before providing a brief summary of FV theories at each level of the framework.

Ward and Hudson's Metatheoretical Framework of Theory Construction

Ward and Hudson's (1998) metatheoretical framework of theory construction was borne from the realisation that an uncoordinated approach to theory building in the sexual offending field had resulted in a proliferation of theories that, although often overlapping, failed to take the others into account. Acknowledging the inherent limitations of this approach (e.g., 'doubling up' on theoretical ideas, failing to identify explanatory gaps), Ward and Hudson developed a metatheoretical framework to guide the classification, development, and construction of aetiological theories. Rather than organising theories according to their theoretical source (e.g., behavioural, psychodynamic, systems), Ward and Hudson argued that theories are best organised according to their level of abstraction, as well as the emphasis they place on distal (e.g., vulnerability factors arising from biological inheritance and learning experiences) vs. proximal (e.g., psychological and situational factors that interact with distal factors during a specific event) causal factors (Ward, Polaschek, & Beech, 2006). On this basis, Ward and Hudson proposed three levels of theory: Level I (multi-factor), Level II (single-factor), and Level III (micro-level). Across each level, a sound aetiological

theory should explain the onset, development, and maintenance of a given phenomenon (Ward & Hudson, 1998). Theories at each level are of equal explanatory value, and play an important role in the eventual development of a single, unified theory (Ward & Hudson, 1998).

Level I (multi-factor) theories incorporate multiple causal factors to offer a comprehensive account of a phenomenon (Ward & Hudson, 1998). Level I theories typically consider distal and proximal causal factors, with an emphasis on distal factors. At this level, Ward and Hudson (1998) distinguished between theories and theoretical frameworks. Whereas theories set out causal mechanisms (i.e., the process by which causal factors produce phenomena) and the relationship between factors, theoretical frameworks simply provide a loose organising structure from which to consider a range of causal factors. Theories therefore provide a much more in-depth description of phenomena than theoretical frameworks.

Level II (single-factor) theories provide a detailed account of the causal role of one specific factor—including its nature, processes, and relationship to other factors—in contributing to a phenomenon (Ward & Hudson, 1998). Level II theories typically emphasise distal factors (e.g., attachment) that form just one component of a Level I theory; ultimately, the limited focus of Level II theories means that they should be embedded within Level I theories. Despite contentious claims that some single-factor theories can explain all parts of the puzzle, their utility lies in their ability to provide a complete description of just one piece (Polaschek, 2006).

Level III (micro-level) theories offer a descriptive account of the offence process itself (Ward & Hudson, 1998). Specifically, Level III theories provide a temporal outline of an offence, including its cognitive, behavioural, social, and motivational components. These theories typically emphasise proximal factors, and utilise qualitative methods to gather a rich description of the offending process from the perspective of the person who committed the offence.

Level I Theories of Family Violence

Nested ecological theories. Nested ecological theories represent some of the earliest attempts by FV theorists to integrate multiple factors associated with FV into a single, coherent framework (Bartholomew et al., 2015; Bowen, 2011). Inspired by Bronfenbrenner's (1979) ecological systems theory and Tinbergen's (1951) work on individual development, Belsky (1980) was the first to develop a

nested ecological theory of child maltreatment. Several years later, Dutton (1985, 2006) applied Belsky's framework to wife assault. Belsky and Dutton's frameworks are conceptually similar, and will be described in tandem here.

Nested ecological theories provide a conceptual framework for understanding how multiple factors at multiple levels of analysis (e.g., individual, intrapersonal, societal) influence FV perpetration (Belsky, 1980; Dutton, 1985). Within this framework, individual factors do not operate in isolation; rather, they interact with one another—both within and across levels of analysis—so that factors can only be understood within the wider ecological systems that surround them (Belsky, 1980; Dutton, 1985). Rather than assuming that the same causal factors applies to all FV perpetrators, nested ecological theories present the possibility that specific factors at varying levels of analysis differentially apply to individual perpetrators (Belsky, 1993; Dutton, 2006).

Belsky (1980) and Dutton (1985) outlined four levels of analysis within the ecological system: the macrosystem, exosystem, microsystem, and ontogenetic—or individual—development. At the broadest level, the *macrosystem* refers to societal values and belief systems (e.g., patriarchy, cultural norms regarding FV, FV legislation) that influence individual development and interpersonal interactions at all other levels of analysis (Dutton, 2006). Nested within the macrosystem, the *exosystem* refers to social structures and relationships that directly impact interactions within the family system; these factors include employment (e.g., job loss or unemployment, job-related stress), social support systems, and national holiday periods (e.g., by resulting in increased contact between family members; Dutton, 1985, 2006). The *microsystem* refers to the family system, or the immediate context in which FV occurs (Belsky, 1980). Factors at this level include dyadic communication and conflict resolution patterns, topics of conflict, and the impact of specific instances of FV on future interactions within the dyad (Dutton, 1985, 2006). Finally, *ontogenetic development* refers to individual factors that each person 'brings into'—and that influence interpersonal interactions within—the family system (Belsky, 1980). These factors include childhood exposure to FV, emotional regulation skills, violence-supportive cognitions, individual coping strategies for managing stressful experiences, substance abuse, and mental health issues (Dutton, 1985, 2006). Belsky (1993) later reorganised his model into three levels: the developmental context (i.e., ontogenetic development of both the parent and the

child), immediate interactional context (i.e., microsystem), and broader context (i.e., exosystem, macrosystem, and the historical, evolutionary context); he called this revised model the developmental-ecological perspective.

Ecological-transactional model of child maltreatment. Drawing upon Belsky (1980) and Cicchetti and Rizley's (1981) theoretical understandings of child abuse and neglect (CAN), the ecological-transactional model of child maltreatment (Cicchetti & Lynch, 1993; Cicchetti, Toth & Maughan, 2000) outlines how multiple and interacting ecological systems contribute to the aetiology and sequelae of CAN. Cicchetti and Rizley organised risk factors for CAN along two dimensions: the degree to which factors increase or decrease the likelihood of CAN, and the degree to which they are transient or enduring. Within this matrix, four types of factors are evident: enduring factors that increase risk (vulnerability factors), enduring factors that decrease risk (protective factors), temporary factors that increase risk (challengers), and temporary factors that decrease risk (buffers; Cicchetti & Rizley, 1981). Cicchetti and Rizley acknowledged that the interaction of multiple risk factors pertaining to the child (e.g., difficult temperament), the parent (e.g., lack of coping skills), and the environment (e.g., lack of social support) impact the parent-child relationship. Specifically, Cicchetti et al. (2000) proposed a cumulative model of risk: When the number of factors that increase risk exceed those that decrease risk—indicating dysfunction across multiple ecological systems—CAN will occur.

I³ model. The I³ model (Finkel, 2008, 2014) outlines how multiple psychological processes influence the likelihood of an individual perpetrating intimate partner violence (IPV). Specifically, the I³ model seeks to explain the first use of physical IPV within a distinct IPV event involving heterosexual partners (Finkel, 2008). Finkel (2008) argues that many individuals occasionally experience the desire to physically harm a partner during an argument; however, self-regulatory processes prevent them from doing so. Using self-regulation as an organising framework, the I³ model aims to provide a theoretically coherent account of factors commonly associated with IPV perpetration by separating factors into three core processes: instigation, impellance, and inhibition (Finkel, 2008). *Instigating* factors refer to situational factors or action/s by a partner or third party that trigger a violent impulse (Finkel, 2008). *Impelling* factors make an individual more likely to act on a violent impulse; these factors can be separated into evolutionary and cultural (e.g., social norms), personal (e.g., low self-

esteem), dyadic (e.g., unhelpful communication patterns), and situational (e.g., physiological arousal) factors (Finkel, 2008, 2014; Slotter & Finkel, 2011). Conversely, *inhibiting* factors make an individual less likely to act on a violent impulse; these factors can also be separated into evolutionary and cultural (e.g., legal consequences), personal (e.g., self-control), dyadic (e.g., relationship commitment), and situational (e.g., cost-benefit analysis) factors (Finkel, 2008, 2014; Slotter & Finkel, 2011). IPV perpetration is likely to occur when the strength of instigating and violence-impelling factors are cumulatively greater than the strength of violence-inhibiting factors (Finkel, 2007). Additionally, violence-impelling factors may influence what action is chosen (e.g., push, choke), and the force with which it is carried out (Finkel, 2007).

Dyadic model of partner violence. The dyadic model of partner violence (Bartholomew & Cobb, 2011) integrates theoretical and empirical knowledge of physical IPV perpetration, with an emphasis on the role that both parties play in contributing to IPV. Physical IPV perpetration by both genders, in same-gender and heterosexual relationships of varying levels of commitment (e.g., dating, de facto, married partners), can be considered within this framework (Bartholomew & Cobb, 2011). With the relationship—not the individual—remaining the focus of analysis, the model outlines the process by which characteristics of the people, the relationship, and the situation converge to result in IPV perpetration (Bartholomew & Cobb, 2011; Bartholomew et al., 2015). Specifically, the authors argue that the life histories (e.g., childhood exposure to FV) and personal dispositions (e.g., low self-esteem, poor emotional regulation) of both partners interact to create a relationship context (e.g., unhelpful communication patterns, trust issues) in which conflict is likely to occur. Dyadic interaction patterns contribute to situational contexts (e.g., partner provocation, substance abuse) that facilitate physical IPV perpetration of varying severity, mutuality, and consequence (Bartholomew & Cobb, 2011, Bartholomew et al., 2015).

Summary and critique of Level I theories. Of the multiple Level I theories of FV that have been proposed, the four theories described above are arguably the most comprehensive. Taken together, these theories highlight the need to consider the role of interacting environmental systems, situational and enduring factors, and interpersonal processes in contributing to FV perpetration during a FV event. Further, by considering a range of different factors that may contribute to FV perpetration, these theories can account for—but do not

explicitly identify—divergent pathways to FV perpetration. To varying extent, each theory draws on Bronfenbrenner’s (1979) ecological systems theory to understand the relationship between the risk factors contained within them. This represents a key strength of Level I theories, as Bronfenbrenner’s theory has been widely applied and researched in the fields of human development, psychology, and physical health (Eriksson, Ghazinour, & Hammarström, 2018). Meta-analyses of empirical risk factors for FV also provide empirical support for this comprehensive approach: Risk factors have been identified at each level of analysis, with the strongest effect sizes found for risk factors at the ontogenetic and microsystem levels (Smith-Marek et al., 2016; Stith et al., 2004).

However, the Level I theories described above share two key limitations. First, they do not explain the mechanisms by which the multiple factors contained within them cause FV perpetration, nor do they explain *how* these factors interact. As such, they constitute theoretical frameworks rather than theories themselves. Second, despite research suggesting considerable overlap—both in terms of co-occurrence and aetiology—between different types of FV (e.g., IPV and CAN; Dixon, Hamilton-Giachritsis, Browne, & Ostapuk, 2007; Dixon & Slep, 2017; Slep & O’Leary, 2005), each theory considers only one type of FV. Given this overlap, FV theories would ideally consider causal explanations for multiple types of FV (Dixon & Slep, 2017).

Level II Theories of Family Violence

Social learning theory. Bandura’s (1977) social learning theory represents a general source theory rather than a specific FV theory itself (Polaschek, 2006). However, given that its main principles underpin cognitive-behavioural perpetrator treatment programmes (Polaschek, 2006), its inclusion here is warranted. There are three key premises on which social learning theory is based. First, all human behaviours are learned; learning can occur through direct experience, or—more often—by observing others. Observational learning (i.e., modelling) may alter an individual's behaviour in three ways. First, it teaches new behaviours, increases or decreases the likelihood of performing existing behaviours based on observed consequences, and acts as a facilitatory cue for individuals to engage in the same behaviour (Bandura, 1973). Second, the ability to think symbolically allows individuals to retrospectively process and draw upon learning experiences; for example, to aid in the selection, or identify the likely consequences of, a particular behaviour (Bandura, 1977). In this regard, prior

experiences can continue to guide future behaviour (Bandura, 1973, 1977). Third, individuals are not passive recipients of their environmental experiences; rather, human behaviour is determined by the reciprocal interaction between cognitive processes (e.g., symbolic thinking, identification of personal goals, problem solving), the environment, and the behaviour itself (Bandura, 1973, 1977). Behavioural consequences and cognitive processes—be they vicarious or direct—determine what behaviours are attended to, how they are evaluated, and ultimately, whether a particular behaviour is performed (Bandura, 1977). For example, the extent to which modelling produces similar behaviour depends on whether the model's behaviour is reinforced, and whether the individual's own use of the behaviour serves a positive function (Bandura, 1973). Similarly, an individual's attempt to regulate their own behaviour influences how they learn from, interact with, and respond to external stimuli, as well as their evaluation of their own aggressive behaviour (Bandura, 1977, 1978).

Bandura (1973, 1978) draws on social learning theory processes to explain the development, instigation, and maintenance of aggressive behaviour. First, Bandura argues that aggression is acquired in the same way as any other behaviour: it is learned. Aggressive behaviour is learned from three main sources: family members, communities and subcultures surrounding the individual, and violent media (Bandura, 1978). Once learned, aggressive behaviour can be instigated by a variety of factors (Bandura, 1973). Based on prior learning experiences, environmental stimuli (e.g., being pushed, the presence of a policeman) may elicit aggression, or signal the likely consequences of this behaviour (Bandura, 1973). Aversive treatment (e.g., physical or verbal abuse, goal blockage) is particularly likely to instigate aggressive behaviour (Bandura, 1973). Specifically, aversive stimuli may elicit emotional arousal, which—depending on cognitive appraisals, the individual's skill set, and prior learning—may facilitate an aggressive response (Bandura, 1978). Finally, external (e.g., enhanced social status or approval from others, access to resources), internal (e.g., positive self-evaluation, satisfaction), and vicarious (e.g., observed goal achievement) reinforcement all serve to maintain aggressive behaviour (Bandura, 1973, 1978). Individuals who grow up in homes and communities in which aggression is both modelled and reinforced not only learn aggressive behaviour, but also pro-aggression attitudes and norms and the potential positive functions that aggression can bring (Bandura, 1973).

Feminist perspectives. Feminist perspectives of IPV are yet to be neatly wrapped up into a single theoretical package; rather, a variety of feminist perspectives exist, each sharing the fundamental assumption that IPV is a gendered problem (Bartholomew et al., 2015; Bograd, 1988; Yllö, 2005). According to these perspectives, IPV occurs within the context of a patriarchal society in which all individuals are socialised to view men as dominant and women as subordinate (Loseke & Kurz, 2005). This patriarchal ideology can be observed in the hierarchal structures of social institutions and relationships, including family relationships (Dobash & Dobash, 1979; Yllö, 2005). With social values dictating that men have the right to dominate women, and social norms dictating that violence is an acceptable means of doing so (Pence & Paymar, 1993; Yllö, 2005), all forms of IPV are viewed as a deliberate, gender-specific tactic used by men to oppress and control their female partners, rather than as a gender-neutral tactic of—misguided—conflict resolution.

Feminist perspectives contend that IPV can only be understood within the historical, cultural and political context of the patriarchal system in which it occurs (Dobash & Dobash, 1979; Loseke & Kurz, 2005; Yllö, 2005). Specifically, male-perpetrated IPV involves a systematic pattern of abusive behaviours (Bograd, 1988; Dobash & Dobash, 1979; Pence & Paymar, 1993), whereas female-perpetrated IPV invariably takes place within the context of self-defence (Pence & Paymar, 1993). Along these lines, feminist perspectives argue that explanations for FV should be provided at a group level: Although men may possess a range of individual characteristics that contribute to their violence use (e.g., emotional regulation deficits, childhood exposure to FV), only their role as men in a patriarchal society can be considered a causal factor (Bograd, 1988; Pence & Paymar, 1993).

Although feminist perspectives largely focus on explaining IPV perpetration, the same principles can also be applied to CAN (Stark & Flitcraft, 1988). Specifically, CAN is perpetrated by men—particularly towards female children—as an extension of their oppression of, and violence towards, female partners (Bowker, Arbitell, & McFerron, 1988; Stark & Flitcraft, 1988). Similarly, female-perpetrated CAN is a by-product of female oppression; experiences of isolation, restricted autonomy, and an inability to protect one's children from FV may elicit anger and violence towards the self and others, including towards children (Stark & Flitcraft, 1988).

Attachment theory. Bowlby (1988) proposed that humans are born with a biologically predisposed set of behaviours that function to keep a child in close proximity to its caregiver, thereby ensuring its protection and survival. These behaviours are primarily directed towards one or several attachment figures, and are activated by conditions (e.g., pain, a frightening environmental stimulus) that threaten the child's safety (Bowlby, 1982, 1988). When attachment behaviours (e.g., seeking proximity) fail to elicit a response from an attachment figure, or when an attachment relationship is threatened, strong emotions such as anger, jealousy, and anxiety are evoked (Bowlby, 1988). These emotions are functional when they produce a behavioural response (e.g., crying) that strengthens an attachment relationship (Bowlby, 1988). However, they are dysfunctional when the behavioural response either weakens the attachment relationship, or—in later years—is carried out with the intention of revenge rather than deterrence (Bowlby, 1973).

Repeated experiences with attachment figures throughout childhood and adolescence determine whether an individual becomes securely or insecurely attached (Bowlby, 1988). Based on their attachment style, a child develops working models of the self and others; these models become key features of their personality, influencing both how they interact with others and their expectations of these interactions (Bowlby, 1973, 1988). As the child matures, they develop relationships with other attachment figures such as intimate partners; these relationships are strongly influenced by attachment patterns in earlier relationships (Bowlby, 1982, 1988). According to Bowlby (1988), secure attachment relationships are more likely to develop with parents who are securely attached themselves, and have the environmental (e.g., time, money, support) and psychological (e.g., parenting skills) capacity to respond to a child's physical and emotional needs. However, attachment relationships—albeit insecure ones—still develop in parent-child relationships characterised by CAN (Bowlby, 1982). This is because experiences of CAN victimisation signal to the child that they need protection; as in every attachment relationship, these conditions elicit attachment behaviours towards the child's only available attachment figures, who are the very people perpetrating the abuse (Bowlby, 1982).

Bowlby (1984) argued that the central tenets of attachment theory can explain FV in all relationships—including parent-child and intimate partner relationships—concerned with reproduction and survival. Specifically, when

attachment relationships are threatened, individuals are biologically predisposed to experience anxiety and anger. As described above, these emotions can produce functional behavioural responses that protect the attachment relationship; however, they may also elicit dysfunctional behaviour in the form of FV (Bowlby, 1984).

Summary and critique of Level II theories. The Level II theories described above provide a clear account of how the respective causal phenomena lead to the onset, development, and maintenance of FV perpetration. The utility of these theories is evident in the fact that their core principles are frequently incorporated in Level I FV theories. For example, in his personality theory of IPV, Dutton (1995, 2006) argued that insecure attachment is a key feature of the abusive personalities of male IPV perpetrators. Level II theories have also received some empirical support. Meta-analyses have found small effect sizes for the relationship between physical IPV perpetration and traditional sex-role ideologies ($r = .29, p < .001$; Stith et al., 2004) and childhood exposure to FV ($r = .18, p < .001$; Stith et al., 2000). Similarly, research has found that insecure attachment styles are more commonly reported by FV perpetrators than non-perpetrators, and strong effect sizes have been found for the relationship between insecure ($d = 2.10, p < .001$) and disorganised ($d = 2.19, p < .001$) attachment patterns and known risk factors for FV (e.g., childhood exposure to FV; Babcock, Jacobson, Gottman, & Yerington, 2000; Cyr, Euser, Bakermans-Kranenburg, & van IJzendoorn, 2010; Dutton & White, 2012).

However, specifically pertaining to feminist perspectives and attachment theory, large explanatory gaps remain. For example, feminist perspectives cannot account for IPV in same-gender relationships or for male- and female-perpetrated IPV not respectively motivated by power/control and self-defence, nor can they explain why many men do not perpetrate FV (Bartholomew et al., 2015). Similarly, attachment theory cannot explain FV perpetrated by securely attached individuals, nor can it explain why many insecurely attached individuals do not perpetrate FV (Shorey, Cornelius, & Bell, 2008).

As described above, Ward and Hudson's (1998) metatheoretical framework of theory construction suggests that the function of Level II theories is to provide a detailed account of the causal role of one specific factor that is embedded within a Level I (multi-factor) theory. Feminist perspectives do not prescribe to this approach; that is, they see men's collective need for power and

control as *the* causal mechanism, rather than one mechanism among many. This idea has received little empirical support. For example, meta-analyses have found that traditional sex-role ideologies are but one of multiple risk factors correlated with physical IPV perpetration, with larger effect sizes found for other risk factors (Stith et al., 2004). Similarly, research examining motives for IPV perpetration has found that power/control and self-defence motives are infrequently endorsed, are not gender-specific, and represent only some of many motives commonly endorsed by FV perpetrators (Elmquist et al., 2014; Langhinrichsen-Rohling, McCullars, & Misra, 2012). These and other findings have led some researchers to conclude that feminist perspectives are based on ideology rather than evidence (Dixon & Graham-Kevan, 2011).

Level III Theories of Family Violence

To our knowledge, only one Level III theory of FV has been proposed: Drummond's (1999) offence process model of IPV perpetration (see Figures 1 and 2). Drummond's model was based on the accounts of 10 New Zealand European men who had perpetrated physical IPV towards their female partner; the majority of men were imprisoned for this offence at the time of the research. The model contains four phases: background factors, offence context/build-up, offence, and post-offence. The first phase, *background factors* (see Figure 1), identifies distal factors pertaining to the offender's upbringing, relationship history, and violence history that may contribute to their FV perpetration. Drummond separated these factors into those consistently described by offenders ('consistent factors'), and those frequently described yet expressed in contrasting ways by offenders ('polarity factors'). Consistent background factors included developmental adversity (e.g., childhood exposure to FV, paternal alcohol use, father as authoritarian and rejecting) education/vocation history (e.g., failure to achieve academically, stable employment history, heavy substance use), relationship characteristics/history (e.g., long-term, stable, frequent conflict, unfaithfulness), relationship skills (e.g., escaping or avoiding conflict, distancing oneself from intimacy, dismissive attachment style), and relationship beliefs (e.g., importance of physical connection yet emotional independence, trust as an essential ingredient, violence as justified when being attacked or threatened by others). Polarity factors included offenders' differing responses to their father's interpersonal style (fear vs. anger), differing emotion regulation difficulties (labelling vs. expressing affect), the impact of substances on their violence use

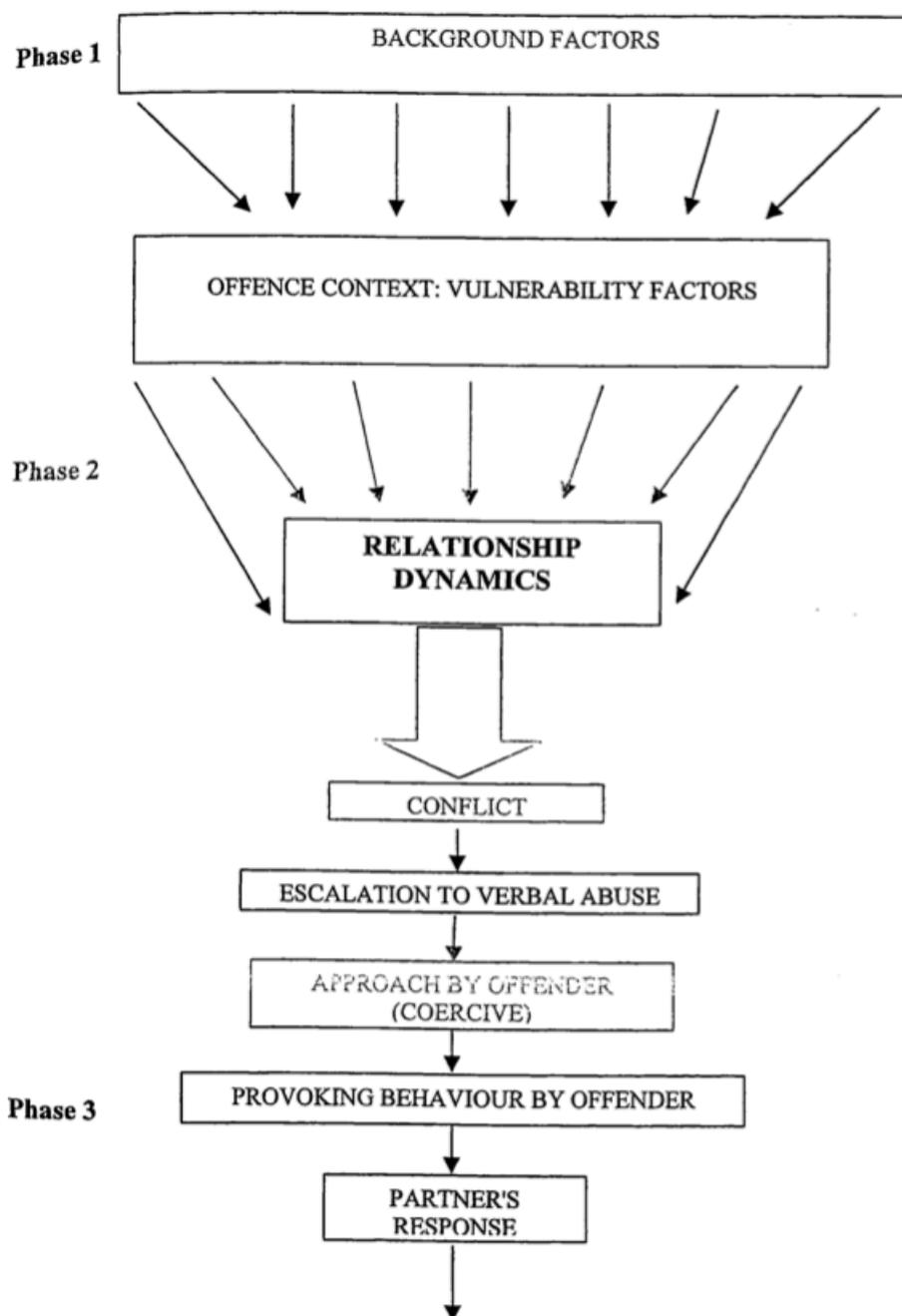


Figure 1. Phase 1, 2, and 3 of the offence process model of intimate partner violence. From *A Descriptive Model of the Offence Process in Domestic Violence* (p. 45) by S. J. Drummond, 1999, Christchurch, New Zealand: University of Canterbury. Copyright 1999 by S. J. Drummond. Permission requested to reprint.

(linked vs. not linked), differing beliefs about relationship roles (traditional vs. equality), and past use of IPV (instrumental – detached from affect vs. instrumental – affect related vs. expressive – affect related).

The *offence context/build-up* phase (see Figure 1) considers the impact of six contextual factors on the offender and victim's relationship dynamics. These factors are relationship characteristics (e.g., co-habitation, frequent conflict and violence), perceived victim characteristics (e.g., moody, aggressive, perceived

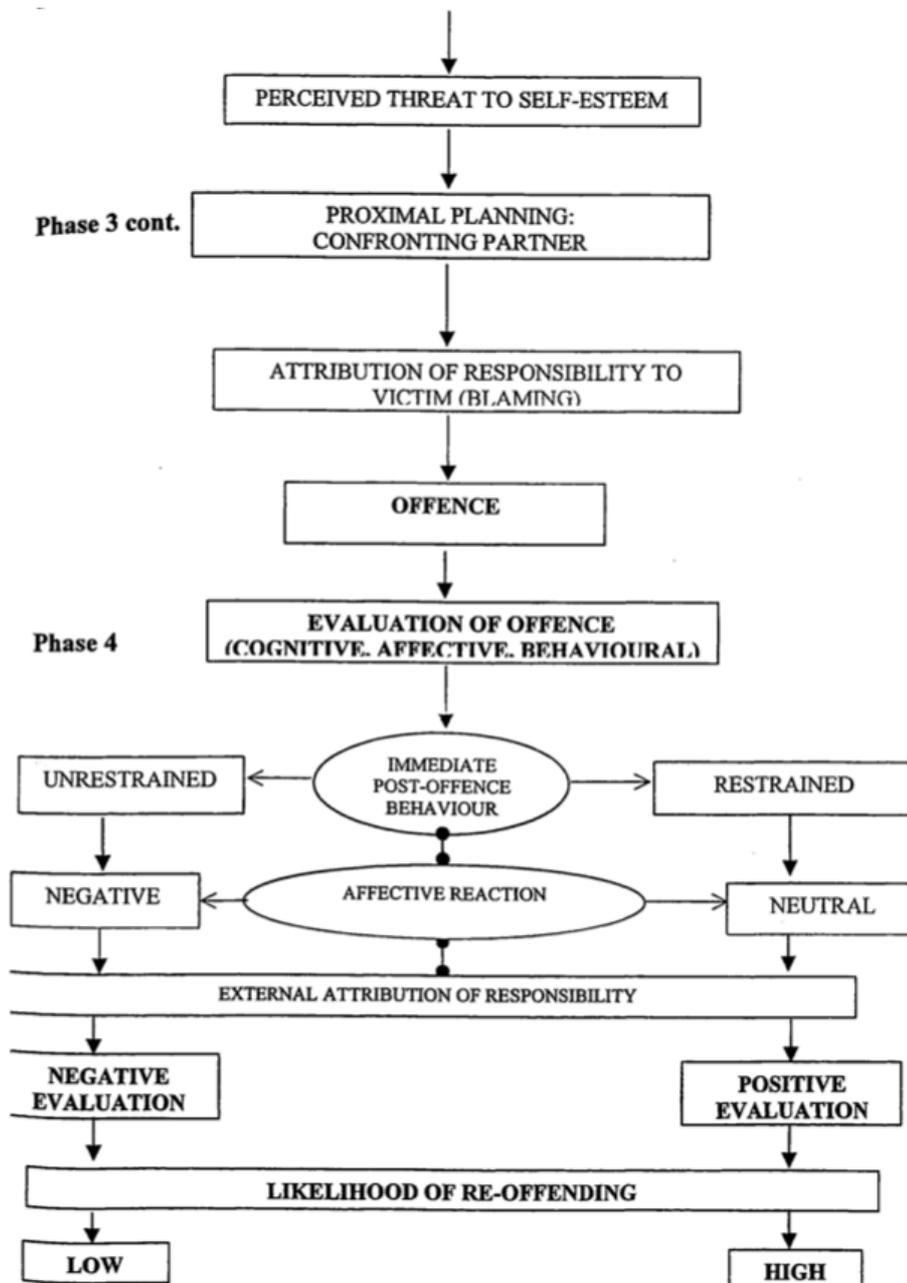


Figure 2. Phase 3 (continued) and 4 of the offence process model of intimate partner violence. From *A Descriptive Model of the Offence Process in Domestic Violence* (p. 46) by S. J. Drummond, 1999, Christchurch, New Zealand: University of Canterbury. Copyright 1999 by S. J. Drummond. Permission requested to reprint.

instigator of violence), build-up of stressors (e.g., loss of a loved one, work commitments), the offenders' self-esteem (e.g., high, unstable, vulnerable to threat), attitudes and beliefs about violence (e.g., beliefs about childhood FV exposure inhibit violence, self-preservation attitudes facilitate violence), and conflict resolution/problem-solving style (e.g., escape or avoidance, resorting to violence to end a dispute). The offender and victim's relationship dynamics are

conceptualised as a coercive interaction cycle characterised by relationship dissatisfaction and ineffective responses to relationship conflict.

The *offence* phase (see Figures 1 and 2) describes the offence itself. Three factors influence the offender's IPV perpetration: their interpretation of the victim's words and actions as threatening to their self-esteem, increasing energising negative affect (e.g., anger, humiliation), and decreasing cognitive control (e.g., gradual detachment from violence-inhibiting strategies). The offence process is characterised by an initial period of conflict that escalates to verbal abuse, the offender's shift from conflict resolution to provocation, counter-escalation by both parties, the offender's externalisation of responsibility (e.g., blaming the victim), and the offender's IPV perpetration.

Finally, the *post-offence* phase (see Figure 2) outlines the cognitive, behavioural, and affective processes that follow the offence. The offender's awareness of their actions during the offence determines when they enter the evaluation stage, which typically occurs minutes to hours following the offence. The offender's attributions of causality, post-offence behaviour, and affective reaction are conceptualised as three components of their offence evaluation, which is either largely positive or largely negative. Offenders who evaluate the offence negatively have a low likelihood of reoffending, and offenders who evaluate the offence positively have a high likelihood of reoffending.

Drummond's (1999) model was progressive as it highlighted the need to consider the dynamic nature of IPV events, including the influential role of dyadic interactional sequences and the changing nature of intrapersonal processes (e.g., decreasing cognitive control) that precede IPV perpetration. These dynamic processes have rarely been considered in FV theory and research, and the model provides initial support for the utility of offence process models in contributing to the theoretical and empirical knowledge base of FV perpetration. Nevertheless, Drummond's model presents some important limitations. First, given the small and non-diverse participant sample, the model is unlikely to be fully saturated; its generalisability will therefore be limited. Second, Drummond did not identify distinct offending pathways for individual perpetrators through the model, despite the complex and heterogenous nature of IPV perpetration suggesting that these pathways are likely to exist (Bell & Naugle, 2008). Finally, the model shares a key limitation of Level I theories in that it focuses exclusively on male-

perpetrated IPV; female-perpetrated IPV, or FV perpetrated towards someone other than an intimate partner (e.g., a child, sibling, or parent), are not considered.

Conclusion

This chapter reviewed the international literature on aetiological theories of FV within the organising structure of Ward and Hudson's (1998) metatheoretical framework. Based on this review, four explanatory gaps in FV theories remain. First, the absence of true Level I theories (as opposed to theoretical frameworks) limits our theoretical understanding of the interacting nature of proximal and distal factors and the mechanisms by which they cause FV perpetration. Second, there is a dearth of Level III theories of FV, and the single existing theory is limited in scope. As such, gaining insight into the offence process itself represents an important next step in advancing our theoretical and empirical understanding of FV perpetration (Bowman, Whitehead, & Raymond, 2018). Third, despite research suggesting considerable overlap in the co-occurrence and aetiology of different types of FV, theories across all levels tend to consider either IPV or CAN in isolation while ignoring other forms of FV (e.g., sibling or elder abuse). Similarly, despite research suggesting that men and women share risk factors for FV perpetration (Spencer, Cafferky, & Stith, 2016), some theories consider only male-perpetrated IPV. Although distinctions between types of FV may be important in the academic and research literature, in practice, interventions are required to accommodate diverse types of FV perpetrators and perpetration. This diversity supports the importance of understanding similarities between types, and of developing more inclusive frameworks of FV perpetration so that all forms of FV can be reduced. Finally, while Level I and III theories have the potential to account for the heterogeneous nature of FV perpetration, no theories explicitly identify distinct patterns of FV perpetration. This is at odds with FV research—particularly typologies of FV—that suggests that qualitatively different types of FV exist (Johnson, 2006; Holtzworth-Munroe & Stuart, 1994).

A unified theory of FV perpetration should account for multiple—if not all—factors that play a causal role in FV perpetration (Ward & Hudson, 1998). As such, in addition to the theories and theoretical frameworks identified above, a unified theory should also consider factors that are empirically associated with FV perpetration but are not well-developed enough to warrant their own Level II theory. For this reason, the following chapter provides a brief review of the international literature on empirical risks factors for FV perpetration.

Chapter 3: Empirical Risk Factors for Family Violence

This chapter reviews national and international research on risks factors for family violence (FV) perpetration. We conceptualise a risk factor as any factor associated with an increased likelihood of FV perpetration; we make no inference as to the causal nature of this relationship (Stith et al., 2004). Consistent with Belsky (1980) and Dutton's (1985) ecological systems framework (see Chapter 2), we consider risk factors at the level of the individual (i.e., ontogenetic factors), the dyad (i.e., microsystem factors), and the wider social system (i.e., exosystem factors). Although we examine each risk factor individually, we acknowledge the cumulative and interacting nature of these factors in contributing to FV perpetration (Lamela & Figueiredo, 2015; Wilkins, Myers, Kuehl, Bauman, & Hertz, 2018).

We primarily consider the results of meta-analyses¹² in this chapter. However, individual studies—including longitudinal research—involving New Zealand participants are also discussed. As in Chapter 2, we do not provide an exhaustive review of risk factors for FV perpetration; rather we consider those risk factors most relevant to our research. We exclude macro-system risk factors from our review, for two reasons. First, macro-system factors are commonly excluded from meta-analytic research (e.g., Stith et al., 2004; Smith-Marek et al., 2016), thus making it challenging to review and summarise the extant literature. Second, given our focus on understanding what happens and why it happens during a specific FV event (FVE), participants typically framed possible macro-system factors (e.g., societal/cultural values and beliefs) at the ontogenetic level (e.g., violence-supportive schemas). We also exclude demographic risk factors (e.g., ethnicity, level of education) from our review, as we conceptualise these factors as proxies for the psychological and social factors that are the focus of this chapter (Ward & Beech, 2004). For example, those with a low socioeconomic status may be more vulnerable to experiencing mental health difficulties (an ontogenetic risk factor) and environmental stressors (an exosystem factor). Where meta-analyses specifically examined FV perpetrated by men *or* women, or analysed gender as a moderating variable, this is reported. All other meta-analytic findings pertain to male and female perpetrators as a homogenous group.

¹² We report *r* values of .1, .3, and .5, and *d* values of .2, .5, and .8, as small, moderate, and large respectively (Rice & Harris, 2005)

Ontogenetic Risk Factors

Substance use/abuse. Research studies to date have typically examined the general association—rather than a directional or temporal link—between substance use/abuse and FV perpetration. These studies differentiate between the use (i.e., measures of general consumption) and abuse (i.e., measures of dependence and drug- or alcohol-related problems) of alcohol and drugs.

A number of meta-analyses have examined the relationship between physical intimate partner violence (IPV) perpetration and alcohol use/abuse, the most recent and comprehensive of which was conducted by Cafferky, Mendez, Anderson, and Stith (2018). Cafferky et al. found a small effect size for the association between alcohol use and IPV perpetration overall ($r = .20, p < .001$), as well as for male- ($r = .22, p < .001$) and female-perpetrated ($r = .15, p < .001$) IPV. These findings are consistent with previous meta-analyses by Spencer et al. (2016), Foran and O’Leary (2008), and Stith et al. (2004), who reported small effect sizes for the association between alcohol use (Stith et al., 2004) or alcohol use/abuse (Foran & O’Leary, 2008; Spencer et al., 2016) and male-perpetrated ($r = .22-.24, p < .05$) and female-perpetrated ($r = .14-.15, p < .05$) IPV. With the exception of Stith et al. (who didn’t calculate an effect size for female-perpetrated IPV), all meta-analyses found a significantly smaller ($p < .05$) effect size for female-perpetrated IPV than for male-perpetrated IPV. Further, Foran and O’Leary’s moderation analyses found that effect sizes for alcohol consumption ($r = .19, 95\% \text{ CI} = .14, .24$) were significantly smaller ($p < .05$) than those for problem drinking or alcohol abuse/dependence ($r = .27, 95\% \text{ CI} = .21, .33$). Pertaining to child abuse and neglect (CAN), Stith et al. (2009) found a small effect size ($r = .17, p < .001$) for the association between physical CAN perpetration and alcohol abuse.

Fewer meta-analyses have explored the association between FV perpetration and drug use/abuse. A meta-analysis by Moore et al. (2008) found a small effect size ($d = .27, p < .001$) for the association between drug use/abuse as a combined measure and all forms—physical, psychological, and sexual—of IPV perpetration. Examining the association between male-perpetrated physical IPV and drug use more specifically, Stith et al. (2004) and Cafferky et al. (2018) found moderate ($r = .31, p < .001$) and small ($r = .24, p < .001$) effect sizes respectively. Consistent with the association between alcohol use/abuse and IPV perpetration, Cafferkey et al. found that effect sizes were significantly larger ($p = .002$) for drug

abuse ($r = .30, p < .001$) than for drug use ($r = .20, p < .001$); no significant differences between male- and female-perpetrated IPV were found. Pertaining to drugs readily available in New Zealand, both Cafferky et al. and Moore et al. reported small effect sizes for marijuana ($r = .25, p < .001$, Cafferkey et al., 2018; $d = .22$, 95% CI = .15, .28, Moore et al., 2008) and stimulants (e.g., amphetamines; $r = .20, p < .01$, Cafferkey et al., 2018; $d = .19$, 95% CI = .10, .28, Moore et al., 2008).

Longitudinal research in New Zealand is consistent with the findings of these meta-analyses. Findings from the Dunedin Multidisciplinary Health and Development Study (DMHDS) suggest that perpetrators of physical IPV are significantly ($p < .05$) more likely than their non-violent counterparts to report symptoms of substance dependence (Danielson, Moffitt, Caspi, & Silva, 1998; Magdol et al., 1997), and to report using a wider range of illicit drugs (Magdol et al., 1997). Researchers from the Christchurch Health and Development Study (CHDS) and DMHDS have also examined the temporal nature of the association between physical IPV perpetration and alcohol use. In the CHDS, Boden, Fergusson, and Horwood (2011) explored the association between alcohol abuse at ages 17-30 and physical IPV perpetration at ages 20-21, 24-25, and 29-30, while controlling for potential confounding variables (e.g., stressful life events, illicit drug use, history of anxiety and depression). Boden et al. found that participants who endorsed more than five alcohol abuse symptoms were 4.41 times more likely than those who endorsed no such symptoms to perpetrate physical IPV ($p < .001$). In the same birth cohort, Fergusson, Boden, and Horwood (2008) found a significant but small correlation between alcohol ($r = .15, p < .001$) or illicit drug ($r = .10, p < .01$) abuse at ages 15-18 and all forms of IPV perpetration at age 25. Similarly, Stanley (2019) found moderate and large correlations respectively for the association between physical IPV perpetration and alcohol ($r_s = .44, p < .01$) and drug ($r_s = .55, p < .001$) abuse.

Pertaining to FVEs themselves, New Zealand research, population-based surveys, and official datasets have found that perpetrators were under the influence of alcohol or drugs—as reported by the perpetrator, the victim, or an attending police officer—in approximately one-fifth to two-fifths of FVEs (Connor, Kypri, Bell, & Cousins, 2011; Families Commission, 2009; Ministry of Justice, 2019). Similar results were reported when both the proportion of perpetrators (Conner et al., 2011), and the proportion of FVEs involving

individual perpetrators (Families Commission, 2009; Ministry of Justice, 2019) were considered. Participants who were heavy episodic drinkers were 2.16 (95% CI = 1.01, 4.66) times more likely than those who were not to report perpetrating IPV while drinking alcohol (Conner et al., 2011).

Experiencing and managing negative emotions. This section primarily explores anger as a negative emotion; enduring low mood and anxiety are considered in the following section exploring mental health difficulties.

Four meta-analyses to date have examined the association between anger and FV perpetration. Similar to research examining substance use/abuse and FV perpetration, research to date has typically examined the association between trait anger—as opposed to acute anger during a FVE—and IPV perpetration. Meta-analyses by Birkley and Eckhardt (2015), Norlander and Eckhardt (2005; male perpetrators only), and Stith et al. (2004; male perpetrators only) reported small effect sizes ($d = .48, p < .001$; $d = .47, p < .001$; and $r = .26, p < .001$, respectively) for the association between anger and physical IPV perpetration. When examining moderating variables, Birkley and Eckhardt found that gender did not moderate this association. Pertaining to CAN, Stith et al. (2009) found moderate effect sizes for the association between anger/hyper-reactivity (e.g., agitation, physiological arousal, negative affect) and physical CAN ($r = .34, p < .001$) and neglect ($r = .35, p < .001$).

Lavi et al. (2019) explored the association between emotion regulation and CAN perpetration. The authors found a moderate effect size ($d = .54, p < .001$) for the association between psychological CAN perpetration and parental emotion reactivity and regulation. Pertaining to IPV, individual studies have found small to moderate correlations between emotion regulation difficulties and physical ($r = .19-.33, p < .01$) and psychological ($r = .15-.30, p < .05$) IPV perpetration (Lilly & Mercer, 2014; Ortiz, Shorey, & Cornelius, 2015; Shorey, Cornelius, & Idema, 2011).

Mental health difficulties. Researchers have explored the association between FV perpetration and poor mental health in general (Danielson et al., 1998; Oram, Trevillion, Khalifeh, Feder, & Howard, 2014; Moffitt & Caspi, 1999; Mulder, Kuiper, van der Put, Stams, & Assink, 2018; Stith et al., 2009), as well as specific mental health diagnoses such as depression, personality disorders, and post-traumatic stress disorder (PTSD).

Meta-analyses by Spencer et al. (2016), Stith et al. (2004), and Smith-Marek et al. (2016) found small effect sizes ($r = .19-.23$, $p < .001$) for the association between depression and male-perpetrated physical IPV. Spencer et al. (2019) and Birkley and Eckhardt (2015) reported comparable effect sizes ($r = .21$, $p < .001$ and $d = .42$, $p < .001$ respectively) when examining both male- and female-perpetrated IPV. Pertaining to CAN, Stith et al. (2009) reported small effect sizes for the association between depression and neglect ($r = .21$, $p < .001$) and physical abuse ($r = .27$, $p < .001$).

Spencer et al. (2019) examined the association between personality disorders and IPV perpetration. The authors reported small ($r = .27$, $p < .001$) and moderate ($r = .34$, $p < .001$) effect sizes for the association between IPV perpetration and antisocial personality disorder and borderline personality disorder respectively. For both types of personality disorder, gender did not moderate this association.

Given the association between childhood exposure to FV and FV perpetration in adulthood (see the following section), there is surprisingly little research examining the association between PTSD and FV perpetration. Three meta-analyses to date have explored the association between PTSD and IPV perpetration in non-military samples. Spencer et al. (2019), Smith-Marek et al. (2016; male perpetrators only), and Taft, Watkins, Stafford, Street, and Monson (2011) found small effect sizes ($r = .21-.23$, $p < .001$) for the association between PTSD symptoms and physical IPV perpetration. Spencer et al. reported separate effect sizes for male- ($r = .22$, $p < .001$) and female-perpetrated ($r = .18$, $p < .001$) IPV; gender did not moderate this association.

Research from New Zealand's DMHDS supports the above findings pertaining to depression and antisocial personality disorder. At age 21, participants who had perpetrated severe physical IPV in the past year were significantly ($p < .05$) more likely than their non-violent counterparts to experience symptoms of depression and antisocial personality disorder (Magdol et al., 1997). In their examination of developmental antecedents for IPV perpetration, Fergusson et al. (2008) found an effect size of $r = .08$ ($p < .05$) for the association between depression at ages 15-18 and all forms of IPV perpetration at age 25; non-significant effect sizes were found when male- and female-perpetrated IPV were examined individually.

Childhood exposure to family violence. Childhood exposure to FV—either as a witness or direct victim—is arguably the most well-researched risk factor for FV perpetration. Meta-analyses by Smith Marek et al. (2015) and Stith et al. (2000) explored the association between childhood exposure to FV and physical IPV perpetration in adulthood. Smith-Marek et al. reported small effect sizes for the association between adulthood IPV perpetration and experiencing physical CAN ($r = .22, p < .001$) and witnessing IPV ($r = .24, p < .001$) as a child, as well as a small overall effect size ($r = .25, p < .001$) for one or both measures. These findings are consistent with those of Stith et al., who reported small effect sizes for the association between physical IPV perpetration and experiencing CAN ($r = .16, p < .001$), witnessing IPV as a child ($r = .18, p < .001$), and overall childhood exposure to FV ($r = .18, p < .001$). Both Stith et al. and Smith-Marek et al. found that gender moderated the association for overall childhood exposure to FV, with significantly stronger effect sizes for male ($r = .21-.25, p < .001$) than for female ($r = .11-.19, p < .001$) IPV perpetrators.

Several meta-analyses have examined the association between childhood exposure to FV and CAN perpetration. Assink et al. (2018) and Madigan et al. (2019) reported small effect sizes ($r = .29, p < .001$ and $d = .45, 95\% \text{ CI} = .37, .54$ respectively) for the association between any form of childhood maltreatment and CAN perpetration in adulthood. When examining specific forms of CAN perpetration, small effect sizes were found for neglect ($r = .15-.29, p < .001$; Assink et al., 2018; Mulder et al., 2018; Stith et al., 2009) and physical CAN ($r = .21-.25, p < .001$; Assink et al., 2018; Stith et al., 2009). Assink et al. reported similar effect sizes for sexual ($r = .33, p < .001$) and psychological ($r = .30, p < .001$) CAN.

Findings from New Zealand's CHDS provide support for the results of these meta-analyses. McLeod, Fergusson, and Horwood (2014) explored the association between physical CAN victimisation and physical—or threats of physical—IPV perpetration between the ages of 29-30. CAN victimisation was organised into four categories: none, seldom, regular, and frequent or severe. The authors found that increasing CAN victimisation was significantly associated with IPV perpetration, both before ($p < .001$) and after ($p = .019$) adjusting for a range of potential confounding factors (e.g., sociodemographic background, family functioning, sexual CAN victimisation). This association was not moderated by gender. In the same birth cohort, Fergusson et al. (2008) reported a significant but

small correlation between non-severe forms of IPV perpetration between the ages of 24-25 and childhood experiences of sexual CAN ($r = .15, p < .001$), physical CAN ($r = .12, p < .001$), and witnessing interparental IPV ($r = .11, p < .001$). When analysing IPV perpetration separately for male and female perpetrators, all but one correlation—female-perpetrated IPV and witnessing interparental IPV during childhood—remained significant.

Violence-supportive attitudes. Violence-supportive attitudes have often been studied in relation to traditional sex role ideologies from a feminist perspective; we briefly discussed this research in Chapter 2. In this subsection, we review research examining the association between FV perpetration and violence-supportive attitudes more generally. To our knowledge, only two meta-analyses to date have examined this association. Stith et al. (2004) found a moderate ($r = .30, p < .001$) effect size for the association between male-perpetrated physical IPV and attitudes condoning violence. In contrast, Stith et al. (2009) reported a nonsignificant ($d = .09, 95\% \text{ CI} = -.11, .30$) association between physical CAN and parental approval of corporal punishment.

In New Zealand, Robertson (2005) examined the association between explicit and implicit violence approval and physical and psychological IPV perpetration within student, community, and incarcerated samples. Across all sample types, Robertson found no significant difference in explicit and implicit violence approval scores between those who did or did not perpetrate physical and psychological IPV.

Microsystem Factors

Patterns of verbal communication. When researching communication patterns in intimate relationships involving IPV, researchers have typically explored demand/withdraw communication patterns that may promote conflict escalation. Spencer et al. (2016) found small and moderate effect sizes respectively for the association between physical IPV perpetration and female demand/male withdrawal ($r = .16, 95\% \text{ CI} = .02, .28$) and male demand/female withdrawal ($r = .41, 95\% \text{ CI} = .34, .49$) communication patterns.

Pertaining to parent-child interactions, Wilson, Rack, Shi, and Norris (2008) found that families with a documented history of CAN perpetration were less likely than families with no such history to be characterised by parental communication of positive affect (e.g., verbal praise, positive physical touch; $d = .53, 95\% \text{ CI} = .32, .74$) and involvement or interest (e.g., questions, asking eye

contact; $d = .53$, 95% CI = .21, .85), and more likely to be characterised by parental communication of negative affect (e.g., physical negative touch, threats; $d = .46$, 95% CI = .27, .65). Further, parent-child interactions in maltreating families were more likely than those in non-maltreating families to be characterised by child non-compliance with parental commands ($r = .13$, 95% CI = .13, .31; Wilson, Shi, Tirmenstein, Norris, & Rack, 2006).

Co-occurring forms of FV within the dyad. Research exploring the association between FV perpetration and co-occurring forms of FV has focused on two different patterns of co-occurrence: mutual FV perpetration, and multiple forms of FV perpetrated by one person within the dyad. Pertaining to mutual FV perpetration, Stith et al. (2004) found a moderate effect size ($r = .41$, $p < .001$) for the association between female-perpetrated physical IPV and IPV victimisation. Similarly, Smith-Marek et al. (2016; male perpetrators only) and Stith et al. found large ($r = .53$, $p < .001$) and moderate ($r = .49$, $p < .001$) effect sizes respectively for the association between physical and psychological IPV perpetration. New Zealand research exploring both forms of co-occurring FV has been explored in considerable detail in Chapter 1 (see ‘The nature of family violence’).

Exosystem Factors

Environmental stressors. Research examining the association between stress and FV perpetration has typically explored participants’ experiences of stressful events that lead to considerable life change (e.g., becoming unemployed, having a child), rather than the internal experiences of stress that these events may evoke. For this reason, and consistent with existing research (e.g., Smith-Marek et al., 2016; Stith et al., 2004), we conceptualise environmental stressors as an exosystem—rather than ontogenetic—factor.

Three meta-analyses to date have examined the association between FV perpetration and general measures of life stress. Both Stith et al. (2004) and Smith-Marek et al. (2016) reported small effect sizes ($r = .26$, $p < .001$ and $r = .16$, $p < .001$ respectively) for the association between environmental stressors and male-perpetrated physical IPV. Pertaining to CAN, Stith et al. (2009) found moderate and small effect sizes respectively for the association between personal stress and child neglect ($r = .38$, $p < .001$) and physical CAN ($r = .19$, $p < .001$).

Consistent with international literature, participants in the DMHDS cohort reported a small correlation ($r = .10$, $p < .01$) between past-year experiences of stressful life events and past-year physical IPV perpetration (Magdol, Moffitt,

Caspi, & Silva, 1998b). When considering more chronic stressors (e.g., inadequate housing, food insecurity)—as opposed to stressful events—Stanley (2019) found a moderate correlation ($r_s = .30, p = .03$) for the association between financial and other stressors and physical IPV perpetration.

Social support. Several meta-analyses to date have examined the association between FV perpetration and social support. Pertaining to IPV, Smith-Marek et al. (2016; male perpetrators only) reported an effect size of $r = .07$ ($p < .01$) for the association between social support and physical IPV perpetration. When considering CAN, Stith et al. (2009) reported small effect sizes for the association between parental social support and physical CAN ($r = .18, p < .001$) and neglect ($r = .16, p < .001$). However, a more recent meta-analysis by Mulder et al. (2018) reported a nonsignificant effect size ($r = .04$) for the association between parental social support and social networks and neglect.

In the DMHDS, male—but not female—perpetrators of severe physical IPV were significantly ($p < .05$) more likely than their non-violent counterparts to report having fewer social support resources (Magdol et al., 1997). No significant association was found between IPV perpetration and social involvement in organisations (e.g., church) and activities (e.g., sports teams).

Conclusion

This chapter presented a brief review of national and international research examining a select number of risk factors empirically associated with FV perpetration. Risk factors at the individual, relationship, and community level were explored. Table 1 provides a summary of the meta-analytic findings reported in this chapter. Taken together, these findings suggest that risk factors for FV perpetration: (1) have a small to moderate association with FV perpetration, (2) are shared by male and female perpetrators, and (3) are common across different types (e.g., IPV, CAN) of FV. These findings highlight the need for FV theories to consider multiple risk factors across multiple levels of analysis (Assink et al., 2018; Stith et al., 2004; Wilkins et al., 2018), as well as the potential for these theories to explain multiple types of FV. Consideration of the potential empirical overlap between risk factors also demonstrates the utility of exploring relationships between risk factors and the mechanisms by which they contribute to FV perpetration. For example, substance use/abuse may function as both a risk factor in its own right, as well as being a likely outcome of emotional regulation difficulties; Wilkins et al., 2018).

Table 1
Summary of Meta-Analytic Findings for Risk Factors for Family Violence Perpetration

Risk factor	Intimate partner violence	Child abuse and neglect
Alcohol use/abuse	$r = .20$	$r = .17$
Male perpetrators	$r = .22-.24$	-
Female perpetrators	$r = .14-.15$	-
Drug use/abuse	$d = .19-.27$	-
Male perpetrators	$r = .20-.31$	-
Female perpetrators	-	-
Experiencing and managing negative emotions	$d = .48$	$d = .54$ $r = .34-.35$
Male perpetrators	$d = .47$ $r = .26$	-
Female perpetrators	-	-
Mental health difficulties	$d = .42$ $r = .21-.34$	$r = .21-.27$
Male perpetrators	$r = .19-.23$	-
Female perpetrators	$r = .18$	-
Childhood exposure to family violence	$r = .16-.25$	$d = .45$ $r = .15-.33$
Male perpetrators	$r = .21-.25$	-
Female perpetrators	$r = .11-.19$	-
Violence-supportive attitudes	-	$d = .09$ (ns)
Male perpetrators	$r = .30$	-
Female perpetrators	-	-
Patterns of verbal communication	$r = .16-.41$	$d = .46-.53$
Male perpetrators	-	-
Female perpetrators	-	-
Co-occurring forms of FV within the dyad	$r = .49$	-
Male perpetrators	$r = .53$	-
Female perpetrators	$r = .41$	-
Environmental stressors	-	$r = .19-.38$
Male perpetrators	$r = .16-.26$	-
Female perpetrators	-	-
Social support	-	$r = .04-.18$
Male perpetrators	$r = .07$	-
Female perpetrators	-	-

In the first three chapters of this thesis, we presented a brief review of the nature and epidemiology of FV in New Zealand and the national and international literature pertaining to theoretical and empirical understandings of FV. The remaining chapters set out the study aims, design, and results of our own research, before discussing the contribution of our research to the FV literature.

Chapter 4: Research Rationale and Methodology

This chapter outlines the research rationale, aims, and research questions, before describing and justifying the methodological approach.

Research Rationale and Aims

The previous three chapters highlight a number of important knowledge gaps regarding our theoretical and empirical understanding of family violence (FV) perpetration. First, few researchers have examined the situational circumstances in which FV occurs in New Zealand (Morrison & Davenne, 2016). Similarly, exploration of empirical risk factors for FV perpetration has infrequently occurred at an event-based level. Second, Level III (micro-level) theories have rarely been developed for FV perpetration (cf. Drummond, 1999), and the initial—and only—effort to date presents considerable limitations. As such, from both an empirical and theoretical perspective, we continue to have limited insight into how risk factors—and the interaction between them—contribute to FV perpetration during a FV event (FVE). Third, existing FV theories typically consider different forms (e.g., intimate partner violence, child abuse and neglect, intrafamilial violence) of FV and different groups of FV perpetrators (e.g., male and female perpetrators) in isolation; a more practical theory would account for multiple forms of FV carried out by a diverse range of FV perpetrators (Dixon & Slep, 2017). Fourth, no theory to date has explicitly identified distinct pathways to FV perpetration, despite the complex and heterogenous nature of FV suggesting that they are likely to exist (Bell & Naugle, 2008).

With the above knowledge gaps in mind, the purpose of the current research is to develop a Level III theory of FV. This theory will provide a descriptive temporal outline of a FVE from the perpetrator's perspective, including its cognitive, behavioural, social, and motivational components. We will expand upon Drummond's (1999) research by including a larger and more diverse participant sample, and by examining distinct pathways to FV perpetration. Our research questions are as follows:

1. From the perpetrator's perspective, what happens, and why, during a FVE?
 - a. What intrapersonal, interpersonal, and situational factors contribute to FV perpetration during a FVE?
 - b. How do these factors interact during a FVE?

- c. Are there distinct pathways (e.g., particular patterns of phenomena and processes during a FVE) to FV perpetration?

Grounded Theory Methodology

Grounded theory methodology (i.e., research principles) and methods (i.e., research techniques) informed data collection and data analysis. Developed by Glaser and Strauss (1967), grounded theory is now widely used across the health, science, and social science disciplines (Payne, 2007). After collaborating on a research project exploring the experiences of dying in American hospitals, Glaser and Strauss became frustrated by the inability of existing research methods to adequately understand and explain the complexities of human experience (Tweed & Priest, 2015). Research at the time was dominated by a hypothetico-deductive approach (Charmaz, 2015), in which data are gathered to test the truthfulness of preconceived predictive hypotheses (Gordon-Finlayson, 2010). One limitation of an approach that emphasises hypothesis testing is that it likely leads to other patterns in the data being disregarded, thereby stifling bottom-up theory generation (Ward & Haig, 1997). Acknowledging this and other limitations of existing research methods, Glaser and Strauss sought to develop a systematic method of theory generation in which theory emerges from, or is 'grounded' in, empirical data. Additionally, Glaser and Strauss sought to build upon existing research methods by progressing from description to explanation of the phenomena being studied (Payne, 2007).

Glaser and Strauss' (1967) initial conceptualisations of grounded theory have evolved over the years, including independent developments by Glaser (1992) and Strauss and Corbin (1990) themselves. However, the key features of grounded theory remain consistent across each variation (Charmaz, 2014). First, grounded theory is developed using an inductive, bottom-up approach, with key theoretical concepts being identified *during*—not prior to—the research process (Corbin & Strauss, 2015). Second, data collection and analysis occur in an iterative process, so that theoretical sampling (as described below) can occur (Strauss & Corbin, 1990).

Data analysis begins by immersing oneself in the data; for example, by repeatedly reading interview transcripts (Payne, 2007). When the researcher is familiar with the data, they begin a three-phase coding process (Payne, 2007). Although each successive coding phase builds upon the other, the researcher does not necessarily progress through these phases in a linear fashion; rather, they will

move back and forth between phases—particularly the first and second phase—as the research progresses (Strauss & Corbin, 1990). The names given to each coding phase, and methods outlined within these vary slightly depending on which 'version' of grounded theory is used (Birks & Mills, 2015). The methods and terminology outlined by Strauss and Corbin (1990) are used in this research, and are described here.

Open coding is the first coding phase. Referred to by Hawker and Kerr (2007) as the systematic process of noticing, this phase involves deconstructing data into small sections of text (Tweed & Priest, 2015). The researcher methodically reads through the data, identifying and labelling individual meaning units—or concepts—as they emerge (Tweed & Priest, 2015). Labels either use participants' own words (in vivo codes), or are constructed by the researcher (Gordon-Finlayson, 2010). Analysis at this level typically occurs on a line-by-line basis, although smaller (e.g., word, phrase) or larger (e.g., paragraphs) segments of text can be analysed (Tweed & Priest, 2015). As previously identified, pre-determined codes are not applied to the data using a grounded theory approach; rather, they are borne out of the data as analysis progresses (Charmaz, 2015). As similarities and differences between codes begin to emerge, categories and sub-categories are identified and labelled and their properties (i.e., key qualities or characteristics) and dimensions (i.e., variations within a property) are defined (Corbin & Strauss, 2015).

The second coding phase—*axial coding*—involves data reconstruction (Tweed & Priest, 2015). During this phase, emphasis is placed on exploring relationships between categories and subcategories (Strauss & Corbin, 1990). Using Strauss and Corbin's (1990) paradigm model, the researcher identifies the central idea or phenomenon, its causes, consequences, surrounding context, and actions/interactions that are taken to manage or respond to the phenomenon. Both deductive and inductive reasoning are used in this phase as the researcher develops tentative hypotheses about relationships that are verified against the data (Strauss & Corbin, 1990). Throughout this process, the most relevant categories and sub-categories are further developed and refined (Tweed & Priest, 2015).

Selective coding is the final coding phase. During this phase, the researcher integrates all remaining categories into an overarching theory that: (a) provides a coherent narrative of the relationship between categories; (b) integrates existing theories from the field; and, (c) adequately explains variations in the data

(Payne, 2007). At this point, the researcher identifies and further develops categories that are lacking in detail or specificity, either by reviewing existing data or seeking new data (Strauss & Corbin, 1990).

Data collection and analysis are guided by four key components of the grounded theory method: constant comparative analysis, theoretical sampling, theoretical saturation, and memo writing. *Constant comparative analysis* refers to the continuous comparison of data with data, data with codes, codes with codes, codes with categories, and categories with categories (Birks & Mills, 2015). This process accounts for the cyclical nature of data analysis: As similarities and differences are identified and codes and categories are revised, the researcher returns to earlier phases of coding to ensure that codes and categories remain consistent with, and are consistently applied to, the data (Payne, 2007). Constant comparative analysis relies on both an inductive and abductive approach; inductive in that emerging theory is continuously verified against the data, and abductive in that the most plausible explanation for the data is selected (Birks & Mills, 2015). *Theoretical sampling* occurs after the initial stages of data collection, and refers to the purposeful collection of specific data to aid theory development (Charmaz, 2015). By making explicit decisions about what data will be collected from whom, theoretical sampling enables the researcher to discover new categories, further develop existing categories, explore relationships between categories, and validate the emerging theory (Strauss & Corbin, 1990).

Theoretical saturation marks the end of data collection and analysis (Corbin & Strauss, 2015). Theoretical saturation is said to occur when no further codes or categories emerge from the data, when all existing categories—and the relationships between them—are fully developed, and when the emerging theory can account for all variations within the data (Strauss & Corbin, 1990). Finally, *memo writing* occurs throughout the research process (Payne, 2007). Specifically, the researcher writes frequent memos to themselves throughout data collection and analysis to capture their thought processes, ideas, and insights (Birks & Mills, 2015). Memos are used to define, develop, and compare categories, to map relationships, and to identify gaps in the emerging theory (Charmaz, 2015). They provide a written record of the researcher's decision-making processes, promote reflexivity, and guide theory development by providing the researcher with continued opportunities to reflect on and re-conceptualise the data (Birks & Mills, 2015). Gordon-Finlayson (2010) describes memo writing as the grounded theory

‘engine’, arguing that memo writing—not coding—drives data interpretation and theory generation.

Rationale for Using Grounded Theory

There are four reasons why grounded theory is particularly well-suited to this research. First, grounded theory seeks to explain and account for variations in human behaviour, both across individuals and across contexts (Glaser, 1992). This is an essential consideration given the heterogeneous nature of FV perpetration (Cantos & O’Leary, 2014), and the inability of many existing theories to adequately account for this variation (Bell & Naugle, 2008). Second, grounded theory privileges the account of individuals with personal experience of the phenomena being studied (Birks & Mills, 2015). This bottom-up approach is particularly important in the FV context, as theory development and intervention approaches have traditionally been informed by political and ideological agendas rather than an empirical evidence base (Dixon, Archer, & Graham-Kevan, 2012; Dutton & Corvo, 2006). Third, grounded theory acknowledges that actions and interactions are best understood in the context in which they occur (Corbin & Strauss, 2015). Consistent with this approach, FV researchers acknowledge that exploration of situational factors is a necessary next step in advancing our understanding of FV perpetration (Wilkinson & Hamerschlag, 2005; Winstok, 2013). Finally, grounded theory is a particularly useful approach in the absence of alternative theories that adequately explain the phenomena of interest (Tweed & Priest, 2015). As previously mentioned, researchers are yet to develop an inclusive Level III theory of FV perpetration.

The following four chapters present the results of our research. Chapters 5 and 6 present the results of our first study, in which we developed (Chapter 5) and identified pathways through (Chapter 6) the event process model of FV (FVEPM) with a community-based treatment sample. Chapter 7 presents the results of our second study, in which we tested the generalisability of the FVEPM and its pathways with an incarcerated sample of men with extensive histories of violent and other offending. Chapter 8 expands upon our findings by proposing a new conceptual framework of motives for FV. Research forms used during the data collection process, as well as co-authorship forms, are included in Appendices A to E.

In Chapter 5, manuscript page limits prescribed that we provide only a brief summary of each category and subcategory contained within the FVEPM.

Participant quotes are largely absent from these descriptions. In Appendix F, we provide examples of participants' quotes for each (sub)category discussed in Chapter 5. The reader may wish to refer to this appendix while reading Chapter 5 to consolidate their understanding of the FVEPM and its (sub)categories.

In acknowledging the history of FV perpetration that precipitated many FVEs, the terms 'perpetrator' and 'victim' are not used to refer to the persons involved in the event narratives described to us. Rather, our research participants are referred to as 'participants', and the recipients of their physical and psychological FV during the FVE are referred to as 'event victims'. This term is misleading in itself, as event victims frequently used—i.e., initiated or retaliated with—physical FV in the FVEs described. Nevertheless, in an effort to provide a consistent and non-ambiguous description of the persons involved in the FVE, the terms 'participant' and 'event victim' are used throughout this thesis.

Chapter 5: Manuscript 1

Offense process models are descriptive theories that provide a temporal outline of an offense—including its cognitive, behavioral, contextual, and motivational components—from a perpetrator’s perspective. Offense process models have been developed for a wide range of criminal offending (e.g., alcohol-impaired driving, child sexual offending, rape, aggravated robbery, homicide), but remain underdeveloped for family violence (FV). The purpose of this study was to develop an offense process model of FV. We conducted individual semi-structured interviews with 27 participants—14 men and 13 women—completing community-based FV perpetrator treatment programs, and systematically analyzed participants’ narratives of FV events (FVEs) using grounded theory methods. The resulting event process model of FV (FVEPM) contains four sections, arranged temporally from the most distal to the most proximal factors in relation to the FVE: (1) background factors, (2) event build-up, (3) event, and (4) post-event. Each section outlines the cognitive, behavioral, contextual, and motivational factors that contribute to FV perpetration. The FVEPM is the first attempt to consider whether a single offense process model can account for a broader range of FV than that used solely by men towards their female intimate partners. Further, the FVEPM highlights the dynamic nature of FVEs, and the salient role of situational and interpersonal factors in contributing to FV perpetration. We argue that the FVEPM has the potential to accommodate a range of types of FV perpetration, and makes a useful contribution to theory and research on event-based models from a perpetrator’s perspective.

Perpetrators’ Perspectives on Family Violence: An Event Process Model

The systematic development of models of family violence (FV) events represents a key component of FV theory development. Following Ward and Hudson’s (1998) metatheoretical framework, theory development for criminal offending spans three distinct but interconnected levels. First, Level I theories are multifactorial and global; they lack detail about the phenomena they seek to explain, but integrate multiple potential explanatory factors from different levels. A number of Level I theoretical frameworks have been developed in the FV field, including ecological frameworks of intimate partner violence (IPV; Dutton, 2006) and child abuse and neglect (CAN; Cicchetti, Toth, & Maughan, 2000).

Level II theories focus on a specific component of a Level I theory. This component is typically viewed as a mechanism, so Level II theories unpack *how*

the component—often in interaction with others—contributes to offending. For example, traditional sex-role ideology is a risk factor for IPV perpetration (Stith, Smith, Penn, Ward, & Tritt, 2004) for which multiple theoretical explanations have been proposed (e.g., Pence & Paymar, 1993).

Level III theories are descriptive theories of the offense process. Level III theories provide a temporal outline of an offense, including its cognitive, behavioral, contextual, and motivational components (Ward, Polaschek, & Beech, 2006). Descriptive accounts of the offending process are gathered from offenders themselves, and are systematically analyzed using qualitative methods—typically grounded theory (Strauss & Corbin, 1990)—to produce a model grounded in the offender’s perspective (Ward, Louden, Hudson & Marshall, 1995). Background factors relevant to the offense, and transitions between each phase of the offense process, are also set out. Ward et al. (1995) were the first to develop an offense process model—of child sexual offending—using grounded theory methods. Offense process models have since been developed for offenses such as alcohol-impaired driving (Wilson, Ward, & Bakker, 1999), rape (Polaschek, Hudson, Ward, & Siegert, 2001), aggravated robbery (Nightingale, 2002), homicide (Cassar, Ward, & Thakker, 2003), sex offending by women (Gannon, Rose, & Ward, 2008), and violent offending (Chambers, 2006; Murdoch, Vess, & Ward, 2012). Collectively, these offense process models make a valuable contribution to understanding harmful behavior, from the perspectives of those who carry out this behavior.

In the FV field, etiological theories play a crucial role in informing intervention and prevention approaches and suggesting potential avenues for future research (Dixon & Graham-Kevan, 2011). Significant advances have been made, both in the empirical understanding of risk factors implicated in Level I and II theories (e.g., Stith et al., 2009; Stith et al., 2004) and in the development of Level I and II theories themselves. However, accounts of how individual risk factors for FV perpetration interact with situational and interpersonal variables—and with each other—*during* a FV event (FVE) remain sparse. As such, we continue to have limited understanding of the interpersonal and intrapersonal processes involved in, and the dynamic nature of, FVEs (Wilkinson & Hamerschlag, 2005). Examining FV perpetration within the context in which it occurs, as part of a sequence of interaction during a FVE, has the potential to provide a richer and more complete explanation of FV (Gnisci & Pace, 2016).

Notwithstanding the limitations of perpetrator self-report, perpetrators have access to information about event processes (e.g., thoughts, feelings, perceptions) that are not available from any other perspective.

Although offense process models offer a useful framework for systematically examining a FVE, there is only one such model to date (Drummond, 1999). Drummond's (1999) model was developed from the accounts of 10 New Zealand European men who had perpetrated physical IPV towards their female partner; the majority were imprisoned for this offense at the time of the research. The model contains four phases: background factors (e.g., the offender's upbringing, relationship history, and violence history), offense context/build-up (e.g., victim/offender, relationship, and environmental characteristics), offense (e.g., the sequence of interpersonal and intrapersonal processes leading up to and during the offense), and post-offense (e.g., cognitive, behavioral, and affective processes following the offense). Drummond's model highlighted the need to consider the dynamic processes involved in IPV events, including the changing nature of intrapersonal processes (e.g., decreasing cognitive control, escalating anger) and the dyadic interactional sequences preceding IPV perpetration. Nevertheless, this initial effort had some important limitations. First, Drummond did not identify distinct offending pathways for individual perpetrators; however, the heterogeneous and complex nature of IPV perpetration suggests that these are likely to exist (Bell & Naugle, 2008). Second, Drummond did not consider IPV perpetrated by women, or non-IPV forms of FV (e.g., CAN). Although distinctions between types of FV may be important in the academic and research literature, in practice, a wide variety of types of FV may be found among people referred to treatment for FV perpetration. This diversity supports the importance of understanding similarities between types, and of developing more inclusive frameworks of FV perpetration so as to provide a coherent intervention approach. Research suggests considerable overlap—both in terms of co-occurrence and etiology—between different types of FV (e.g., IPV and CAN; Dixon & Slep, 2017; Slep & O'Leary, 2005), supporting the inclusive approach taken here.

This study expands upon Drummond's (1999) research by exploring FV in its broadest sense, including acts of psychological and physical FV towards intimate partners, children, and other family members.¹ The aim of the current study is to develop an offense process model of FV that: (1) captures variation in

the offense process; (2) is based on the narratives of a more diverse range of perpetrators—including women—accessing community intervention programs; and, (3) provides insight into the dynamic nature of situational, interpersonal, and intrapersonal factors that influence FV perpetration during a FVE.

Method

Participants

Twenty-seven participants—14 men and 13 women—took part in this study. All participants were completing a community-based FV perpetrator treatment program at the time of their involvement in the research. Most participants were referred to the program for FVEs that included physical FV, but some were referred following FVEs that included only psychological—i.e., not physical—FV. Fourteen participants—mainly men—were completing the program on a mandated basis as part of a community-based sentence ($n = 6$), as a condition of a protection order ($n = 5$), or following a FV-related prison sentence ($n = 3$). The remaining 13 participants—mainly women—were completing the program voluntarily; six were encouraged to attend by a legal or social service professional. Participants ranged in age from 22 to 50 years ($M = 34.44$, $SD = 7.52$), and identified as New Zealand Māori (44%), New Zealand European (30%), Pasifika (7%), or as having multiple ethnicities (19%; e.g., New Zealand Māori/European). Ten participants were unemployed, 7 worked full-time, 5 were stay-at-home parents, 4 worked part-time, and 1 was a full-time student.

Procedure

Participants were recruited over a 24-month period from three FV service providers: two in the North Island and one in the South Island of New Zealand. Differing recruitment methods were used for each agency: Participants were recruited either directly through the first author's (MS's) attendance at their treatment program ($n = 8$), or indirectly through being informed of the research by their treatment provider ($n = 19$). Regardless of the initial recruitment procedure, MS met individually with each potential participant in a private room at the treatment agency. After providing informed consent, participants took part in a semi-structured interview (i.e., participants' observations interspersed with MS's standardized prompts). Interviews ranged in length from 46 to 120 minutes ($M = 78$ minutes). Participants were asked to provide a detailed description of a specific FVE in which they had perpetrated FV, as well as any factors they perceived to be important in understanding why the FVE occurred. Participants

were given a \$30 voucher for their participation. All interviews were audio-recorded and transcribed by MS or a professional transcription service; MS reviewed each written transcript to ensure its accuracy.

Analytic Strategy

Participants collectively described 32 FVEs in which they perpetrated physical (and usually also psychological; $n = 28$) or only psychological ($n = 4$) FV against an intimate partner ($n = 26$), child ($n = 3$), sibling ($n = 2$), or parent ($n = 1$). Preliminary analysis revealed that FVEs involving physical FV and only psychological FV were conceptually similar, as were FVEs that involved partners and non-partners as event victims. As such, event narratives for all types of FVEs were included in data analysis. Many participants described FVEs involving their most severe act of FV in their relationship with the event victim. Alternatively, some participants described their most recent act, whereas others described their most memorable (e.g., the first time they had used FV). Acts of physical FV ranged from a single push that resulted in no physical injury, to acts of sustained or severe physical force (e.g., strangulation, use of a weapon) that resulted in significant injury (e.g., loss of consciousness, a severed limb) to the event victim.

MS carried out data analysis using NVivo software. Grounded theory methodology and methods—as outlined by Strauss and Corbin (1990)—informed data collection and analysis. Grounded theory was selected because it seeks to explain and account for variation in human behavior, acknowledges the importance of context in understanding action and interaction, privileges a bottom-up approach to theory development, and is a particularly useful approach in the absence of alternative theories that adequately explain the phenomena of interest (Strauss & Corbin, 1990).

Consistent with a grounded theory approach, interviews were analyzed in sets of 1-4 to allow for iterative periods of data collection and data analysis. Initially, MS read each transcript multiple times to familiarize herself with the data. Next, MS methodically read each transcript on a line-by-line basis, identifying and then labeling individual meaning units. New, existing, and revised codes were applied to meaning units as data collection and analysis continued. Over time, conceptual links between meaning units began to emerge; tentative categories and sub-categories were developed and refined, and relationships between and within categories were identified and explored. Enduring categories were organized into interrelated paradigms, and grouped into

discrete sections based on their temporal proximity to the FVE. MS regularly discussed the emerging model with the second and third authors. Following analysis of the first seven transcripts, a preliminary model of the event process was developed. This preliminary model was used to guide data collection and analysis for a further eight interviews, resulting in a revised version of the preliminary model. The revised model was tested and refined over the course of two further ‘waves’ of interviews until theoretical saturation occurred.

Results

As shown in Table 1, the event² process model of FV (FVEPM) comprises 55 categories organized into eight interrelated paradigms. These paradigms are grouped into the following four sections, arranged temporally from the most distal to the most proximal factors in relation to the FVE: (1) background factors, (2) event build-up, (3) event, and (4) post-event. The FVEPM contains three entry points—two in Section 1 and one in Section 2—at which different participants enter the model based on their reported experiences. For example, the third entry point in Section 2 identifies that some participants did not report experiencing any Section 1 categories. Each section will be described in turn. To assist the reader, category headings are written in **bold** and subcategory headings are written in *italics*.

Section 1: Background Factors

As shown in Figure 1, Section 1 pertains to aspects of participants’ upbringing and early relationship histories deemed relevant to the FVE. Section 1 contains two entry points and 14 categories, organized into two interrelated paradigms. Black arrows denote Paradigm 1.1 and grey arrows denote Paradigm 2.2. Dotted arrows represent dynamic processes that induce change within and between other categories. Each paradigm will be described in turn.

Paradigm 1.1. Experiencing and managing adverse early events.

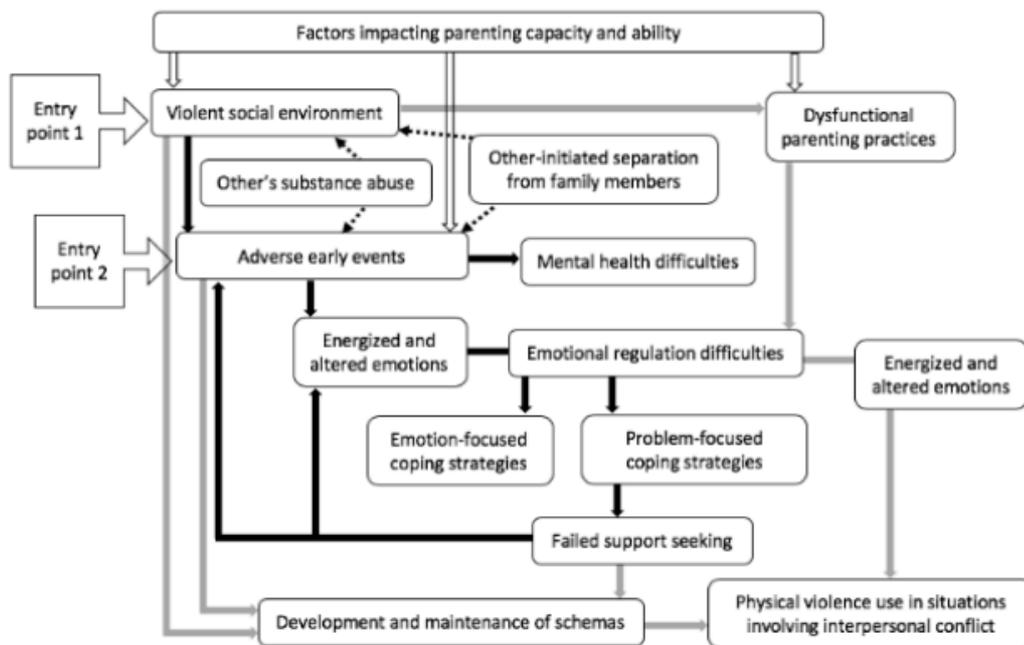
Participants typically described either being raised in a **violent social environment**, or not. **Violent social environments** were characterized by *family dysfunction* (e.g., unmonitored/approved access to substances, parental substance abuse) and *repeated exposure to physical violence* in participants’ homes and in peer group and community settings. As represented by the first two entry points in the FVEPM, participants typically experienced **adverse early events** within—but also in the absence of—a **violent social environment**. **Adverse early events** were conceptualized as any event that elicited **energized and altered emotions**

(e.g., *fear, hurt, anger*) within the participant and precipitated their attempt to prevent future events or manage the negative emotions that these events evoked. Participants reported experiencing both FV-related and non-FV related **adverse early events**, including being the direct target of *physical, sexual, and psychological FV* and *neglect, peer rejection and bullying*, and the *death of a loved one*. In addition to evoking participants' **energized and altered emotions**, these events often precipitated their **mental health difficulties** (e.g., depression, post-traumatic stress disorder) that invariably went unsupported. **Other's substance use**, and **other-initiated separation from family members**—both as a *deliberate strategy* and on an *unintentional* basis—both facilitated and constrained participants' exposure to a **violent social environment** and **adverse early events**. For example, participants reported being more likely to experience FV when the abuser was under the influence of substances, or no longer experiencing **adverse early events** after being removed from the family home.

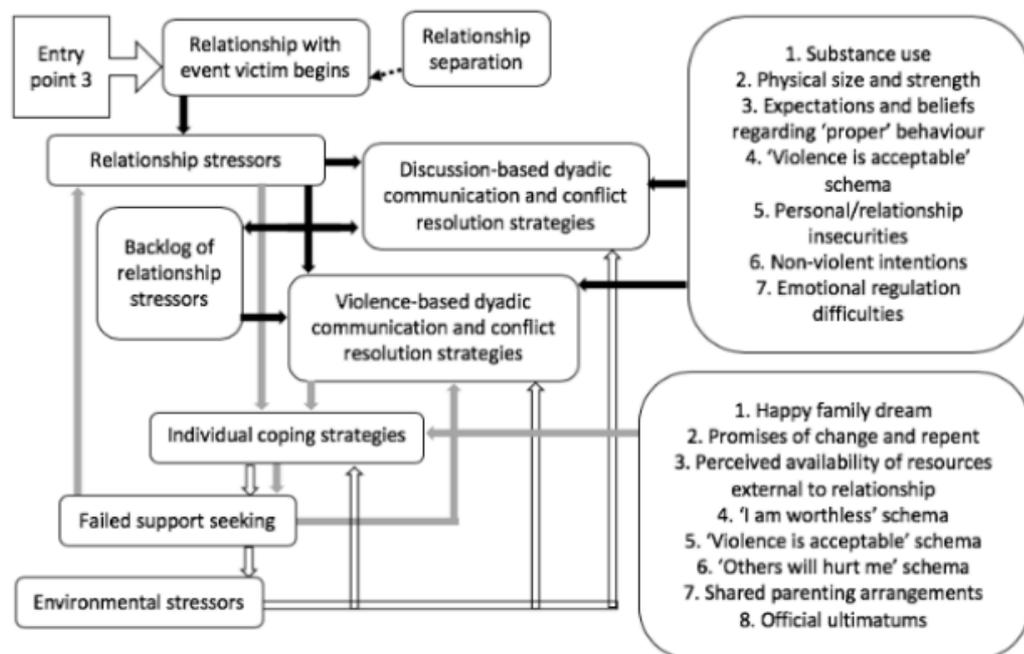
Table 1

Overview of the Event Process Model of Family Violence (FVEPM)

Section	Section description	Paradigms	Number of entry points	Number of categories
1. Background factors	Upbringing and early relationship history	1.1. Experiencing and managing adverse early events 1.2. Schema development and physical violence use	2	14
2. Event build-up	Relationship history with the event victim; environmental context in which the family violence event occurred	2.1. Dyadic communication and conflict resolution strategies 2.2. Individual management of relationship stressors and relationship violence 2.3. Experiencing and managing environmental stressors	1	24
3. Event	The family violence event	3.1. Initiation of verbal interaction and conflict escalation 3.2. Script activation	-	11
4. Post-event	Aftermath of the family violence event	4.1. The aftermath	-	6



Section 1: Background factors



Section 2: Event build-up

Figure 1. Sections 1 and 2 of the event process model of family violence (FVEPM).

Within the context of their **emotional regulation difficulties** (see Paradigm 2.2), participants described using two types of coping strategies to manage **adverse early events** and their emotional aftermath. First, participants used **emotion-focused coping strategies** (e.g., *numbing negative emotions* by using substances, *filling the emotional void* by seeking attention or approval from

others, *blocking out emotional distress*) to relieve the negative emotions associated with **adverse early events**. Second, participants used **problem-focused coping strategies** (e.g., *seeking support, physical violence, leaving a violent household*) in an effort to end or prevent **adverse early events** themselves. Within this context, participants frequently described three types of **failed support seeking**: *unsuccessful* (sought but not offered), *unaccepted* (offered but not accepted), and *untried* (not sought). *Unsuccessful* support seeking occurred when participants were blamed or not believed, or when the person who they sought support from was indifferent to the abuse, wanted to protect the abuser, or had insufficient resources to adequately respond (e.g., was also being abused). *Unaccepted* and *untried* support seeking occurred when participants were threatened into silence, wanted to protect the abuser, or did not believe that seeking/accepting support would improve their situation. **Failed support seeking** exacerbated participants' **energized and altered emotions** and resulted in their continued experiencing of **adverse early events**.

Paradigm 1.2. Schema development and physical violence use.

Participants' experiences as outlined above resulted in their **development and maintenance of three schemas**. These schemas represented either the internalization—'*I am worthless*'—or externalization—'*Others will hurt me*' and '*Violence is acceptable*'—of participants' life experiences. Alongside their **schema development**, and often within the context of a **violent social environment**, participants were exposed to two types of **dysfunctional parenting practices**: *avoiding negative emotions* (e.g., refusing to discuss topics that may elicit anger or sadness), and *aggressive management of negative emotions and interpersonal stressors* (e.g., following and physically assaulting a stranger who cut them off in a traffic queue). These practices provided participants with limited opportunities to practice and develop healthy emotion regulation skills. As such, participants frequently described their **emotion regulation difficulties**, particularly in relation to *controlling negative emotions* and *expressing emotions in a prosocial way*. Driven by their '*Others will hurt me*' and '*Violence is acceptable*' schemas and their **emotional regulation difficulties**, some participants began to **use physical violence in situations involving interpersonal conflict**.

Section 2: Event Build-up

As shown in Figure 1, Section 2 pertains to participants' relationship histories with event victims and the environmental context in which FVEs occurred. Section 2 contains one entry point and 24 categories, organized into three paradigms. Black arrows denote Paradigm 2.1, grey arrows denote Paradigm 2.2, and white arrows denote Paradigm 2.3. As in Section 1, dotted arrows represent dynamic processes that induce change within and between other categories. Each paradigm will be described in turn.

Paradigm 2.1. Dyadic communication and conflict resolution strategies. As represented by the third entry point in the FVEPM, a small number of participants did not grow up in a **violent social environment** nor experience any **adverse early events**, but began a relationship with the event victim in which they ultimately perpetrated FV. The beginning of these relationships was typically characterized by a *high level of investment* (e.g., moving in together, falling pregnant) and a *honeymoon phase* before **relationship stressors** began to arise. Participants and event victims managed **relationship stressors** using **violence-based** (e.g., *physical* and *psychological FV*) and **discussion-based communication and conflict resolution strategies**. **Discussion-based strategies** included mutual attempts to listen and problem-solve (*raise and discuss*), the deliberate absence of communication about **relationship stressors** (*dual avoidance*), one person's refusal to engage in the conversation or denial that the issue existed after it was raised by the other (*raise and avoid*), and immediate escalation into a verbal argument in which both persons refused to consider the other's perspective and vehemently defended their own (*raise and escalate*). With the exception of *raise and discuss*, these strategies typically resulted in the reoccurrence or non-resolution of **relationship stressors**, precipitating a **backlog of relationship stressors** and the continued use of unsuccessful **violence- and discussion-based strategies**. Participants described seven conditions that facilitated and constrained their use of **violence-based**—and to a lesser extent, **discussion-based**—**strategies: substance use** (e.g., using FV while under the influence of substances); **physical size and strength** relative to the event victim (e.g., using physical FV on the basis that they could hurt the event victim); **expectations and beliefs regarding** their and the event victim's **'proper' behavior** (e.g., that children should respect their elders, that men should not use physical FV towards women); **'violence is acceptable' schemas; personal or relationship insecurities** (e.g., believing that their partner had or would cheat on

them); **non-violent goals and intentions** (e.g., not wanting to use physical FV in their child's presence); and, **emotional regulation difficulties**.

Paradigm 2.2. Individual management of relationship stressors and relationship violence. Independent of the dyadic strategies listed above, many participants used **individual coping strategies** to manage **relationship stressors** and **violence-based strategies** by the event victim.³ As in Paradigm 1.1, **individual coping strategies** were either *emotion-focused* (e.g., convincing oneself that things will change, substance use, seeking support) or *problem-focused* (e.g., changing their behavior to conform to the other's expectations, ending the relationship, seeking support). As in Paradigm 1.1, participants' experiences of *unsuccessful*, *untried*, and *unaccepted* **failed support seeking** contributed to the continuation of **relationship stressors** and **violence-based strategies** by the event victim. Whereas *unsuccessful* support seeking primarily occurred based on others' indifference to their situation, *unaccepted* and *untried* support seeking occurred based on participants' perceived lack of options for support, and perceived potential consequences for the event victim (e.g., being sent to jail), the self (e.g., the risk of retaliatory FV by the event victim), and for loved ones (e.g., placing a family member at risk of harm). Specifically pertaining to intimate relationships, participants described eight conditions that facilitated or constrained their decisions to manage relationship violence and **relationship stressors**: their desire to attain the **happy family dream** (e.g., to be an idealized two-parent family); **perceived availability of resources external to the relationship** (e.g., financial support); **shared parenting arrangements** that necessitated ongoing contact with the event victim post-separation; **'I am worthless'**, **'Violence is acceptable'**, and **'Others will hurt me'** schemas; the event victims' **promises to change and repent**; and, **official ultimatums** from child protection agencies (e.g., 'Leave your partner or we will remove your child').

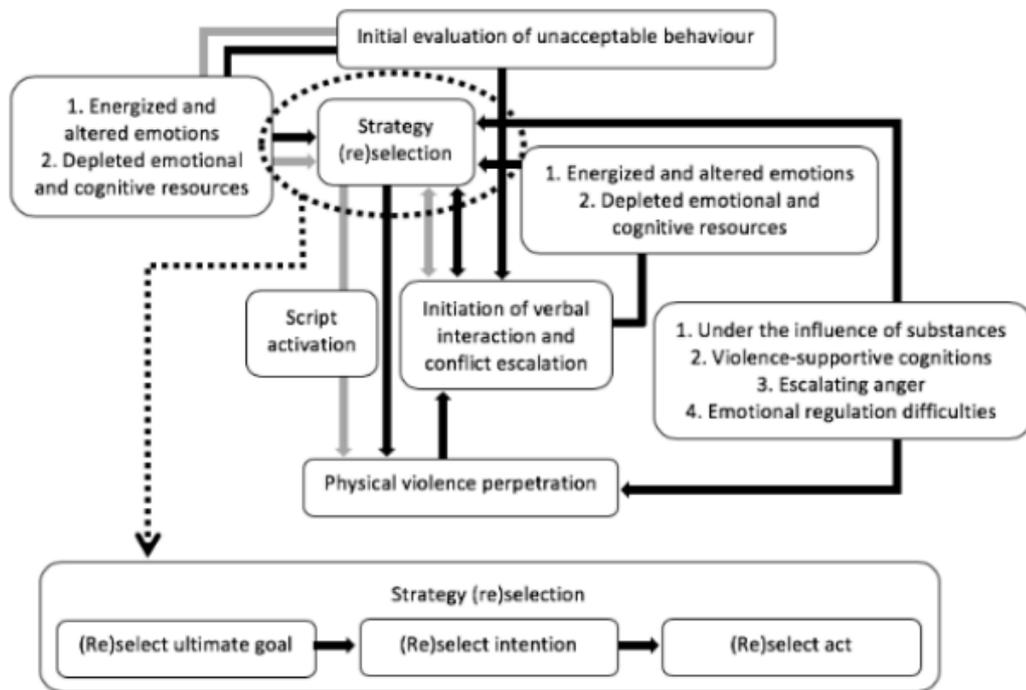
Paradigm 2.3. Experiencing and managing environmental stressors. Participants experienced a range of **environmental stressors**, conceptualized as circumstances external to the relationship that elicited physical or psychological stress or distress. Participants described two types of **environmental stressors**: *stressful events* (e.g., moving house, loss of a loved one), and *persistent stressors* (e.g., daily parenting responsibilities, financial strain). Both types of stressors consumed participants' emotional, cognitive, and physical resources, thereby

limiting the resources available to manage and respond to **relationship stressors**. This was particularly true for participants who experienced *multiple and compounding environmental stressors*. Some participants used *emotion-focused individual coping strategies* (e.g., ‘bottling up’ feelings, substance use) to manage **environmental stressors**.

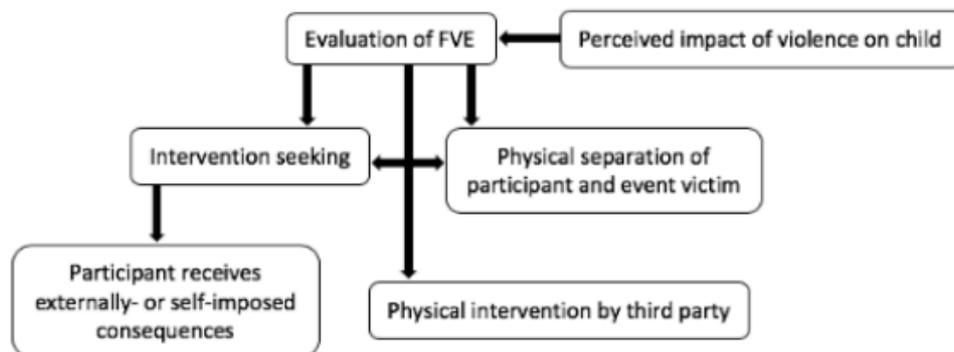
Section 3: Event

As shown in Figure 2, Section 3 pertains to the FVE itself. This section contains 11 categories organized into two interrelated paradigms. Black arrows denote Paradigm 3.1 and grey arrows denote Paradigm 3.2. Each paradigm will be described in turn.

Paradigm 3.1. Initiation of verbal interaction and conflict escalation. FVEs began with one person’s **initial evaluation** of the other’s **unacceptable behavior**. These **initial evaluations** pertained to *new* or *ongoing relationship stressors* or the event victim’s ongoing use of *violence-based strategies*.³ **Initial evaluations of unacceptable behavior** prompted the evaluator—usually the participant—to **initiate verbal interaction** with the other. Regardless of who initiated this verbal interaction, the initiation required the participant to **select a strategy** for managing their interaction with the event victim. **Strategy selection** involved three specific components: an *ultimate goal*, or desired outcome of the interaction; an *intention*, that the participant perceived to be a necessary component of achieving their *ultimate goal*; and an *act*, or the means of achieving the *intention* and *ultimate goal*. Participants reported two types of strategies based on their *intention* to either elicit compliance from, or deliver physical or psychological harm to, the event victim. The former was characterized by participants’ *intentions* to ensure the event victim’s compliance, in order to achieve their *ultimate goal* of obtaining access to valued resources and experiences (e.g., information, personal belongings in the event victim’s current possession) or ensuring their own or other’s physical and psychological safety and wellbeing. This was achieved using *acts* involving contingent threats (“Don’t you f***ing come near me or I’m gonna hit you”), verbal demands (“Just leave me alone, get outta my face”), and bodily force (e.g., pushing, slapping, or physically moving the event victim). The latter (i.e., delivering harm) was characterized by participants’ *intentions* to physically or psychologically harm the event victim, in order to achieve their *ultimate goal* of retributive justice (“That hurt me so I hurt her. If you hurt me I hurt you back”) or self-presentation of status or identity (“I



Section 3: Event



Section 4: Post-event

Figure 2. Sections 3 and 4 of the event process model of family violence (FVEPM).

will not lie down like a dog and let a man treat me like that. I did that enough as a kid”). This was achieved using *acts* of physical (e.g., pushing, kicking, punching, and choking the event victim) and psychological (e.g., insults and degradation, destroying personal belongings) FV.

Participants often **selected strategies** within the context of their **energized and altered emotions** (e.g., *anger*) and *depleted emotional and cognitive resources*. Whereas participants’ **energized and altered emotions** pertained to their current interaction with the event victim, their **depleted emotional and**

cognitive resources pertained to factors (e.g., a backlog of relationship stressors, environmental stressors) preceding the FVE. Participants described three components of their depleted resources: *already heightened emotions* (“It was 4 years of just f***ing like emotion and anger”), *ruminating* (“I spend a lot of time ruminating. And the thoughts start out as a seed of a thought and it just gets bigger and bigger”), and having *reached a threshold for tolerating the event victim’s behavior* (“I just had enough, I honestly had enough ... That day I was just over it”). Many FVEs were characterized by an extended period of **verbal interaction and conflict escalation**, during which the event victim responded to the participant—both violently and non-violently—in a manner that was incompatible with the participant’s initial *intention and ultimate goal*. For example, one event victim responded to the participant’s verbal demand to be left alone by trying to pull the participant inside the house. These more prolonged interactions often resulted in mutual escalation, during which research participants **(re)selected** multiple and changing **strategies** as the FVE unfolded. For many participants, this interaction ultimately resulted in their **physical FV perpetration**. Participants’ **strategy (re)selection** and **physical FV use** was facilitated by four conditions: being **under the influence of substances; violence-supportive cognitions** (e.g., “[Event victim] is deliberately treating me badly”); **escalating anger**; and, **emotional regulation difficulties** (e.g., their perceived inability to *control their negative emotions and express their emotions in a prosocial way*).

Paradigm 3.2. Script activation. Alternatively, in the absence of **verbal interaction and conflict escalation**, some participants described a **script activation** process preceding their **physical FV perpetration**. **Script activation** was characterized by three key features: *acting on auto-pilot* (“It was automatic. [My] arms just started swinging straight away”), *unconscious cognitive processes* (“My mind just went totally blank ... I didn’t have a chance to think about anything”), and *dissociative symptoms* such as flashbacks, depersonalization, and memory loss (“I was almost outside of myself actually ... it was like I was looking at a stranger”). In script-activated events, participants typically described perpetrating relatively severe or sustained *acts* of physical FV that were driven by a physical harm *intention*.

Section 4: Post-event

As shown in Figure 2, Section 4 pertains to the aftermath of the FVE. This section contains 6 categories organized into one paradigm.

Paradigm 4.1. Aftermath of the family violence event. Following the FVE, participants made *negative* or *positive evaluations of the FVE* based on the *perceived acceptability of their actions* (“I know it was the wrong thing to do ... straight away after I did it I wished that I never done it”), whether they had *achieved their ultimate goal* (“[describing the realization of retributive justice] I felt good like I’d done something back”), and the *perceived potential consequences (to themselves) of their actions* (“[I was] worried, that I was gonna get in trouble ... [event victim] said he was gonna ring the police”). In FVEs involving the participant’s child—either as the event victim or a witness—these **evaluations** were commonly based on their **perceived impact of FV on their child** (“For my children to see it was like, I'm bad I'm, didn't want to be around them. They don't deserve this”). Participants’ and other’s *negative evaluations* typically marked the ending or imminent ending of the FVE, either because they resulted in *formal* or *informal intervention seeking* (e.g., calling the police), **physical intervention by a third party** (e.g., pulling the participant off or away from the event victim), or the participant’s **physical separation from the event victim**. **Physical separation** typically occurred of the participant or event victim’s *own accord*, but was also *initiated by the other* or *by a third party* (e.g., a family member, the police). **Formal intervention seeking** often resulted in the participant receiving externally-imposed **consequences**, including *legal involvement* (e.g., being charged with a FV-related offense), *agency involvement* (e.g., child protection agencies, non-violence program providers), and the *loss of their relationship with the event victim*. Some participants self-imposed these **consequences**, based on their *negative evaluation of the FVE*.

Discussion

This study developed the FVEPM by systematically analyzing perpetrators’ first-person narratives of FVEs using grounded theory methods. The FVEPM represents one of the first attempts to construct an event-based model of FV, following established research on offense process models for various types of criminal offending. It is also the first attempt to consider whether a single model can account for a broader range of FV than that used solely by men towards their female intimate partners. The FVEPM provides a temporal framework of the event process, including the affective, behavioral, cognitive, and contextual factors that influence FV perpetration. Further, it identifies patterns within the process while still providing broad scope for individual variation. We begin this

discussion by considering the key features of the FVEPM, including its relationship to existing FV and offense process theories and research. We then discuss potential clinical implications of the model, its limitations, and potential avenues for future research.

First, the FVEPM highlights the importance of participants' upbringings and early relationship histories in providing them—or failing to provide them—with the necessary building blocks to effectively manage adverse life experiences and interpersonal conflict. Specifically, many participants identified how their early exposure to violent social environments, adverse events, and dysfunctional parenting practices contributed to the development of three core processes—violence-supportive schemas, ineffective or absent coping strategies, and emotional regulation difficulties—that provided them with an unhelpful base from which to navigate family relationships. These three processes were a salient feature of each stage of the FVEPM, as participants entered relationships with event victims in which they continued to experience adversity and interpersonal stressors. Nevertheless, many participants who were directly or indirectly exposed to physical violence did not go on to routinely use physical FV in their relationship with the event victim. Specifically, some participants developed a clear intention not to use physical FV towards the event victim, based on their determination not to 'let history repeat itself'.

The FVEPM is consistent with Finkel's (2008) account of how schemas, emotional regulation difficulties, and individual coping strategies may contribute to FV perpetration. Specifically, using self-regulation as an organizing framework, Finkel's (2008; Slotter & Finkel, 2011) I³ model organizes these phenomena into factors that impel, instigate, or inhibit FV; individual experiences determine the category to which each phenomenon belongs. Importantly, the I³ model accounts for the dynamic transition of these phenomena between each stage of the offending process; for example, participants' use of individual coping strategies to manage relationship stressors may ordinarily inhibit their FV perpetration by providing temporary emotional relief. However, over time, their repeated unsuccessful use of these strategies may create a context (e.g., backlog of relationship stressors, depleted emotional and cognitive resources) that facilitates FV perpetration upon the further occurrence of a relationship stressor.

Second, the FVEPM highlights the dynamic nature of FVEs and the salient role of situational and interpersonal factors in contributing to FV perpetration.

Consistent with Drummond's (1999) offense process model, many participants reported experiencing changes in affect (e.g., increasingly energized emotions) and cognition (e.g., violence-supportive cognitions), as well as changes in their own and the event victim's behavior (e.g., from engaging in verbal conflict to psychological FV to physical FV) as the FVE unfolded. FVEs began when one person—usually the participant—decided that the other person's behavior was unacceptable in some way. These dynamic processes then facilitated participants' initial and ongoing strategy reselection throughout the FVE. Importantly, participants' initial strategy selection typically involved non-physically violent acts; however, as the conflict continued to escalate and initial acts proved unsuccessful in achieving their ultimate goal, participants increasingly utilized acts of physical FV. Similarly, participants frequently described shifting from a compliance to a harm intention as their ultimate goal remained unrealized. In large part, participants attributed the dynamic nature of their strategy reselection to the incompatibility of event victims' responses with the goals set by the participant at the time of the initial appraisal of unacceptable behavior. Consistent with Drummond's offense process model, participants often reported that event victims' actions during the FVE facilitated their FV perpetration. For example, in approximately one-third of FVEs, participants' physical FV perpetration was precipitated by event victims' own physical FV use; itself a reaction to participants' acts. This point is raised not in an attempt to 'blame the victim', but to illustrate the need to accurately evaluate potential interaction patterns between participants and event victims in order to fully understand patterns of FV perpetration. Although participants' behavior can be understood as goal-directed, their strategies for achieving such goals—as well as the goals themselves—are adjusted in response to event victims' behavior throughout the FVE. These adjustments following an evaluation of event victims' behavior is consistent with earlier offense process research (e.g., Polaschek et al., 2001) and with crime science research on violent events (e.g., Topalli, Jacques, & Wright, 2015).

Comparison of the FVEPM to offense process models for violent (Cassar et al., 2003; Chambers, 2006; Murdoch, Vess, & Ward, 2012) and sexual (Gannon et al., 2008; Polaschek et al., 2001) offenses suggests that these offense types share common characteristics. First, perpetrators' developmental experiences and their sequelae (e.g., schema development, emotional regulation difficulties)—are emphasized across many of the offence process models, and are similar across

types. As in the FVEPM, perpetrators' maladaptive coping styles, in combination with their experiences of acute and chronic stressors, are also commonly identified in the lead-up to an offense. Pertaining to the offense itself, Polaschek et al. (2001) and Murdoch et al. (2012) similarly reported that some perpetrators reevaluated and revised their initial offending goals, based on both their own evaluation of the current situation and victims' behavioral responses. Finally, the influential role of contextual factors (e.g., substance use) on offense goals and strategies was a salient feature of most models.

A notable difference between the FVEPM and existing offense process models also emerged: Contrary to violent and sexual offenses, the FVEPM is not characterized by a distal planning component. Even when participants initiated interaction with event victims based on their perceived unacceptability of event victims' behavior, they very rarely selected physical FV as an initial strategy. Rather, participants primarily enacted physical FV after a prolonged period of conflict escalation. Alternatively, FVEs characterized by the immediate selection of a physically violent act often occurred in the context of a strongly negative and unexpected event (e.g., discovering the event victim in bed with another person). This finding further illustrates the importance of understanding both perpetrators' perspectives of a FVE, as well as the sequence of action and interaction that culminates in FV perpetration.

The FVEPM was developed so that it could accommodate (1) physical and psychological FV (2) perpetrated by men and women (3) towards intimate partners and other family members. That it could do so suggests that one descriptive framework may be sufficient to explain diverse forms of FV perpetration at the event level. Some important gender differences emerged; for example, female participants were considerably more likely than their male counterparts to report experiencing recent and chronic IPV victimization by the event victim.⁴ However, these gender differences were more in degree than in kind; that is, no categories were uniquely experienced by men or women. In contrast, feminist perspectives argue that male- and female- perpetrated FV require separate theoretical explanations (Dobash & Dobash, 1979); this—along with separate theoretical approaches for CAN—has led to fragmentation of FV theory and research (Dixon & Slep, 2017).

Although understanding distinctive etiology and event topology is important, so too is understanding overlap and similarity, especially for theories

needed to inform interventions that are intended to accommodate diverse types of FV perpetration. This approach also recognizes that people who act aggressively and harmfully towards one family member are at increased risk of doing so towards other family members (Dixon, Hamilton-Giachritsis, Browne, & Ostapuk, 2007); therefore, the aim of intervention is to reduce all forms of FV. This joined-up approach is evident in New Zealand whereby perpetrators of IPV, CAN, and other forms of FV typically attend the same group, separated only by gender.

Clinically, the FVEPM suggests four key intervention targets to reduce FV perpetration: violence-supportive schemas, emotional regulation difficulties, the selection and use of effective coping strategies to manage relationship and environmental stressors, and interpersonal communication and conflict resolution skills. Given the extended period of conflict escalation that preceded many participants' physical FV perpetration, teaching participants to identify and respond to high-risk situations (i.e., those that lead to physical FV perpetration) in a manner that deescalates—rather than escalates—conflict may also be a useful treatment target. However, in mutually violent relationships, participants' abilities to successfully resolve interpersonal conflict and deescalate high-risk situations may rely on event victims' abilities to do the same. In this regard, from perpetrators' perspectives, some event victims may benefit from learning the same skills taught to participants in intervention programs. Lastly, the FVEPM suggests that a core focus of many prevention and intervention programs—men's collective need to exert power and control over women—may not be a relevant treatment target for many FV perpetrators based on perpetrators' accounts. Although many participants expressed their intention to ensure the event victim's compliance during the FVE, participants typically described this intention as being temporary and situation-specific. Participants' more global need to exert control over their partners was discussed within the context of their relationship history with the event victim; the majority reported that controlling behaviors were not a characteristic feature of their relationship. Although research suggests that perpetrators may minimize or deny their FV perpetration (Heckert & Gondolf, 2000), participants appeared willing to disclose perpetrating other forms of psychological and physical FV; this suggests that they would also be willing to disclose their use of controlling behaviors.

The study design presents a number of limitations. First, the small sample size limits the generalizability of the FVEPM. Specifically, only six FVEs did not involve an intimate partner as the event victim. Further, this was a sample of community-based participants—including self-referrals—and therefore may be more likely to represent the lower-risk end of the spectrum. Consistent with this view, few participants reported their repeated use of physical FV within the relationship. Given the ongoing empirical debate regarding the potential existence of qualitatively different ‘types’ of FV—characterized by patterns in the frequency, severity, and motives for FV perpetration (see Johnson, 1995)—event process models involving the uncharacteristic use of physical FV may differ from those involving characteristic physical FV use.

Second, the FVEPM was developed entirely from participants’ subjective accounts of FVEs. These accounts will differ from those reported by event victims or third parties (e.g., police, witnesses), based both on factors that create discrepancies in any event accounts (see for example the eyewitness literature, where multiple parties typically recall different versions that each believes is accurate) or a more deliberate intention to present oneself in a positive light (Heckert & Gondolf, 2000). Participants in this study were in various phases of program attendance and a number had self-referred for help. Most participants made direct links between their perceptions of their behavior and distortions developed as a consequence of childhood exposure to FV. They appeared willing to offer information that cast them in a negative light, including information that they reported they had not disclosed to the police or treatment providers regarding their role in the FVE, and information about intrapersonal processes (e.g., harm intentions) that may be viewed unfavorably by others. Reconciling higher level theory with perpetrator accounts of their own behavior—including sometimes self-serving distortions and plausible misunderstandings resulting from early socialization—is a core task of perpetrator treatment programs. Systematic models of these accounts may therefore help to achieve this task.

Third, the FVEPM was primarily constructed based on MS’s analysis of interview transcripts; therefore, there is potential for researcher bias—unconscious or otherwise—to influence model development. MS routinely discussed the developing model with the second and third authors and consistently used other strategies throughout data collection and analysis that help to minimize researcher bias (e.g., constant comparative analysis, theoretical sampling, and memo writing;

all hallmarks of grounded theory methodology). The limitations described above are common criticisms of a grounded theory approach, and are shared by all studies involving the development of offense process models; these limitations are arguably outweighed by the advantages of using qualitative methods (Ward et al., 1995).

One strength of the FVEPM sample is the large proportion of indigenous—New Zealand Māori—participants. Despite being disproportionately represented in New Zealand’s FV statistics (New Zealand Police, n.d.), Māori have seldom been included in this type of research. This study adds to a small body of research examining FV from the perspectives of Māori perpetrators in New Zealand. However, the unique nature of our sample makes it even more important that future research tests the generalizability of the FVEPM with larger and different samples, including those who perpetrate FV against non-partner family members, who characteristically use physical FV in their relationships with event victims (e.g., a high-risk sample; extension currently underway), and with a wide range of ethnicities. Further, the utility of the FVEPM can be enhanced by identifying distinct pathways through the model; we report this research in Stairmand, Dixon, and Polaschek (2019). Offense (or event) process models are the foundation stone for higher levels of theory development (Polaschek, 2016), and we expect that this first attempt to construct a comprehensive event process model of FV—perpetrated by men and women towards intimate partners and other family members— will stimulate further replication and additional theoretical advances.

Notes

1. Although participants may also have perpetrated acts of sexual FV, perpetrators of sexual violence are typically mandated to attend a specific sexual violence treatment program—rather than a more general FV perpetrator treatment program—in New Zealand. As such, we anticipated that participants would primarily disclose acts of psychological and physical FV.
2. Unlike other offense process models that are based entirely on the narratives of recognized criminal offenses, our model is based on the narratives of FVEs; some FVEs were not known to authorities, and some FVEs were known to authorities yet did not result in further legal action. For this reason, we refer to our model as an event process model rather than an

offense process model. Nevertheless, our research remains consistent in other ways with the offense process literature.

3. Although participants were recruited from perpetrator treatment programs, many described experiences of FV victimization in their relationship with the event victim. Paradigm 2.2 predominantly describes participants' victimization experiences prior to their FV perpetration during the FVE.
4. These differences are further explored in Stairmand, Dixon, and Polaschek (2019), in which a predominantly female pathway was found.

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Chapter 6: Manuscript 2

This study is part of a larger research project that developed the event process model of family violence (FVEPM; see Stairmand, Polaschek, & Dixon, 2019). The FVEPM was developed by applying grounded theory methods to the event narratives of 14 men and 13 women completing community-based family violence (FV) perpetrator treatment programs. The current study extends this work with the original sample, by examining the routes individual events take through the FVEPM. Three main pathways—comprising 93% of event narratives—were identified: a conflict escalation pathway ($n = 14$), an automated violence pathway ($n = 6$), and a compliance pathway ($n = 6$). Our findings extend existing FV typologies and theories by identifying patterns of features pertaining to the individual, the relationship, and the situation that converge to result in FV perpetration during a FVE. Further validation and development of the pathways may provide FV practitioners with an organizing framework from which to identify more nuanced assessment, treatment planning, and risk management processes for the diverse range of FV perpetrators they are tasked with treating.

Pathways to Family Violence: Investigating Patterns in the Event Process of Family Violence Perpetrators

The heterogeneity of family violence (FV) perpetrators has long been recognized (Dixon & Browne, 2003; Dixon, Hamilton-Giachritsis, Browne, & Ostapuk, 2007). In an effort to make sense of this heterogeneity, typologies of intimate partner violence (IPV) have emerged. These typologies largely focus on the individual characteristics and patterns of aggressive behavior of male perpetrators of IPV (Dixon & Browne, 2003). For example, Holtzworth-Munroe and Stuart (1994) developed a typology of male IPV perpetrators based on three dimensions: violence frequency and severity, violence generality, and batterer psychopathology. Family-only batterers perpetrate minor and infrequent physical IPV, only use violence within their intimate relationship, and exhibit little psychopathology. They report limited childhood exposure to FV and partner-specific communication difficulties, do not endorse violence-supportive beliefs, and experience intrapersonal (e.g., emotional regulation) difficulties to a lesser degree than other types. Dysphoric/borderline batterers perpetrate moderate to severe physical, psychological, and sexual IPV, occasionally use violence outside of their intimate relationship, and exhibit psychopathology such as substance abuse, emotional volatility, and personality disorder. They report frequent

childhood exposure to FV, violence-supportive beliefs, insecure attachment, and emotional regulation and partner-specific communication difficulties. Finally, generally violent/antisocial batterers perpetrate moderate to severe physical, psychological, and sexual IPV, often use violence outside of their intimate relationship, and exhibit significant psychopathology. They report the highest levels of childhood exposure to FV, a lack of empathy, impulsivity, violence-supportive beliefs, and communication and conflict resolution difficulties across multiple relationships.

Whereas Holtzworth-Munroe and Stuart's (1994) typology considers IPV at an individual level, Johnson's (2006) typology takes a dyadic approach. Johnson considers patterns of violence and control by both persons in an intimate relationship: Either one person is violent and controlling ('intimate terrorism'), both persons are violent and controlling ('mutual violent control'), both persons are violent but only one is controlling ('violent resistance'), or one or both persons are violent but neither is controlling ('situational couple violence'). These types align with Holtzworth-Munroe and Stuart's typology: Situational couple violence resembles family-only batterers, and intimate terrorism resembles dysphoric/borderline and generally violent/antisocial batterers (Johnson, 2006).

By offering insight into different etiologies of IPV perpetration, typologies can provide a framework for identifying more nuanced treatment planning and risk management approaches (Dixon & Graham-Kevan, in press; Holtzworth-Munroe & Stuart, 1994). Nevertheless, FV researchers warn that typologies in their current form are not well-developed and are too inflexible for their potential clinical utility to be realized (Capaldi & Kim, 2007; Dixon & Browne, 2003). Further, typologies (cf. Johnson, 2006) typically fail to consider the role of relevant situational and interpersonal factors that may usefully differentiate between types (Dixon & Browne, 2003; Holtzworth-Munroe & Meehan, 2004). Indeed, the event process model of family violence (FVEPM; Stairmand, Polaschek, & Dixon, 2019) highlights the importance of these factors in contributing to acts of FV.

Among other forensic populations, heterogeneity has been captured by examining distinct pathways in the offending process. Specifically, Ward and colleagues (Murdoch, Vess, & Ward; 2012; Polaschek, Hudson, Ward, & Siegert, 2001; Ward, Loudon, Hudson, & Marshall, 1995) have developed models of the offense process that present a temporal outline of a specific offense, including its

cognitive, behavioral, contextual, and motivational components. Offense process models are developed by gathering first-hand accounts of the offense process, and then analyzing these accounts using grounded theory methods (Ward et al., 1995). Following model development, potential pathways through the model can be examined. Although offense pathways are descriptive in nature, they have important theoretical and practical implications in that they may help to identify distinct offending etiologies and treatment needs (Polaschek & Hudson, 2004). For example, Polaschek and Hudson's (2004) offense process model of rapists identified three pathways of the offense process according to offenders' dominant goals for seeking sexual gratification: to enhance positive mood, to escape negative mood, or to redress harm to the self. These pathways highlight differences in the offense process (e.g., offense planning, denial and cognitive distortions, coping styles) that suggest the presence of distinct treatment targets. Although offense process models have been applied to other forensic populations, they have rarely been applied to FV perpetrators (cf. Drummond, 1999).

The current study is part of a larger research project that developed the FVEPM (Stairmand et al., 2019) by using grounded theory methods to systematically analyze perpetrators' narratives of FV events (FVEs). This paper further develops the FVEPM by investigating the presence of distinct offending pathways through the model.

Method

Participants

The event narratives of 14 men and 13 women formed the basis of this study.^{1,2} All participants were completing a community-based FV perpetrator treatment program at the time of their involvement in the research, either on a voluntary ($n = 13$) or mandated basis through the criminal ($n = 9$) or family ($n = 5$) court. Participants identified as New Zealand Māori ($n = 12$), New Zealand European ($n = 8$), Pasifika ($n = 2$), or as having multiple ethnicities ($n = 5$). Participants ranged in age from 22 to 50 years ($M = 34.44$, $SD = 7.52$). Ten participants were unemployed, seven worked full-time, four worked part-time, five were stay-at-home parents, and one studied full-time. Nearly two-thirds of participants reported experiencing physical IPV victimization by the event victim prior to the FVE³.

Procedure

Participants were recruited from three different FV service providers in the North ($n = 2$) and South ($n = 1$) Islands of New Zealand. Participants were recruited either directly through the first author's (MS's) attendance at their treatment program ($n = 8$), or indirectly through being informed of the research by their treatment provider ($n = 19$). Regardless of the initial recruitment procedure, MS met individually with each potential participant in a private room at the treatment agency. After providing informed consent, participants took part in a semi-structured interview that ranged in length from 46 to 120 minutes ($M = 78$ minutes). Participants were asked to provide a detailed description of a specific FVE in which they perpetrated FV, as well as any factors they perceived to be important in understanding why the FVE occurred. Other than being asked to describe a FVE they remembered well, participants were given no instructions as to which FVE they should describe. Participants received a \$30 voucher for their participation.

Data Analysis

Development of the event process model of family violence. The FVEPM forms the basis of the analysis for this paper; as such, a brief description of its development is provided here.¹ Participants collectively described 32 FVEs in which they used physical (and often also psychological; $n = 28$) or only psychological ($n = 4$) FV towards an intimate partner ($n = 26$), child ($n = 3$), sibling ($n = 2$), or parent ($n = 1$). Although most participants described one FVE, five participants described a second FVE in enough detail for it to be included in data analysis. Preliminary analysis revealed that FVEs involving physical FV and only psychological FV were conceptually similar, as were FVEs that involved partners and non-partners as event victims. As such, all event narratives were included in data analysis.

MS carried out data analysis using NVivo software. Grounded theory methods (Strauss & Corbin, 1990) informed the model development. We selected grounded theory because it privileges a bottom-up approach to theory development, seeks to explain variation in human behavior, acknowledges the importance of context in understanding action and interaction, and is a particularly useful approach in the absence of other theories that adequately explain the phenomena of interest (Strauss & Corbin, 1990). Consistent with a grounded theory approach, interviews were analyzed in sets of 1-4 to allow for iterative periods of data collection and analysis. After reading each transcript multiple

times, MS methodically re-read each transcript line by line to identify, and then label, individual meaning units. New and revised codes were applied to meaning units as data analysis continued, and tentative categories were developed and refined as conceptual links between meaning units began to emerge. Enduring categories were organized into interrelated coding paradigms (i.e., mini-frameworks) that were then grouped into discrete sections based on their temporal relationship to the FVE. Following analysis of the first seven transcripts, a preliminary model of the event process was developed; this preliminary model was revised, tested, and refined during analysis of the remaining 20 transcripts, at which point theoretical saturation occurred.

The FVEPM comprises eight interrelated paradigms within four sections, arranged temporally from the most distal to the most proximal factors in relation to the FVE described (see Table 1). The FVEPM describe participants' upbringings and early relationship histories (Section 1), their relationships with event victims and the context in which the FVE occurred (Section 2), the FVE itself (Section 3), and the aftermath of the FVE (Section 4).¹

Table 1

Overview of the Event Process Model of Family Violence (FVEPM)

Section	Section description	Paradigms
1. Background factors	Upbringing and early relationship history	1.1. Experiencing and managing adverse early events 1.2. Schema development and physical violence use
2. Event build-up	Relationship history with the event victim; environmental context in which the family violence event occurred	2.1. Dyadic communication and conflict resolution strategies 2.2. Individual management of relationship stressors and relationship violence 2.3. Experiencing and managing environmental stressors
3. Event	The family violence event	3.1. Initiation of verbal interaction and conflict escalation 3.2. Script activation
4. Post-event	Aftermath of the family violence event	4.1. The aftermath

Pathways analysis. Distinct event pathways that described participants' progression through each paradigm and section of the FVEPM were identified via a four-stage analysis.

Stage 1. Identifying individual pathways through the model. Using NVivo software, MS prepared a coding report to identify the frequency with which participants endorsed any code within each paradigm and section of the FVEPM at each level of coding (e.g., category, subcategory). Core features of each paradigm were identified, and a coding system was devised to summarize participants' experiences of these features for each FVE described (see Table 2). Using the coding report and coding system, MS produced a summary table of participants' progression through the model at the paradigm level (see Table 3). This table formed the basis for the next step of analysis. Four event narratives (FVE 4, 6, 17 and 25; see Table 3) belonging to four participants were excluded from further analysis as there was insufficient information to reliably assign codes across multiple paradigms in Sections 3 and 4. The remaining 28 event narratives belonged to 26 participants. Twenty-four participants described one FVE, and two participants described two FVEs; one FVE involved the same event victim as the first FVE, and one FVE involved a different event victim.

Stage 2. Identifying patterns across participants' pathways. Next, MS examined each section of the FVEPM in turn to identify shared patterns across participants' event processes. Within sections, several patterns emerged. For example, participants who reported adverse early events were also likely to report experiencing energized and altered emotions during childhood. Similarly, FVEs characterized by a period of conflict escalation tended not to involve script activation, and vice versa. However, when looking across sections, no meaningful patterns emerged: More than 20 distinct pathways through the model were identified, and 10 distinct pathways were identified for Section 2 alone.

Stage 3. Selecting an organizing framework to guide pathways analysis. Given the heterogeneity observed across individual pathways at the paradigm level, we decided to select a core paradigm or section to function as an organizing framework for further analysis. This strategy was similarly used by Polaschek and Hudson (2004), who organized their pathways analysis according to offenders' goals. As the FVEPM focuses on one specific FVE (Section 3), and Sections 1, 2, and 4 function to provide the surrounding context for better understanding this FVE, Section 3 was selected as the organizing framework.

Stage 4. Identifying distinct offending pathways through the model. Using the initial coding report generated in NVivo, MS reviewed individual pathways for Section 3 paradigms at the category and subcategory level. Patterns

across each individual pathway were then examined. Analysis at this level revealed that the heterogeneity observed within the sample could be usefully captured within the organizing framework of Section 3 paradigms. Three distinct pathways were identified; these pathways accounted for the majority of FVEs, and are described in the results section.

Table 2

Overview of Pathway Coding System

Paradigm	Coding system for core paradigm features
1.1. Experiencing and managing adverse early events	1 = Experienced adverse early events and their sequelae 2 = Did not experience adverse early events and their sequelae
1.2. Schema development and physical violence use	1 = Developed violence-supportive schemas and/or emotional regulation difficulties 2 = Did not develop violence-supportive schemas or emotional regulation difficulties
2.1. Dyadic communication and conflict resolution strategies	1 = Relationship characterized by a backlog of relationship stressors and/or frequent/severe violence by participant and/or event victim 2 = Relationship characterized by a backlog of relationship stressors and/or infrequent/minor violence by participant and/or event victim 3 = Relationship characterized by resolution of relationship stressors and the absence of violence by participant and/or event victim
2.2. Individual management of relationship stressors and relationship violence	1 = Used individual coping strategies to manage relationship stressors/violence and their sequelae 2 = Did not use individual coping strategies to manage relationship stressors/violence and their sequelae
2.3. Experiencing and managing environmental stressors	1 = Experienced environmental stressors 2 = Did not experience environmental stressors
3.1. Initiation of verbal interaction and conflict escalation	1 = FVE characterized by escalating conflict between participant and event victim 2 = FVE not characterized by escalating conflict between participant and event victim
3.2. Script activation	1 = FVE characterized by script activation 2 = FVE not characterized by script activation
4.1. The aftermath	1 = Positive or neutral evaluation of FVE 2 = Negative evaluation of FVE 3 = Mixed evaluation of FVE

Inter-rater reliability. Following pathways analysis, MS provided coding training to the third author (DP) for the purposes of determining inter-rater reliability. DP independently coded 10 randomly selected event narratives at the subcategory or category (when no subcategories were present) level for Section 3 paradigms. DP then allocated each event narrative to one of the three pathways

on this basis. Inter-rater reliability was calculated for each category or subcategory, as well as for pathway allocation. The mean rate of inter-rater agreement was 83.5%. This ranged from 76.5% to 94.1% across individual transcripts, and 60% to 100% across individual categories or subcategories. Categories or subcategories with the least inter-rater agreement were: ‘Reached a threshold for tolerating the event victim’s behavior’, ‘Raise and avoid’, ‘Violence supportive cognitions’, and ‘Act: Demand’. Mean inter-rater agreement for pathway allocation was 80%. Discussion between MS and DP resulted in all coding discrepancies being resolved.

Table 3

Summary Table of Family Violence Events (FVEs)

FVE	Section 1		Section 2			Section 3		Section 4
	P1.1	P1.2	P2.1	P2.2	P2.3	P3.1	P3.2	P4.1
1*	1	2	3	2	1	1	2	1
2*	1	2	3	2	1	1	2	3
3*	1	1	2	2	2	2	1	3
4*	1	1	2	2	2	X	X	2
5	1	1	2	1	1	1	2	2
6	1	1	1	1	2	X	X	X
7	1	1	1	1	2	1	2	2
8	1	1	1	1	2	2	1	1
9	1	1	2	2	1	1	1	2
10	1	1	2	1	2	1	2	2
11	1	1	1	2	2	1	2	1
12	1	1	2	1	2	2	2	2
13	2	2	3	2	2	1	2	2
14*	1	1	1	1	1	1	2	X
15*	1	1	2	2	1	1	2	2
16*	1	1	1	2	2	2	1	X
17*	1	1	2	1	1	X	X	2
18	1	1	2	1	1	1	2	1
19	2	2	1	1	2	1	2	1
20	1	1	1	1	2	2	1	1
21	1	1	2	1	2	1	2	3
22	1	1	2	1	1	1	2	3
23	1	1	2	2	1	1	2	2
24	1	1	1	1	1	1	1	2
25*	1	1	1	1	2	X	X	X
26*	1	1	1	2	1	2	2	3
27	1	1	2	1	1	1	2	X
28	2	2	3	2	2	1	2	1
29	1	2	3	2	2	1	2	1
30	1	X	1	1	1	1	2	2
31	1	1	2	1	1	1	2	2
32	1	1	2	1	2	1	2	2

Note. * = One of two FVEs described by the same participant. X = Insufficient information to assign code.

Results

Of the 28 event narratives for which pathways could be reliably assigned, 26 fit within one of three pathways. One half ($n = 14$) fit within Pathway 1, and the remaining event narratives were split between Pathway 2 ($n = 6$) and Pathway 3 ($n = 6$). The final two narratives involved participants' use of psychological FV (e.g., damaging the event victim's personal property) in the absence of any prior interaction with the event victim during the FVE. These narratives shared features of both, but did not fit predominantly within, Pathways 1 or 2. Figure 1 shows patterns in the event process at the paradigm level for each FVEPM pathway. Patterns were considered to occur when at least two-thirds (66%) of event narratives were assigned any given code as per the pathway coding system (see Table 2). As shown in Figure 1, some codes (e.g., 'Experienced environmental stressors') did not appear as a pattern in any pathway, but were endorsed frequently enough by individual participants to warrant their inclusion in the model. Each pathway will now be described, with particular emphasis given to Section 3 paradigms upon which each pathway was based.

Pathway 1: Conflict Escalation Pathway

Pathway 1 (see Figure 1) comprised 14 event narratives involving 13—six male and seven female—participants and their current or former intimate partner ($n = 12$) or child ($n = 2$). Pathway 1 participants typically described growing up in a violent social environment in which they frequently witnessed physical violence. Participants also directly experienced a range of FV-related adverse early events, including psychological, physical, and sexual FV. Within the context of their failed support seeking, participants were often required to independently manage adverse early events and their sequelae. Participants used a range of strategies in an effort to end these events, and to facilitate the short-term and long-term avoidance of the negative emotions that the events evoked. Participants frequently experienced parenting practices (e.g., the avoidance or aggressive management of negative emotions and interpersonal stressors) that prevented them from learning how to control and pro-socially express their emotions. Subsequently, some participants developed 'Others will hurt me', 'Violence is acceptable', and 'I am worthless' schemas.

Participants' and event victims' relationships were typically characterized by a "honeymoon period", after which relationship stressors began to arise. The dyadic conflict resolution and communication strategies used to manage these

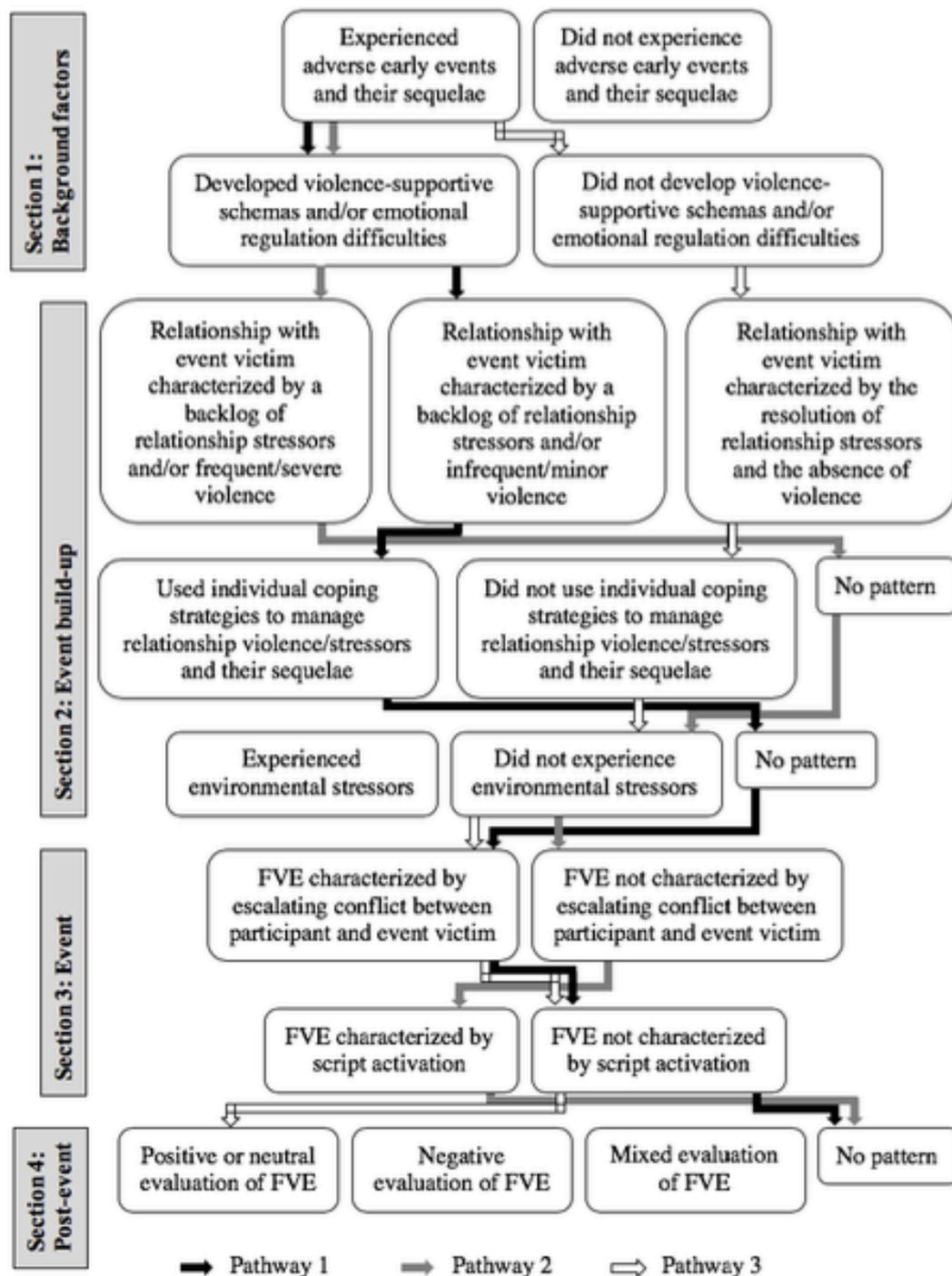


Figure 1. Patterns in the event process for each pathway at the paradigm level.

relationship stressors often facilitated ongoing relationship conflict. For example, discussion-based strategies involved one or both persons' attempts to avoid verbal communication about relationship stressors, or most commonly, immediate escalation into a verbal argument in which both persons refused to consider the other's perspective and vehemently defended their own. These strategies contributed to a backlog of relationship stressors, characterized by either the reoccurrence of a relationship stressor or the repeated use of ineffective

discussion-based strategies to manage existing stressors. Discussion-based strategies could escalate to psychological and—often minor or infrequent—physical FV by one or both parties. Enduring efforts to control the other over time—as opposed to temporary and situation-specific efforts during a FVE—were infrequently reported. Although ongoing conflict was a defining feature of these relationships, physical FV typically was not. In fact, many participants reported their deliberate intention to not use physical FV towards the event victim. Some participants experienced multiple and compounding environmental stressors in the lead-up to the FVE.

Pertaining to the FVE itself, participants typically initiated verbal interaction with the event victim following their evaluation of the event victim's unacceptable behavior. This evaluation usually related to a new occurrence of an ongoing relationship stressor, or the event victim's use of physical or psychological FV:

The school rings me up at 4 o'clock, 'Are you going to pick your children up from school?' And I went 'No cause I'm out of town, their father's meant to pick them up' ... I was fuming that he could forget about our children – P19, female

Having recently experienced relationship stressors, environmental stressors, or both, participants described having limited emotional and cognitive resources to manage the impending conflict. Participants' depleted internal resources influenced their intrapersonal and interpersonal responses during the FVE:

[Describing suspicions of event victim's infidelity prior to the FVE] [I was] really upset and, just wondering what to do about it, if it's true or not or if it's happening. It was just like a constant battle ... I felt like I was just losing myself sort of thing. I was losing what sort of dude I am what sort of guy I am – P11, male

Following their initial evaluation, participants selected a strategy for managing their interaction with the event victim. Participants invariably reported an initial intention to ensure the event victim's compliance, based on their goal of obtaining access to valuable resources and experiences (e.g., information, personal belongings) or ensuring their own and other's psychological safety or wellbeing. Importantly, participants' initial attempts to gain compliance typically involved verbal acts (e.g., contingent threats, verbal demands):

*I said 'Stop sending me these f***ing messages, I've had enough' [act: verbal demand] ... I wanted him to hear me, how it was for me from my point of view and that I need him to stop [intention: compliance] ... I just wanted to be left alone in peace, I wanted to be happy and I felt at the time that I'm never gonna be happy as long as this guy's in my life [goal: psychological safety and wellbeing] – P5, female*

Event victims typically responded to these acts in a manner that was incompatible with participants' goals; for example, by refusing to comply with participants' demands or using psychological or physical FV towards the participant. Event victims' responses precipitated participants' own counter-escalation; for example, by escalating the severity of acts used to achieve their goal or by shifting from a compliance to a harm intention. As such, participants reported that their strategy selection was a dynamic process, characterized by their reselection of multiple and changing acts, intentions, and goals as the conflict escalated:

I was trying to talk with [event victim] [act: verbal demand] he just blatantly ignored me ... I was trying to get him to go outside [intention: compliance] ... he was being disrespectful and wouldn't listen so I pulled his ear [act: bodily force] – P12, female

During this process, participants often experienced violence-supportive cognitions (e.g., '[Event victim] is hurting me on purpose') and intensifying anger that they felt increasingly unable to control:

I felt like [event victim] was setting me up, like to get rid of me or to, move on with life, and I was, it's just all this strong emotion of anger ... I just started seeing red and, just couldn't I just had no way to control it – P3, male

Eventually, a further perceived transgression—including physical or psychological FV—by the event victim precipitated participants' physical FV perpetration. Participants' FV perpetration was often accompanied by their newly formed intention to physically harm the event victim, in an effort to achieve retributive justice:

*[Event victim] pushed me to full blown extent ... she defended [third party] and that's when I snapped ... I just f***in hit her cause that was the only way I could feel that I could hurt her the way that she'd been hurting me – P28, female*

Participants perpetrated a range of physically violent acts, from a single push to a sustained physical attack involving multiple blows to the event victim's head and body. These acts were typically uncharacteristic—both in terms of presence and severity—of the participant in their relationship with the event victim, and typically did not result in physical injury. Nevertheless, FVEs were often witnessed by participants' and event victims' children.

Participants' physical FV perpetration typically signaled the ending or imminent ending of the FVE, either because the participant promptly left the scene or because formal or informal intervention was sought. Formal intervention seeking by the event victim or a third party typically resulted in the participant receiving legal consequences (e.g., being charged with an offense). Participants often viewed the FVE in a negative light, largely based on the perceived unacceptability of their actions but also based on the non-realization of their goal and the potential consequences of their actions to themselves.

Pathway 2: Automated Violence Pathway

Pathway 2 (see Figure 1) comprised six event narratives involving six—five female and one male—participants and their intimate partner ($n = 5$) or child ($n = 1$). Pathway 2 participants' upbringings were largely indistinguishable from those described in Pathway 1. However, several differences emerged: Pathway 2 participants were more likely to disclose sexual abuse, to report feeling less valued or loved than their siblings, to experience unsuccessful support seeking (e.g., because they were blamed or not believed), and to develop 'Others will hurt me' and 'Violence is acceptable' schemas.

Pathway 2 participants typically described a "honeymoon period" and high level of investment (e.g., moving in together, falling pregnant) early in their relationship with the event victim. Most participants experienced severe physical and psychological FV—either as a primary victim ($n = 3$) or mutual perpetrator ($n = 1$)—in their relationship with the event victim. Participants' 'I am worthless' schemas, desire to attain an idealized vision of a happy family not present in their own childhood, and event victims' promises to change and repent facilitated participants' decisions to endure FV by the event victim. Alternatively, two participants described relationships with event victims characterized by the absence or infrequent use of physical FV. These relationships were also characterized by the absence of meaningful communication; that is, participants and event victims 'existed around each other' in a shared space.

As in Pathway 1, FVEs typically began with the participant's evaluation of the event victim's behavior as unacceptable. These evaluations pertained to event victims' current or recent use of FV, or perceived transgressions by event victims (e.g., confirmed infidelity) that threatened the continuation of the relationship. These transgressions elicited participants' intensely energized emotions, particularly anger and its physiological components:

I walked into [friend's] room to find her in bed with [event victim] ... I just felt so enraged like, a rage inside it was painful. It was so painful inside, raw ... I felt sick in my stomach and I had a burning feeling in my chest and my hands were shaking. Like I was having anxiety. And I could feel my face red, like a fire engine red – P6, female

Many participants reported entering the FVE with depleted emotional and cognitive resources; this typically pertained to their prior experiences of FV victimization. Other participants reported that the lead-up to the FVE was 'just an ordinary day':

I knew something was wrong there like I was holding a lot of anger which I am going through with my psychologist, she said it's built in anger from everything I've been through ... I was just way past my point of, way past my point. I don't think anything would've helped that day. I think it was just a breaking point for me – P7, female

Upon experiencing intensely energized emotions, and in the absence of any attempt to engage in verbal interaction with the event victim, participants perpetrated severe physical FV (e.g., choking, repeated blows to the head and body) that often caused physical injury (e.g., loss of consciousness, a severed limb) to the event victim. All but one participant reported their physical harm intention, based on their goal of achieving retributive justice for the physical or emotional hurt the event victim had inflicted on them ("[I] physically smashed them up like threw them to the walls, threw them down the stairs, strangled them both till they turned purple ... I got hurt so many times so I want them to hurt" – P2, male).

Participants' accounts of the FVE appeared to be consistent with an automated, script-driven process. Although participants could retrospectively describe their strategy selection, many distinctly recalled the absence of any cognitions or conscious goal formation during the FVE ("There was just no, no thinking ... there was no thoughts going on in my head ... there was no goal or

anything” – P6, female). Participants’ descriptions of a ‘blank mind’ suggest the unconscious activation of a “Hurt the person who hurt me” script. Due to the unconscious nature of their cognitive processes, many participants felt as if they were acting on auto-pilot while perpetrating physical FV (“[Physical FV] was automatic. [My] arms just started swinging straight away ... My mind just went totally blank. Everything went blank and I was just swinging my arms everywhere” – P7, female). Participants frequently experienced dissociative symptoms during the FVE, including flashbacks to a previous traumatic event, memory blackouts, and depersonalization:

I was almost outside of myself actually. It's like, it was a surreal feeling, very odd ... I, became very, disconnected from my body pretty much. And, so when I look back now I was looking at everything, but ... it was like I was looking at, a stranger ... looking at a stranger who had done this awful thing, to another stranger ... I was in this other world where, where it wasn't my life – P21, female

This automated process typically characterized the entire FVE. However, several participants reported a brief period of conflict escalation that either preceded or followed, and that they experienced as qualitatively different from, the automated process described above.

Physical intervention by a third party or a tangible reminder of the current situation (e.g., seeing the event victim’s blood) typically signaled the end of the participant’s physical FV. This usually coincided with the end of the FVE. Participants typically left the scene immediately after the FVE, often of their own accord. No other patterns emerged regarding the aftermath of the FVE. Participants were equally likely to evaluate the FVE in a positive or negative light, and to receive—or not receive—externally-imposed consequences.

Pathway 3: Compliance Pathway

Pathway 3 (see Figure 1) comprised six event narratives involving five male participants and their current or former intimate partner. Pathway 3 participants’ upbringings were characterized by the absence of ($n = 2$) or opportunity to escape from ($n = 3$) exposure to adverse early events and a violent social environment. This escape was either permanent (e.g., a long-term arrangement in a deliberate effort to remove the participant from a violent home), or temporary (e.g., the ability to spend time with loving and prosocial grandparents when ‘things got tough’ at home). As such, participants typically

did not report the range of detrimental Section 1 experiences that characterized Pathways 1 and 2.

Participants' and event victims' relationships were typically characterized by the absence of physical FV and the use of discussion-based strategies that promoted conflict resolution. However, one participant reported their frequent use of physical and psychological FV, and another reported the event victim's severe but relatively infrequent use of physical FV. Participants often reported their dislike of physical FV, including their own use of FV towards the event victim. In the lead-up to three FVEs, participants experienced ongoing relationship stressors or compounding environmental stressors (e.g., multiple deaths in the family) that caused them to experience significant psychological distress.

Pertaining to the FVE itself, participants and event victims were equally likely to initiate verbal interaction based on their perception that the other's behavior (e.g., substance use) was adversely impacting themselves or their children ("[Event victim] can't be doing that sort of shit in front of our kids. You know that aint a, you're setting a bad example" – P15, male). Participants typically reported their reluctance to engage in prolonged interaction with the event victim; however, they deemed a brief interaction to be necessary in order to achieve a desired outcome. As such, participants' initial strategy selection typically involved verbal demands, compliance intentions, and goals of attaining access to valued resources and experiences (e.g., information, solitude) or ensuring their own or others' safety or wellbeing:

[Event victim] wanted me to help out a bit more with the children. And I was, just wanted to sit on my couch and watch movies [goal: access to valuable resources and experiences – solitude] ... That's what I said too, "Just leave me alone, get outta my face" [act: demand]. I just, wanna be left alone [intention: compliance] – P1, male

Participants who had recently experienced environmental or relationship stressors reported that their strategy selection occurred within the context of their depleted emotional and cognitive resources ("I was just sort of feeling a bit sorry for myself" – P1, male). As in Pathway 1, event victims responded in a manner that was incompatible with participants' goals. This resulted in a period of conflict escalation characterized by participants' attempts to end, and event victims' persistent efforts to maintain, the current interaction. In four FVEs, event

victims initiated physical FV (e.g., pushing, attempting to hit or stab) towards the participant. Participants responded to event victims' continued demands or physical FV by perpetrating single, minor acts of physical FV (e.g., pushing, physical restraint) towards the event victim; these acts typically did not cause physical injury. In FVEs involving event victims' physical FV use, participants' compliance intentions were now based on their goal of ensuring their own physical safety:

I started ignoring [event victim] and she decided to get my attention she was going to run across the room and try and punch me in the head ... I stood up off the couch, grabbed her, put her out the front door [act: bodily force] ... It was to stop her [intention: compliance] trying to scratch me ... I had to manhandle her outside [act: bodily force] kicking and screaming she was trying to scratch my eyes out, kick me in the nuts and bite me [goal: physical safety and wellbeing] – P25, male

Importantly, participants' physical FV was invariably driven by their unchanging intention to elicit compliance from—not harm—the event victim. All participants reported that their physical FV occurred in the absence of their violence-supportive cognitions and escalating anger (“It was like there was no feeling... there was no frustration ... I just [used physical FV] because I knew that ... [it] was a form of me getting what I want” – P9, male).

Following the FVE, participants typically made no considered evaluation of the FVE, or viewed the FVE in a positive light based on the perceived acceptability of their physical FV perpetration within the current context (e.g., the event victim's initiation of physical FV). No other patterns emerged in the aftermath of the FVE.

Discussion

Analysis of pathways through the FVEPM identified three distinct pathways of FV perpetration. We begin this discussion by considering the key features of each pathway and their relationship to existing psychological and FV research and theories. We then consider potential treatment implications, before discussing the study limitations and avenues for future research.

Pathway 1 ($n = 14$) was the most common pathway. Pathway 1 participants typically described childhoods characterized by exposure to FV and dysfunctional parenting practices, and relationships with event victims characterized by ongoing relationship conflict, yet the absence or infrequent use

of physical FV. The FVE itself was characterized by an extended period of conflict escalation—often involving the event victim’s use of psychological or physical FV—during which participants experienced escalating anger, violence-supportive cognitions, and a dynamic process of strategy (re)selection. Participants’ initial strategies often involved compliance intentions and non-physically violent acts. As the conflict escalated, participants’ newly formed intentions to harm the event victim—based on their revised goal of achieving retributive justice—resulted in their physical FV perpetration. Following the FVE, participants often evaluated their actions in a negative light. Participants’ accounts of the FVE and of their relationships with event victims suggest that they perceive themselves as doing their best—but occasionally failing in their endeavor—to not use physical FV. This pathway is consistent with Holtzworth-Munroe and Stuart’s (1994) family-only batterers, whose infrequent IPV perpetration is attributed to their emotion regulation and partner-specific communication difficulties—in combination with their experiencing of personal and relationship stressors—following an extended period of conflict escalation. However, in contrast to Holtzworth-Munroe and Stuart’s type, Pathway 1 also highlights the need to consider the role of dyadic interaction patterns during a FVE.

Pathway 2 participants ($n = 6$; nearly all women) reported upbringings similar to those described in Pathway 1. In contrast to Pathway 1, Pathway 2 participants tended to describe ongoing experiences of FV victimization in their relationship with the event victim; three participants received, and one participant both perpetrated and received, frequent and severe physical and psychological FV. The FVE was characterized by participants’ intensely energized emotions upon experiencing a perceived transgression by the event victim, prompting their immediate and script-driven use of physical FV with the unchanging intention of delivering physical harm. Participants’ FV perpetration was often accompanied by their experiencing dissociative symptoms. Following the FVE, participants were equally likely to evaluate their actions in a positive or negative light. Participants’ accounts of the FVE and of their relationships with event victims are somewhat consistent with Holtzworth-Munroe and Stuart’s (1994) dysphoric/borderline batterer, particularly regarding their high level of investment in the relationship and their script-driven use of physical FV during the FVE to express their intense psychological distress upon experiencing a perceived

transgression by the event victim. However, a distinct hallmark of Pathway 2—not well-captured in Holtzworth-Munroe and Stuart’s typology of male perpetrators—is participants’ ongoing experiences of FV victimization. Although two participants did not experience FV victimization in their relationship with the event victim, they continued to relive their prior experiences of FV victimization through intrusive (e.g., flashbacks, nightmares) and other (e.g., avoidance of trauma-related stimuli) symptoms of posttraumatic stress disorder (American Psychiatric Association, 2013). Given their common experiencing of dissociative symptoms during the FVE, and that three FVEs were precipitated by event victims’ FV use, participants’ victimization histories are an integral part of understanding Pathway 2 FVEs. This finding is supported by a growing body of research demonstrating that a minority of FV perpetrators with trauma histories experience dissociation while perpetrating FV (LaMotte & Murphy, 2017; Simoneti, Scott, & Murphy, 2000; Webermann & Murphy, 2019).

In contrast to Pathways 1 and 2, Pathway 3 participants ($n = 5$; all men) described childhoods characterized by the absence of, or escape from, exposure to FV and dysfunctional parenting practices. Participants’ and event victims’ relationships were often characterized by the absence of physical FV and the use of discussion-based strategies that promoted conflict resolution. FVEs were characterized by a period of conflict escalation in which participants attempted to end or avoid, and event victims attempted to maintain, the current interaction. In two-thirds of FVEs, participants’ physical FV was preceded by event victims’ own physical FV use. In all FVEs, participants reported their unchanging intention to ensure event victims’ compliance (e.g., to prevent the event victim from inflicting physical harm). Pathway 3 FVEs were distinct from other pathways in several important ways: Participants consistently reported the absence of their escalating anger, violence-supportive cognitions, or a desire to harm the event victim in any way. Accordingly, participants typically evaluated their physical FV perpetration in a neutral or positive light. For these reasons, Pathway 3 did not map onto any of Holtzworth-Munroe and Stuart’s (1994) types.

The general strain theory (GST) of crime and delinquency (Agnew, 1992) provides further insight into patterns of FV reported in our research. Specifically, the GST argues that experiencing strain will likely elicit negative emotions—particularly anger—within an individual, thereby pressuring them to commit delinquent acts. Strain is conceptualized as any action by others that (1) stops the

individual from achieving a valued goal, (2) results in the individual losing a positively valued stimulus, and (3) results in the individual experiencing an unwanted stimulus. The GST recognizes that delinquent behavior is just one potential method of alleviating strain; the likelihood that this behavior will be carried out depends on the nature (e.g., chronicity, magnitude, cumulation) of the strain, as well as features pertaining to the individual themselves. These features include constraints on delinquent and other forms of coping (e.g., goals and values, coping resources, social support), and dispositions to engage—or not—in delinquent behavior (e.g., temperament, learning history, schemas, and attributions relating to the strain).

Key features of GST are evident in each of our pathways, but are particularly salient in Pathway 1 in which participants typically entered the FVE with depleted emotional and cognitive resources, having experienced chronic and cumulating strains (e.g., a backlog of relationship stressors) and initial unsuccessful attempts to cope with this strain (e.g., failed support seeking, individual coping strategies to manage relationship stressors) in the lead-up to the FVE. Although many Pathway 3 participants also experienced these strains, their relatively prosocial dispositions and lack of constraints towards alternative forms of coping perhaps prevented these FVEs from more closely resembling a Pathway 1 FVE. Further, Pathway 2 FVEs highlight the need to understand the subjective nature of the strain to the individual; the perceived magnitude of the strain initiated an automated process, resulting in participants' perceived inability to engage in anything other than physical FV.

The GST is not dissimilar from theories of FV in that it identifies that delinquent—or FV—acts are carried out by some individuals some of the time (Agnew, 1992). In particular, the ecological-transactional model of child maltreatment (Cicchetti & Lynch, 1993) and I³ model (Finkel, 2008) argue that multiple vulnerability and protective factors—both enduring and situation-specific—contribute to FV perpetration. When the strength of vulnerability factors is cumulatively greater than the strength of protective factors, FV perpetration is likely to occur. These two FV theories share a key limitation of the GST: They have difficulty explaining which individuals, in which contexts, will perpetrate FV (or in the case of the GST, delinquent acts; Agnew, 2013). An event-based approach such as this enables the presence, interaction, and temporal relationships between protective and vulnerability factors to be identified, both

during and in the lead-up to a FVE. As such, our research extends existing FV theories by identifying patterns of features pertaining to the individual, the relationship, and the situation that likely converge to result in FV perpetration.

Turning now to potential treatment implications, our pathways analysis suggests that participants' treatment needs are broadly consistent with those already targeted in cognitive behavioral FV treatment programs. Across pathways—albeit to a much lesser extent in Pathway 3—participants' event narratives suggest that they would benefit from developing and practicing emotion regulation skills, communication and conflict resolution skills, and effective coping strategies for managing interpersonal and life stressors. Given many participants' repeated experiences of unsuccessful and untried support seeking, participants could also be assisted by treatment providers to gain access to, and increase their willingness and ability to use, formal and informal support networks. Across all three pathways, participants frequently reported experiencing physical IPV victimization by the event victim both during, and prior to, the FVE. Prior to the FVE, participants typically reported experiencing minor or infrequent physical and psychological FV victimization in Pathway 1, severe and frequent physical and psychological FV victimization in Pathway 2, and no physical or psychological FV victimization in Pathway 3. Given the association between IPV perpetration and victimization (Stith, Smith, Penn, Ward, & Tritt, 2004), and the high rates of bidirectional IPV reported in community treatment samples (Wray, Hoyt, Gerstle, & Leitman, 2016), participants' own risk of FV victimization should arguably be assessed. Similarly, participants' accounts of FVEs suggest that where appropriate and safe to do so, many event victims would also benefit from gaining access to intervention programs in which they could learn and practice the same skills.

Specific to Pathways 1 and 3, FVEs were characterized by an extended period of conflict escalation preceding participants' physical FV perpetration. This highlights the multiple potential opportunities for de-escalation during a FVE. Along these lines, treatment programs should assist Pathway 1 and 3 participants to identify and manage high-risk situations in an effort to de-escalate interpersonal conflict and avoid physical FV perpetration. Specific to Pathway 2, participants' ongoing experiences of FV victimization suggest that their engagement in FV treatment programs should be trauma-informed. Here, treatment providers should acknowledge and provide participants with the

opportunity to process their experiences of FV victimization (e.g., through referral to specialist treatment providers) before—or alongside—engaging in treatment focused on their FV perpetration. Brief periods of effective treatment (e.g., EMDR-based treatment; Stowasser, 2017) may enable these participants to gain better control over their responses to triggers in their current relationships, thereby enabling them to make better use of other strategies regularly taught in FV perpetrator treatment programs.

Interestingly, although Pathway 1 and 3 participants described their fleeting attempts to ensure event victims' compliance during the FVE (e.g., to ensure their own physical safety or gain access to valuable resources), no pattern emerged regarding participants' more general desire to exert power and control over event victims. Across pathways, a small number of participants described their more enduring attempts to control the event victim (e.g., through social isolation, monitoring behavior, and restricting financial independence, personal freedom and decision making) prior to the FVE. Two male participants attributed their more enduring controlling behaviors to socially-constructed beliefs regarding gender inferiority, whereas several participants—both men and women—attributed this behavior to their own personal or relationship insecurities (e.g., after discovering the event victim's infidelity). These findings suggest that a purely Duluth-based treatment program with a focus on male entitlement and stable need for power and control over women would be an ineffective and at best incomplete approach for the overwhelming majority of participants.

There are several limitations to this study. First, our pathways are constructed from a small sample of participants who reported that they perpetrated isolated or infrequent acts of physical IPV. Participants who characteristically used physical FV towards event victims were not well represented in our sample; it is therefore likely that other pathways to FV are not accounted for by this sample. Although this study did not set out to provide a comprehensive account of all FV pathways, theoretical and empirical accounts of FV—including typology research (Holtzworth-Munroe et al., 1994; Johnson, 2006)—highlight the importance of better understanding this latter group of perpetrators. Investigation of this group is therefore warranted in further research.

Second, our analysis does not escape the limitations of typology research in that event pathways are primarily based on participants' behavior at one point in time (Capaldi & Kim, 2007). The stability of these pathways across an

individual's FVEs, and over the course of the relationship, remains unclear. For example, the majority of participants reported describing FVEs involving their most severe use of FV within the history of the relationship; a typical FVE may have fit within an entirely different pathway. Relatedly, the decision to use Section 3 as an organizing framework for pathways analysis limited our ability to more clearly examine patterns in participants' and event victims' relationship history. These patterns are well-captured by Johnson's (2006) typology. For example, Pathway 2 participants described relationships that could be classified as mutual violent control, violent resistance, and situational couple violence according to Johnson's (2006) typology, as well as those that were characterized by the absence of physical FV.

Third, there are limitations associated with participants' self-reports, including the possibility that they may be minimizing their FV perpetration, and will likely view the FVE differently to the event victim (Heckert & Gondolf, 2000). Nevertheless, gathering participants' subjective accounts of FVEs provides us with potentially important insights not otherwise obtained from more objective accounts.

Potential avenues for future research include further pathway development and validation by expanding our sample to include more perpetrators of non-IPV forms of FV, as well a high-risk group (extension currently underway). Given that the majority of participants described only one FVE, future research could also determine the stability of pathways across multiple FVEs. Relatedly, researchers could examine potential differences between pathways in event characteristics over time, such as patterns of desistance or re-offense. Acknowledging its limitations, this study nevertheless offers a unique approach to capturing heterogeneity in the event processes of FV perpetrators. Further, it addresses a major limitation of FV typologies in that it considers the important role of dynamic interpersonal and situational factors in contributing to FV perpetration. These factors are particularly evident in Pathways 1 and 3, in which participants' physical FV was often preceded by event victims' psychological and physical FV. Further validation and development of the pathways may suggest potential avenues for future research, inform theory development, and provide FV practitioners with an organizing framework from which to identify more nuanced assessment, treatment planning, and risk management processes for the diverse range of FV perpetrators they are tasked with treating.

Notes

1. See Stairmand, Polaschek, and Dixon (2019) for a more detailed description.
2. Ethical approval to carry out this research was granted by the School of Psychology Research and Ethics Committee at the University of Waikato.
3. In acknowledging the history of FV perpetration that preceded many FVEs, we refer to the persons involved in this research as the ‘participant’ and ‘event victim’ rather than the ‘perpetrator’ and ‘victim’. This terminology recognizes that participants are not necessarily the primary perpetrator of physical FV in their relationships with event victims (see, for example, Pathway 2).

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Chapter 7: Manuscript 3

The event process model of family violence (FVEPM; Stairmand, Polaschek, & Dixon, 2019) presents a descriptive theory of a family violence (FV) event from the perpetrator's perspective. Developed in a community setting, the FVEPM is comprised of four interrelated sections and describes three pathways to FV perpetration (Pathway 1: Conflict escalation, Pathway 2: Automated violence, and Pathway 3: Compliance). This study further developed the FVEPM by testing the generalizability of the model and its pathways with an incarcerated sample of eight men with extensive histories of violent and other offending. Event narratives were gathered during individual semi-structured interviews, and were systematically analyzed using grounded theory methods. Overall, findings suggest that the FVEPM and its pathways can accommodate an incarcerated sample. However, several inconsistencies were found: Event narratives were better represented by splitting Pathway 1 into two sub-types, and no event narratives were assigned to Pathway 3. Implications for FV theories and treatment are discussed.

Testing the Generalizability of the Event Process Model of Family Violence with an Incarcerated Sample

Family violence (FV) researchers have suggested that FV reported in community samples is qualitatively different to that reported in official (e.g., criminal justice system) statistics, with the latter being more frequent, more severe, and likely to have a different etiology to the former (Dixon & Browne, 2003; Johnson, 2006; Straus, 1997). In New Zealand, however, little research to date has examined the prevalence of qualitatively different types of FV (cf. Gulliver & Fanslow, 2015). Furthermore, although FV perpetrators access treatment through different referral pathways (e.g., self-referral, referral through the criminal and civil court systems), we have little understanding of whether these referral pathways are indicative of differing treatment needs (Morrison et al., 2015). Preliminary research suggests that they might be: When comparing the prevalence and severity of intimate partner violence (IPV) perpetration in an incarcerated vs. non-incarcerated sample, Robertson and Murachver (2007) found that incarcerated men and women perpetrated significantly more physical ($p < .001$) and psychological ($p < .001$) IPV and inflicted more injury ($p < .001$) than their non-incarcerated counterparts. The current study examined whether reported

differences in the etiology and nature of FV across community vs. incarcerated samples were evident at an event-based level.

Event-Based Research and Offense Process Models

Offense process models offer a useful framework for systematically examining FV events (FVEs). Offense process models are descriptive theories that provide a detailed temporal outline of an offense, including its cognitive, behavioral, contextual, and motivational components (Ward, Polaschek, & Beech, 2006). Grounded in the offender's perspective, offense process models are typically developed by systematically analyzing offenders' first-hand accounts of an offense using grounded theory methods (Polaschek, 2016; Strauss & Corbin, 1990). Following model development, potential pathways through the offense process model can be examined. Although these pathways are descriptive in nature, they have important theoretical and practical implications in that they may help to identify distinct offending etiologies and treatment needs (Polaschek & Hudson, 2004). For example, in their offense process model of rape (Polaschek, Hudson, Ward, & Siegert, 2001), Polaschek and Hudson (2004) described three offense pathways according to offenders' dominant goals for seeking sexual gratification: to enhance positive mood, to escape negative mood, or to redress harm to the self. These pathways highlighted differences in the offense process (e.g., offense planning, denial and cognitive distortions, coping styles) that suggested the presence of distinct treatment targets.

Ward, Loudon, Hudson, and Marshall (1995) were the first to develop an offense process model—of child sexual offending—using grounded theory methods. Offense process models have since been developed for rape (Polaschek et al., 2001), aggravated robbery (Nightingale, 2002), homicide (Cassar, Ward, & Thakker, 2003), sex offending by women (Gannon, Rose, & Ward, 2008), and violent offending (Murdoch, Vess, & Ward, 2012). However, despite their demonstrated theoretical utility in other areas of criminal offending, offense process models have rarely been applied to FV.

Drummond (1999) was the first to develop an offense process model of physical IPV, based on the accounts of 10 incarcerated New Zealand European men. The model contained four phases: background factors (e.g., the offender's upbringing, relationship history, and violence history), offense context/build-up (e.g., victim/offender, relationship, and environmental characteristics), offense (e.g., the sequence of intrapersonal and interpersonal processes leading up to and

during the offense), and post-offense (e.g., cognitive, behavioral, and affective processes following the offense). Drummond's model was progressive as it highlighted the need to consider the dynamic nature of IPV events, including the changing nature of intrapersonal processes (e.g., decreasing cognitive control, escalating anger) and the dyadic interactional sequences preceding IPV perpetration. Nevertheless, it presented some important limitations: It used a small sample, did not examine distinct offending pathways through the model, and did not consider IPV perpetrated by women or non-IPV forms of FV.

With these limitations in mind, Stairmand, Polaschek, and Dixon (2019) developed the event process model of FV (FVEPM).¹ This research extended Drummond's (1999) model by considering a broader range of FV than that perpetrated by men towards their female partners. The authors (Stairmand, Dixon & Polaschek, 2019) also examined distinct pathways to FV perpetration. Key features of the FVEPM and its pathways are briefly outlined below.

The Event Process Model of Family Violence

The FVEPM comprises eight interrelated paradigms within four sections, arranged temporally from the most distal to the most proximal factors in relation to the FVE (see Table 1). Section 1 ('Background factors') contains two paradigms, and describes aspects of participants' upbringings and early relationship histories deemed relevant to the FVE. Paradigm 1.1 describes participants' experiences and management of adverse early events (e.g., FV victimization) and their sequelae (e.g., mental health difficulties, failed support seeking). Paradigm 1.2 describes how participants' exposure to a violent social environment and dysfunctional parenting practices led to the development of their violence-supportive schemas, emotional regulation difficulties, and characteristic use of physical violence.

Section 2 ('Event build-up') contains three paradigms, and describes participants' relationships with event victims and the environmental context in which the FVE occurred. Paradigm 2.1 describes participants' and event victims' use of discussion- and violence-based communication and conflict resolution strategies to manage—often reoccurring—relationship stressors. Paradigm 2.2 describes participants' use of individual coping strategies (e.g., support seeking, substance use) to manage relationship stressors and relationship violence in their relationships with event victims. Paradigm 2.3 describes participants' experiences and management of persistent stressors (e.g., daily parenting responsibilities) and

stressful events (e.g., the loss of a loved one) external to their relationship with event victims.

Table 1

Overview of the Event Process Model of Family Violence (FVEPM)

Section	Paradigms
1. Background factors	1.1. Experiencing and managing adverse early events 1.2. Schema development and physical violence use
2. Event build-up	2.1. Dyadic communication and conflict resolution strategies 2.2. Individual management of relationship stressors and relationship violence 2.3. Experiencing and managing environmental stressors
3. Event	3.1. Initiation of verbal interaction and conflict escalation 3.2. Script activation
4. Post-event	4.1. The aftermath

Section 3 ('Event') contains two paradigms and describes the FVE itself. Paradigm 3.1 describes the extended period of verbal interaction and conflict escalation that often preceded participants' physical FV perpetration during the FVE. This paradigm describes participants' cognitions, emotions, and strategy selection, participants' and event victims' actions, and contextual factors (e.g., being under the influence of substances) during the FVE. Paradigm 3.2 describes the script activation process (e.g., unconscious cognitive processes, perceptions of acting on auto-pilot) that characterized some FVEs; this process was typically accompanied by participants' dissociative experiences. Finally, Section 4 ('Post-event') contains one paradigm and describes the aftermath of the FVE. This paradigm describes post-event processes such as intervention seeking by participants and others, participants' externally- and self-imposed consequences, and participants' evaluations of the FVE.

Three main pathways through the FVEPM—comprising 93% of event narratives—were described. A summary of the key features of each pathway is provided in Table 2. Pathway 1 ('Conflict escalation'; 50%) FVEs were characterized by an extended period of conflict escalation—often involving event victims' use of psychological or physical FV—during which participants experienced escalating anger, violence-supportive cognitions, and a dynamic process of strategy selection. These processes culminated in participants' physical FV, ranging in severity from a single push to a sustained physical attack involving multiple blows to the event victim's head and body. These acts were

typically reported as uncharacteristic—both in terms of presence and severity—of the participant in their relationship with the event victim, and typically did not result in significant physical injury.

Table 2

Key Features of Pathways Through the Event Process Model of Family Violence (FVEPM)

Feature	Pathway 1	Pathway 2	Pathway 3
Depleted cognitive and emotional resources	Yes	Yes	Yes
Conflict escalation between participant and event victim	Yes	No	Yes
Escalating anger	Yes	Yes	No
Violence-supportive cognitions	Yes	Yes	No
Script activation / dissociation	No	Yes	No
Strategy (re)selection: Harm intentions only	No	Yes	No
Strategy (re)selection: Compliance intentions only	No	No	Yes
Strategy (re)selection: Both compliance and harm intentions	Yes	No	No
Severity of violence used	Mixed	Severe	Mild

Pathway 2 ('Automated violence'; 25%) FVEs were characterized by participants' intensely energized emotions upon perceiving a transgression by the event victim, prompting their immediate and script-driven use of physical FV with the unchanging intention of inflicting physical harm. Participants' physical FV was often accompanied by dissociative symptoms (e.g., memory blanks, depersonalization). Participants typically perpetrated severe physical FV (e.g., strangulation, repeated punches to the head and body) that caused physical injury (e.g., loss of consciousness, a severed limb) to event victims.

Pathway 3 ('Compliance'; 25%) FVEs were characterized by a period of verbal conflict in which event victims attempted to maintain, and participants attempted to end or avoid, the current interaction. Participants' physical FV was typically preceded by event victims' use of physical FV towards them, and consisted of single, minor acts (e.g., pushing, physical restraint) that typically did not cause injury to the event victim. All participants reported that their physical FV occurred in the absence of their escalating anger and violence-supportive cognitions, and with the unchanging intention to elicit compliance from—not harm—the event victim.

The Current Study

The FVEPM was developed from the event narratives of 14 men and 13 women completing community-based FV perpetrator treatment programs. Nearly one-half of participants were self-referred, and the overwhelming majority (79%) of mandated participants attended treatment as part of a community-based sentence or order (e.g., a protection order); that is, their FV was not deemed severe enough to warrant a custodial sentence. Furthermore, the majority of participants reported perpetrating isolated or infrequent acts of physical FV towards event victims. However, theoretical and empirical accounts of FV suggest that other patterns of FV perpetration exist; for example, frequent and severe physical FV (Holtzworth-Munroe & Stuart, 1994; Johnson, 2006). These accounts highlight the need to better understand the range of offending pathways so that all forms of FV can be understood and prevented.

The current study is part of a larger research project in which we developed (Stairmand, Polaschek, et al., 2019) and examined pathways through (Stairmand, Dixon, et al., 2019) the FVEPM with a community-based treatment sample. This study further developed the FVEPM by testing the generalizability of the FVEPM (Stage 1) and its pathways (Stage 2) with an incarcerated sample of men with extensive histories of violent and other offending.²

Method

Participants

Eight men³—ranging in age from 26 to 58 years ($M = 35.13$, $SD = 10.48$)—took part in this study. Participants identified as New Zealand Māori ($n = 5$), Pasifika ($n = 2$), or as having dual ethnicities ($n = 1$). At the time of their involvement in the research, all participants were completing a high-intensity treatment program designed for men with extensive histories of violent offending and delivered within one of four Special Treatment Units in New Zealand's prison system.⁴ Participants were at various stages of program completion, ranging from program preparation to program graduation. Five participants reported a violent index offense, three of which were FV-related.⁵ The remaining three participants reported a drug ($n = 2$) or theft ($n = 1$) index offense. All participants reported an unofficial (i.e. not documented by authorities) history of FV perpetration, and all but one participant reported having at least one FV conviction.

Procedure

Participants were recruited directly through the first author's (MS's) attendance at one of three group meetings at the Special Treatment Unit. MS then met individually with all potential participants who expressed an interest in being involved in the research. After providing informed consent, participants took part in individual semi-structured interviews in a private treatment room at the Special Treatment Unit. Interviews ranged in length from 62 to 113 minutes ($M = 87$ minutes). Participants were asked to provide a detailed description of a specific FVE in which they had perpetrated FV, as well as any factors they perceived to be important in understanding why the FVE occurred. Other than being asked to describe a FVE they remembered well, participants were given no instructions as to which FVE they should describe. All interviews were audio-recorded and transcribed for later analysis.

Data Analysis

Participants collectively described 13 FVEs in which they used physical (and often also psychological) FV towards an intimate partner ($n = 10$), child ($n = 1$), sibling ($n = 1$), or parent ($n = 1$). Consistent with our earlier research (Stairmand, Polaschek, et al., 2019), event narratives for FVEs involving any family member as an event victim were included in data analysis. Three participants described one FVE, and five participants described two FVEs; of the second FVEs described, three involved a different event victim to the first. Data analysis was primarily carried out by MS, with regular oversight from the third author (DP). All authors were involved in the original development of the FVEPM and its pathways. Data analysis took place in two discrete stages, as outlined below.

Stage 1: Generalizability of the FVEPM. MS carried out data analysis using NVivo software. As in the initial development of the FVEPM, grounded theory methodology and methods (Strauss & Corbin, 1990) informed data collection and analysis. To allow for iterative periods of data collection and analysis, interviews were scheduled up to six days apart. First, MS read each event narrative multiple times to become familiar with the data. Next, MS methodically re-read the event narrative line-by-line to code individual meaning units at the category, sub-category, and below sub-category level. New codes were developed and refined at each level of analysis as required (i.e., when identified meaning units were not captured by existing [sub]categories). MS regularly discussed individual event narratives and coding themes with DP. After

coding all 13 event narratives, MS prepared a coding report to identify the frequency with which participants endorsed any code within each paradigm and section of the FVEPM at each level of coding (e.g., category, subcategory). This coding report was used to identify (sub)categories that were not—or were infrequently—endorsed, and (sub)categories that were frequently endorsed yet did not feature in the original development of the FVEPM.

Stage 2: Generalizability of pathways through the FVEPM. Using the coding report from Stage 1, MS examined individual patterns across Section 3 (sub)categories for each event narrative. Comparing these patterns to the pathway descriptions and analysis outlined by Stairmand, Dixon, et al. (2019), MS then identified whether each event narrative could be allocated to one of the three distinct pathways described in the FVEPM development study. As in Stage 1, MS routinely discussed pathway development and allocation with DP.

Results and Discussion

Generalizability of the FVEPM

Overall, analysis of the coding reports suggested that all 13 event narratives were consistent with the phenomena and processes set out in the FVEPM. Of the 55 categories and 99 subcategories comprising the FVEPM, 49 categories and 88 subcategories were identified in participants’ event narratives (see Table 3). The majority (79%) of these (sub)categories were identified in multiple event narratives; more than one-third of categories were identified in 71% of event narratives, and more than two-thirds in 45% of event narratives.

Table 3

Categories and Subcategories of the Event Process Model of Family Violence (FVEPM) Coded in Participants’ Event Narratives

Section	Number of categories	Categories endorsed (%)	Number of subcategories	Subcategories endorsed (%)
1	14	14 (100%)	40	34 (85%)
2	24	19 (79%)	28	24 (86%)
3	11	11 (100%)	21	21 (100%)
4	6	5 (83%)	10	9 (90%)

Section 1: Background factors. As shown in Table 3, 100% of categories and 85% of subcategories in Section 1 were coded in participants’ event narratives. The six subcategories not coded in event narratives belonged to five individual categories; no meaningful patterns were found regarding the uncoded

subcategories. Consistent with the FVEPM, all participants reported being raised in a violent social environment in which they experienced ongoing childhood FV victimization at the hands of their parents and older siblings. Participants' failed support seeking attempts necessitated their use of emotion- and problem-focused coping strategies to manage their experiences of FV victimization. Participants also described how their violence-supportive schemas, emotion regulation difficulties, and exposure to dysfunctional parenting practices (e.g., avoidance or aggressive management of negative emotions and interpersonal stressors) contributed to their use of physical violence during childhood, adolescence, and early adulthood.

In addition to the experiences described above, participants reported experiences that could easily be accommodated within the FVEPM (e.g., at a level below an existing subcategory), yet were not typically described by the FVEPM development sample. These experiences—including extensive criminal histories, involvement with gangs and antisocial peers, and frequent use of physical violence external to their relationships with event victims—are hallmarks of the 'high-risk' FV perpetrator shared by well-known IPV typologies (Carlson & Dayle Jones, 2010; Cavanaugh & Gelles, 2005). For example, participants frequently described joining a gang during early adolescence, both as a deliberate coping strategy to avoid ongoing experiences of FV victimization and to foster a sense of belonging and respect not provided in their home environments. In turn, many participants described how their gang involvement increased their exposure to a violent social environment and facilitated their own use of physical violence during adolescence and early adulthood.

Section 2: Event build-up. As shown in Table 3, 79% of categories and 86% of subcategories in Section 2 were coded in participants' event narratives. All five uncoded categories pertained to an individual's management of FV victimization in their relationship with the event victim. The absence of these categories reflected that participants typically did not report experiencing ongoing FV victimization from event victims prior to the FVE. However, participants frequently reported using psychological—particularly controlling behaviors—and to a lesser extent, physical FV towards event victims prior to the FVE:

[Physical FV] happened so much within my relationship I actually lost count how much incidents happened. I can't even count them there was that many times ... I used to tell her things like I would kill her. I would

actually get a knife and just point it at her and pin her up against a wall and just tell her 'You better not be lying to me or I'll kill you' – P30

Participants who did use physical FV consistently reported that this was a characteristic feature of their relationship with the event victim; some attributed this violence to their belief that the event victim's role as a woman was to serve and obey them. Participants' accounts of FV in their relationships with event victims were often consistent with the features of a 'high-risk' FV perpetrator (e.g., violent and controlling behaviors, frequent and severe IPV perpetration) shared by well-known IPV typologies (Holtzworth-Munroe & Stuart, 1994; Johnson, 2006), and with Robertson and Murachver's (2007) findings that incarcerated participants perpetrated more frequent and more severe IPV than non-incarcerated participants. Nevertheless, participants—both those who did and did not characteristically use physical FV towards event victims—also often reported their intentions to refrain from using physical FV. These intentions were typically limited to physical FV, or to physical FV in a child's direct presence; participants did not understand that psychological FV, or hearing but not seeing FV, were also forms of FV. Interestingly, many participants who reported non-violent intentions also often described readily perpetrating extreme physical violence in other interpersonal—particularly gang—contexts. That is, participants' non-violent intentions often represented their effortful restraint to behave differently in their relationships with event victims:

Is that what is expected of a [gang member] to do, is to punch your face every time you yell? Cause if it is I'm not that guy, I'm not that person ... I've never did [physical FV] to [event victim]. Never did that to her and I never wanted to do that to her. I'd rather beat the world up than beat my partner up. That's the way I thought ... I'm not in this world to dominate my partner you know what I mean? – P32

*I didn't even think I'd ever hit [event victim], cause I already knew she'd come from a violent [relationship] ... I just wanted her to be my girlfriend instead of f**kin my punching bag – P35*

A second key feature of the FVEPM rarely coded in participants' event narratives pertained to an individual's experiences (or lack of) environmental stressors in the lead-up to the FVE. Specifically, the FVEPM describes how an individual's experiences of compounding environmental stressors—and the resulting depletion of their emotional and cognitive resources—may contribute to

their uncharacteristic physical FV perpetration during the FVE. Participants' reported absence of these stressors suggests that their physical FV was either facilitated by singular stressors within the relationship itself, or represented 'just another FVE' in an ordinarily violent relationship.

Sections 3 and 4: Event and post-event. As shown in Table 3, 100% of categories and subcategories for Section 3, and 83% of categories and 90% of subcategories for Section 4, were coded in participants' event narratives. Across both sections, all but two (sub)categories in the FVEPM generalized to participants' event narratives. Characteristics of the FVE and its aftermath are described in detail in the following section on FVEPM pathways.

Generalizability of the FVEPM Pathways

All but one event narrative could be assigned to one of two FVEPM pathways (see Table 2).⁶ Two-thirds ($n = 8$) of event narratives fit within Pathway 1 ('Conflict escalation'), and one-third ($n = 4$) of event narratives fit within Pathway 2 ('Automated violence'). No event narratives fit within Pathway 3 ('Compliance'), because all participants reported features of the FVE (e.g., an intention to harm the event victim, escalating anger, violence-supportive cognitions) that were incompatible with this pathway. The remaining event narrative involved the participant's pre-planned assault on his brother—a high-ranking gang member—in an effort to enhance his own status within the gang. Although this event narrative shared many features of Pathway 1, the premeditated nature of the participant's FV—rather than as part of an evolving strategy selected within the context of a FVE—precluded its inclusion in Pathway 1.

Pathway 1. As in the FVEPM development study, Pathway 1 was the most common pathway; it comprised eight FVEs involving seven participants and their intimate partner ($n = 7$) or child ($n = 1$). Prior to the FVE, participants varied in the extent to which they used physical and psychological FV towards event victims. Pertaining to the FVE itself, all event narratives were characterized by an initial period of verbal conflict, a dynamic process of strategy (re)selection, and participants' escalating anger and violence-supportive cognitions as the FVE unfolded (see Table 2). However, two distinct patterns in Pathway 1 FVEs were found: FVEs characterized by mutual escalation by participants and event victims ($n = 4$), and FVEs characterized by solo escalation by participants ($n = 4$). Re-analysis of event narratives from the FVEPM development sample found that a

small number of FVEs from this sample were also characterized by solo escalation. However, this pattern was more prominent, and more frequent, in the current study.

Mutual escalation. Mutual escalation FVEs were consistent with those reported by the FVEPM development sample. Specifically, participants' initial strategy selection involved their intention to elicit compliance from the event victim in an effort to obtain access to valuable resources and experiences (e.g., solitude, personal belongings). All but one initial strategy involved verbal (e.g., demands)—rather than physical—acts:

*[Event victim] wanted to get on the piss but I said to her 'Nah' ... I said to her 'I'm not getting on the piss' ... I had given her some money, I said to her 'Go get on the piss with your f**kin sister, shut the f**k up and f**k off' – P31 [FVE 1]*

Event victims consistently responded to participants' acts in a manner that was incompatible with participants' goals; for example, by refusing to comply with participants' demands. This prompted participants to escalate the severity of their acts (e.g., from a demand to a contingent threat) or to revise their initial goal (e.g., by shifting from a compliance to a harm intention). This escalatory cycle occurred multiple times during the FVE, culminating in participants' physical FV perpetration. Participants perpetrated multiple acts of physical FV that typically resulted in injury to the event victim. These acts were often accompanied by participants' newly informed intentions to physically harm the event victim, as retribution for the event victim's actions during the FVE:

[Event victim] threw the water in my face and I slapped her in the face. I started walking towards her and she ran out of the shed and I punched her twice in the face and then kicked her in the legs ... it was like a pride thing, she did that to me in front of my visitors at my house and it was embarrassing for me – P34

In stark contrast to the FVEPM development study, only one FVE featured physical FV by the event victim. Nevertheless, participants consistently reported perceiving event victims as escalating the interaction using non-physical means (e.g., attempting to prevent the participant from leaving by taking personal possessions off him, taunting the participant):

I went to go and open up the car door to get into the passenger seat of [third party's] car and [event victim] had just come up and ripped my

*wallet out of my hand ... I said to her 'Why the f**k are you doing this to me now?' She was like 'I f**kin told you you're not going nowhere' – P36 [FVE 2]*

Solo escalation. In contrast to mutual escalation FVEs, four FVEs were characterized by participants escalating the conflict without the victim also doing so. These FVEs were characterized by a relatively short period of escalation during which participants abruptly switched from verbal to physical acts and from compliance to harm intentions. In solo escalation FVEs, participants tended to perceive event victims' as having violated some form of 'golden rule' (e.g., perceived infidelity, causing psychological or physical harm to another family member): a behavior that had not previously occurred within the relationship, and that participants perceived to be intolerable and necessitating action of some kind:

I'd never [cheat on event victim]. I never did it to her. That's the thing that, we have our boundaries that we don't cross and the line in the sand is always drawn ... I don't think anything else would've made me hit her besides that. That was the number one boundary for me – P32 [FVE 1]

Following a brief and failed attempt to elicit the event victim's compliance (e.g., by confessing, apologizing, or otherwise behaving in accord with the participant's wishes), participants perpetrated physical FV with the deliberate intention of inflicting physical harm on the event victim in retribution for the perceived transgression. Event victims' roles in these FVEs were limited to refusing to comply with participants' demands, or attempting to de-escalate the FVE in some way (e.g., by seeking intervention, by attempting to explain their actions to participants). Participants perpetrated single or several acts of physical FV that were nevertheless severe and caused physical injury to the event victim:

[Event victim] slammed the shed door down on my daughter's head and cut her face open ... [daughter] come running inside and she goes "Papa papa, [event victim] did this'. And all I just seen was red all over her face with a big as gash on the top of her eye ... I just yelled out to [event victim] 'Get in here. What happened to her?' ... I just seen a little bit of guilt on him, and he said 'Papa I just, I was only, I was just' and she's going 'It's him'. And he's trying to explain himself and I just punched him in the face – P32 [FVE 2]

Across both types of Pathway 1 FVEs, an interesting feature not reported by the FVEPM development sample was participants' perceptions that they

remained in control of their actions during the FVE. Participants typically reported that they had perpetrated the ‘right’ amount of physical FV for the given situation, and that they had ended their FV when this threshold was reached:

*I knew when to stop ... I felt like the actions that I was doing warranted her offense. Like if she had crashed into my car I probably would've stomped her on the ground. Or if she pushed my Harley over and started stabbing the tyres out I would've believed that's like a \$10,000 incident you've just caused you're just gonna get, I'm gonna kick your f**kin face in. That's what I felt like, so her offense only warranted like a slap and a punch punch and that was it – P34*

Along these lines, participants often reported their positive evaluations of, or indifference to, their FV perpetration. For example, one-half of participants resumed the activities they were engaged in prior to the FVE, as if the FVE had not happened:

I just went out to the garage and got stoned. I come back inside and started cooking me a munch and she said 'I'm gonna go get on the piss with my sister, I'll see you when I see you'. I was going 'Yeah all good, see you later' – P31 [FVE 1]

Pathway 2. Pathway 2 comprised four FVEs involving four participants and their intimate partner ($n = 3$) or parent ($n = 1$). Similar to Pathway 1, participants varied in the extent to which they used physical and psychological FV towards event victims prior to the FVE. The FVE itself was characterized by participants' intensely energized emotions following a perceived transgression—including psychological FV—by the event victim (see Table 2). Without any attempt to engage in verbal interaction with the event victim, participants perpetrated severe physical FV with the intention of causing physical harm to the event victim. Participants' accounts of their FV were consistent with an automated, script-driven process, and with psychological dissociation:

I couldn't register anything else in my brain. My brain couldn't tell me do this or do that, or what else can I do, it just told me this is it and this is how I'm gonna deal with it and this is what I'm gonna do. I couldn't reason with myself in that moment – P30

*I can't explain this experience I had ... I dunno, it sounds weird saying it but like I felt like I was looking at myself do it, but it wasn't me – P31
[FVE 2]*

Two participants clearly described the relationship between their FV victimization—both within and prior to their relationship with the event victim—and their physical FV during the FVE:

[Event victim] said something to me and, I think she was just belittling me in front of everyone around in the mall ... like belittling me in front of everyone ... The wound had already been opened I suppose. Already scarred me. It's bad enough I had to go through shit from all my family, let alone her – P35 [FVE 2]

[Describing extensive history of FV victimization by the event victim] that's what was, fueling what had happened ... the emotions that were there that had wound up for so many years, and then just didn't wanna keep living that way. And just, instead of holding it back I was just, I just let it loose, let it go – P36 [FVE 1]

Participants reported perpetrating typically prolonged and uncharacteristically severe physical FV; the severity and perceived uncontrollability of this FV frightened participants:

I can't get that out of my head, that I just snapped ... I don't wanna ever experience that feeling again ... [I] was like a mad man” – P31 [FVE 2]
“That day was a day that I'll never forget ... it was real horrific, it was terrifying ... I was, shocked [my FV] shocked me – P36 [FVE 1]

In the FVEPM development sample, Pathway 2 was primarily a women's pathway; participants typically experienced childhood FV victimization as well as chronic FV victimization from event victims. In the current study, Pathway 2 participants infrequently reported experiencing ongoing FV victimization in their relationships with event victims, but consistently described extensive childhood histories of FV victimization. These accounts are consistent with a large body of research reporting an association between childhood FV victimization and dissociative experiences in adulthood (Vonderlin et al., 2018), including more recent research findings that a large minority—22% to 36%—of FV perpetrators with histories of FV victimization have experienced dissociation while perpetrating FV (LaMotte & Murphy, 2017; Simoneti, Scott, & Murphy, 2000; Webermann & Murphy, 2019). Pathway 2 FVEs were also characterized by more severe physical FV than that described in Pathway 1. This difference in severity is consistent with research findings that FV perpetrators who experienced

violence-specific dissociation also perpetrated more severe and frequent FV (Mantakos, 2008; Simoneti et al., 2000).

Implications and Limitations

Overall, the findings suggest that the FVEPM and its pathways do generalize to this incarcerated sample. However, several inconsistencies were found. First, participants described additional features of their upbringings, psychological characteristics, and relationships with event victims that are hallmarks of a 'high-risk' FV perpetrator. For example, participants' relationships with event victims were typically characterized by the absence of ongoing FV victimization from the event victim and more frequent and severe psychological and physical FV perpetration. Similarly, participants often described their extensive criminal histories, involvement with gangs and antisocial peers, and frequent use of physical violence external to their relationships with event victims. Second, participants typically did not report experiencing environmental stressors and their sequelae (e.g., depleted cognitive and emotional resources) in the lead-up to the FVE. Finally, specific to Pathway 1 FVEs, one-half of FVEs were better conceptualized as solo escalation—not mutual escalation—FVEs. These differences provide support for the I³ model (Finkel, 2008) and transactional model of child maltreatment (Cicchetti & Rizley, 1981).

The I³ model (Finkel, 2008) identifies three types of factors commonly associated with IPV perpetration: instigating factors (i.e., factors that trigger a violent impulse), impelling factors (i.e., factors that make an individual more likely to act on a violent impulse), and inhibiting factors (i.e., factors that make an individual less likely to act on a violent impulse). When the strength of instigating and violence-impelling factors are cumulatively greater than the strength of violence-inhibiting factors, IPV perpetration is likely to occur. Similarly, the transactional model of child maltreatment (Cicchetti & Rizley, 1981) organizes factors associated with child maltreatment along two dimensions: those that increase or decrease the likelihood of child maltreatment, and those that are transient or enduring. Within this matrix, four types of factors are evident: enduring factors that increase risk (vulnerability factors), enduring factors that decrease risk (protective factors), temporary factors that increase risk (challengers), and temporary factors that decrease risk (buffers). When the number of factors that increase risk exceeded the number of factors that decrease risk, child maltreatment is likely to occur.

Participants arguably entered the FVE with a high number of violence-impelling (i.e., vulnerability) factors, including childhood FV victimization, routine use of general violence and FV, violence-supportive schemas, and limited conflict-resolution skills. Some of these factors (e.g., extensive criminal histories, involvement with gangs and antisocial peers) were not explicitly accounted for, yet could be accommodated within, the FVEPM. Because participants had a relatively high proportion of impelling vs. inhibiting (e.g., non-violent intentions) factors, they required a lower threshold of instigating factors to facilitate their FV perpetration during the FVE. This lowered threshold was demonstrated in solo escalation FVEs, in which participants escalated more quickly to physical FV perpetration despite the absence of counter-escalation by event victims.

Our findings are consistent with a key assertion of the I³ model (Finkel, 2008) that violence-inhibiting factors are an important—but often ignored—consideration when developing theoretical explanations of FV. Participants often reported their non-violent intentions in their relationships with event victims; these intentions were evident in Pathway 1 FVEs, in which participants typically selected initial strategies involving non-physical acts before deferring to physical FV. Interestingly, these intentions were often in stark contrast to participants' physical violence use in other interpersonal contexts. From a treatment perspective, it is important that a person does not want to engage in, and has made initial attempts to avoid the behavior that has led to them receiving treatment. This presents an opportunity to identify and build upon (e.g., by providing education about the nature and detrimental impact of psychological FV) potential protective factors alongside targeting risk factors for FV perpetration.

Finally, the distinction between enduring and temporary factors is an important one when examining participants' accounts of the lead-up to the FVE. Specifically, the FVEPM suggests that an individual's more temporary experiences of compounding environmental stressors during the lead-up to a FVE may contribute to their uncharacteristic use of FV during the FVE itself. However, participants typically did not report experiencing environmental stressors and their sequelae (e.g., depleted emotional and cognitive resources) in the lead-up to the FVE. From a theoretical perspective, this suggests that participants' FV perpetration during the FVE may be better explained by a combination of enduring risk factors, rather than a combination of temporary and enduring factors as set out in the FVEPM.

This study also highlights the role of trauma as a potential mechanism for FV perpetration. While theoretical (Finkel, 2008) and empirical (Stith et al., 2000) accounts of FV have frequently identified childhood exposure to FV or current FV victimization as a risk factor, they have not explicitly identified trauma as the mechanism linking these prior experiences of victimization with current perpetration. As previously discussed, this suggestion is consistent with an emerging body of research exploring perpetrators' dissociative experiences during a FVE. Along these lines, participants' childhood experiences of FV victimization (described across all pathways) and of dissociative symptoms during the FVE (unique to Pathway 2) suggest that their involvement in FV perpetrator treatment programs should be guided by a trauma-informed approach (Webermann & Murphy, 2019).

Our study design presents several important limitations. First, we relied exclusively on participants' subjective accounts of their FVEs. Given that participants were subsequently convicted and imprisoned for their role in approximately one-half of FVEs, others' accounts (e.g., victim statements, police summary of facts) may have been accessible for some FVEs. Research suggests that there is a high level of disagreement between perpetrators' and victims' accounts when individual acts of FV are considered (Moffitt et al., 1997); obtaining multiple accounts of the FVE would therefore be useful.

Second, data analysis was completed by the researchers—primarily MS—involved in the original development of the FVEPM and its pathways. As such, there is potential for researcher bias—unconscious or otherwise—to influence data analysis; particularly, for the researchers to search for or interpret information in a way that supports the generalizability of the FVEPM. Although not the preferred process from a research perspective, this was a purely pragmatic decision: Ethical approvals and research agreements clearly stipulated that access to participant transcripts was restricted to the researchers involved. MS routinely discussed the data analysis process with DP, and consistently used other strategies (e.g., constant comparative analysis, theoretical sampling; both hallmarks of grounded theory methodology) to minimize researcher bias. Finally, despite the majority of participants providing multiple event narratives, the small sample size makes it unlikely that theoretical saturation with the incarcerated sample has occurred.

Further research is required to determine how well the FVEPM can accommodate other—including female—incarcerated samples, as well as non-IPV forms of FV (e.g., sibling and elder abuse, child maltreatment). Nine event narratives involving participants' children, siblings, and parents as event victims were included in the initial development of the FVEPM and in the current study, as preliminary analysis revealed that they were conceptually similar to FVEs involving IPV. The small number of FVEs involving non-partner family members may preclude potentially important differences from being identified. Additionally, future research could incorporate third-party and event victims' accounts of FVEs, in an effort to cross-reference participants' own event narratives with other information sources. FV researchers are increasingly calling for event-based theory and research, with the aim of enhancing our theoretical and empirical understanding of what happens, and why it happens, during a FVE (Bell & Naugle, 2008; Wilkinson & Hamerschlag, 2005). Further development and validation of the FVEPM with larger and more diverse samples will contribute towards this important aim.

Notes

1. Unlike other offense process models that are based entirely on the narratives of recognized criminal offenses, the FVEPM is based on the narratives of FV events; some events were not known to authorities, and some events were known to authorities yet did not result in further legal action. For this reason, we refer to the FVEPM as an event process model rather than an offense process model. Nevertheless, the FVEPM remains consistent in other ways with the offense process literature.
2. In the following sections, we compare event narratives collected during the current study to those collected during our original study (i.e., development of the FVEPM and its pathways). To differentiate between these studies, we refer to our current sample as participants, and our original sample /study as the FVEPM development sample/study.
3. As in other countries around the world, men are overrepresented in New Zealand's official FV statistics; for example, approximately 90% of those serving a community-based or custodial sentence for a FV-related offense are male (Department of Corrections, 2015). For this reason, we focused our recruitment efforts on male perpetrators of FV.

4. For an overview of these Special Treatment Units, see Polaschek and Kilgour (2013). Although men in these units often have histories of FV perpetration, they are also often serving a current sentence for other forms of physical violence (e.g., homicide against non-family members, aggravated robbery), and all have a history of repetitive violence.
5. Rather than only recruiting participants with a FV-related index offense, we invited all men with a reported history of FV perpetration to participate in our study. There were two reasons for this. First, the majority of New Zealand's convicted FV perpetrators have also been convicted for other violent and non-violent offenses, and sentencing for multiple offenses frequently occurs at one time point; even if the sentencing involves a FV-related offense, this offense may or may not be the most serious—i.e. index—offense (Department of Corrections, 2015). Second, until recently, there was no specific “FV” offense in New Zealand. As such, conviction and sentencing data do not always accurately identify whether an offense is FV-related (Department of Corrections, 2015).
6. The reader may refer to Stairmand, Dixon, and Polaschek (2019) for a detailed description of each pathway.

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Chapter 8: Manuscript 4

Despite a growing number of studies exploring perpetrator's motives for intimate partner violence (IPV), methodological and conceptual issues evident in current research continue to limit our understanding of such motives. In an effort to address these issues, Flynn and Graham (2010) developed a conceptual model of perceived reasons for IPV; however, this model presents several limitations. Drawing on the social interactionist theory of coercive actions (Tedeschi & Felson, 1994) and the event process model of family violence (Stairmand, Polaschek, & Dixon, 2019), we propose an alternative conceptual framework for motives for physical and psychological IPV. The proposed conceptual framework addresses existing limitations of motives research and conceptual models by differentiating motives from the contextual factors that may influence their selection, and by providing a temporal framework from which to better understand the dynamic nature of IPV events. This paper provides an overview of the proposed conceptual framework and discusses its implications for research and clinical practice. Further research is required to determine the utility of the framework for understanding motives for sexual IPV and non-IPV forms of family violence (e.g., child-maltreatment).

Putting Coercive Actions in Context:

Reconceptualizing Motives for Intimate Partner Violence Perpetration

1. Introduction

Intimate partner violence (IPV) is more common than people may like to think: Approximately one third of men and women report experiencing physical and psychological IPV in their lifetime (Smith et al., 2018). So why do people inflict harm on the person they often love the most? Answering this question remains an important next step in helping to address one of society's most pressing social problems: the perpetration of physical and psychological IPV.

In the past 15 years, IPV researchers have increasingly examined motives for IPV perpetration. Motives are psychological processes that drive emotions, cognitions, and behavior in interactions with others (Fiske, 2014). Motives are neither enduring personality characteristics, nor are they features of the situation; rather, they are a by-product of the interaction between the two (Fiske, 2014). Conceptually then, motives for IPV are narrower in scope than 'reasons' which encompass both proximal (e.g., self-defense) and distal (e.g., childhood exposure to IPV) factors (Caldwell, Swan, Allen, Sullivan, & Snow, 2009), and

‘attributions’ which refer to people’s perceptions of why IPV occurred (Neal, Dixon, Edwards, & Gidycz, 2015). Nevertheless, these terms are often used interchangeably in IPV research. For the purposes of this paper, we use the term ‘motives’ in accordance with Fiske’s (2014) definition. However, when discussing previous research, we defer to the authors’ original terminology. We begin this paper by examining existing motives research and its methodological and conceptual issues. We discuss initial attempts to remedy these issues, before offering our own conceptual framework for IPV motives.

2. Motives research

Makepeace’s (1986) early study of motives for IPV perpetration investigated male and female university students’ experiences of courtship violence. Makepeace found that the most commonly reported motives by men for their courtship violence were uncontrollable anger (28.3%), intimidation (21.3%), self-defense (18.1%), and retaliation (16.5%). The most commonly reported motives by women for their courtship violence were self-defense (35.6%), uncontrollable anger (24.2%), and retaliation (18.9%). Following Makepeace’s seminal research, dozens of studies have explored motives for IPV. The majority of these studies have retained a narrow focus on motives for physical IPV; to a lesser degree, motives for psychological IPV have also been explored.

Several researchers have conducted reviews of the motives literature. A systematic review by Bair-Merritt et al. (2010) examined motives for female-perpetrated, non-lethal, physical IPV in adult heterosexual relationships ($N = 23$). Five common themes were identified: anger, desiring a partner’s attention, self-defense, retaliation, and coercive control (Bair-Merritt et al., 2010). A subsequent expanded review of motives for male and female-perpetrated physical IPV ($N = 74$) organized motives into seven categories: expression of negative emotion, self-defense, retaliation, power/control, communication difficulties, jealousy, and other (e.g., sexual arousal, substance use; Langhinrichsen-Rohling, McCullars, & Misra, 2012). These categories are broadly consistent with those identified by Bair-Merritt et al. Although a systematic review of motives for psychological IPV is yet to be conducted, research suggests that for the most part, commonly reported motives for psychological IPV are consistent with those for physical IPV (Leisring, 2013; Neal et al., 2015; Neal & Edwards, 2017). Few studies have explored motives for sexual IPV, and studies that have examined motives for all forms of IPV suggest that motives for sexual IPV differ from those for physical

and psychological IPV (Caldwell et al., 2009; Neal et al., 2015; Neal & Edwards, 2017). As such, this paper focuses on motives for physical and psychological IPV.

3. Current issues with research examining motives for intimate partner violence

3.1. Methodological issues

Researchers have developed a number of self-report measures to examine motives and reasons for IPV, including the Motivations and Effects Questionnaire (MEQ; Follingstad, Wright, Lloyd, & Sebastian, 1991) and the Reasons for Violence Scale (RVS; Stuart et al., 2006). While some researchers have used these scales in their own subsequent research, others have created their own measures or modified existing measures for their study. Generally speaking, existing measures present two key methodological limitations. First, while some measures (e.g., Hamberger, Lohr, Bonge, & Tolin, 1997) provide open-ended question formats, the majority employ a tick-box approach that asks participants to select from a non-comprehensive, prepopulated list of motives. Because inferences can only be made about motives that are asked about, potential motives not included in the measure are likely to be missed (Bair-Merritt et al., 2010; Flynn & Graham, 2010). Second, measures typically ask participants to recall motives across multiple IPV acts—both within and across specific IPV events—rather than for individual IPV acts (cf. Shorey, Febres, Brasfield, & Stuart, 2011). Not only does this approach introduce doubt as to the accuracy of the information being reported, it prevents insight into whether particular motives align with a certain type or severity of IPV acts (Flynn & Graham, 2010). Pertaining to both limitations, examining motives in isolation from the context in which they occur represents a missed opportunity to identify and better understand the range of intrapersonal and interpersonal factors that are likely to contribute to acts of IPV in any given situation (Elmqvist et al., 2014).

3.2. Conceptual issues

In addition to the methodological limitations identified above, there are a number of conceptual issues with motives research. We have already noted that motives, reasons, and attributions for IPV have all been examined under the umbrella of motives research. Researchers often do not provide a clear definition of each term, nor do they distinguish between them (Flynn & Graham, 2010; Winstok, Weinberg, & Smadar-Dror, 2017). As such, enduring personality

characteristics, situational and contextual factors, prior life experiences, and motives themselves have been considered alongside one another as though they are one and the same (Langhinrichsen-Rohling et al., 2012; Neal & Edwards, 2017). For example, Weston, Marshall, and Coker (2007) developed a 125-item scale to measure women's motives for their behavior—including physical and psychological IPV—during conflict with an intimate partner. Items were organized into 14 domains, including retaliation, substance use, self-defense, to express feelings, to get attention and/or gain control, to show strength, situation (e.g., stress, frustration, being in a bad mood), childhood experiences (e.g., exposure to family violence [FV]), past relationships (e.g., prior IPV victimization), personal problems (e.g., low self-esteem, mental health difficulties), impulsivity, and initiation (e.g., to provoke a partner, to be the first to use IPV). Although each of these domains likely creates a context in which IPV may be more likely to occur, many do not constitute motives themselves when Fiske's (2014) definition is employed.

Further, some measures include items that could simultaneously be considered a feature of the person, the situation, or unrelated to both; differentiating between these item types has clear implications for prevention and intervention (Flynn & Graham, 2010). For example, in their study of female college students' reasons for physical IPV, Hettrich and O'Leary (2007) asked participants to specify on a 5-point scale the extent to which 12 reasons influenced their physical IPV perpetration; 'anger' was one of the 12 reasons listed. However, anger may function as an enduring personality trait, or a more temporary emotional state that is related or unrelated to the current conflict (Flynn & Graham, 2010). Equally, 'anger' is an unhelpful explanation in and of itself if we do not know why the actor is angry in the first place. Similarly, the MEQ (Follingstad et al., 1991) includes the item 'Due to an inability to express self verbally'. This may represent the actor's general difficulty with verbal communication, a more specific difficulty when a particular topic is being discussed, or instead represent the actor's frustration regarding the target's unwillingness or inability to engage in verbal conflict resolution (Leisring, 2013).

In addition to unclear or differing conceptualizations of motives themselves, various measures provide inconsistent or vague definitions of specific motives. Self-defense items are perhaps the best example of this. Researchers have conceptualized self-defense as protecting oneself from immediate physical

harm (Leisring, 2013), a more general attempt to defend oneself or end IPV victimization (Caldwell et al., 2009; Elmquist et al., 2014; Follingstad et al., 1991; Harned, 2001; Ross, 2011), and as a form of revenge for IPV victimization (Harned, 2001; Ross, 2011). Alternatively, some researchers (Hettrich & O’Leary, 2007; Makepeace, 1986; Whitaker, 2014) have simply included the item ‘self-defense’ in their measure without providing any definition or explanation as to what this may mean. In their Motivations for Self-Defense Scale, Shorey, Meltzer, and Cornelius (2010) helpfully distinguish between efforts to end, and efforts to prevent, a range of psychologically, physically, and sexually violent acts. For the most part, however, divergent—or absent—definitions of self-defense make it difficult to ‘compare apples with apples’ across research studies (Shorey et al., 2010).

In summary, there are multiple methodological and conceptual issues with motives research. Researchers have measured different concepts, measured the same concepts in different ways, and used a variety of imprecise and non-comprehensive measures to do both (Langhinrichsen-Rohling et al., 2012).

4. Existing theoretical frameworks for motives for intimate partner violence

In part, the methodological and conceptual issues identified above can be attributed to the absence of a comprehensive theoretical framework for systemically investigating motives for IPV (Flynn & Graham, 2010). We argue that such a framework should address several existing limitations of motives research. First, in order to provide much needed conceptual clarity to the motives literature, the theoretical framework should separate motives from contextual factors. Nevertheless, the context in which IPV occurs—including perceived reasons and attributions for IPV—remains a crucial component in understanding IPV motives, and should therefore be considered within the framework (Elmquist et al., 2014). Second, the theoretical framework should capture the dynamic nature of IPV events. Specifically, researchers have found that multiple motives drive IPV perpetration during a specific IPV episode (Olson & Lloyd, 2005; Shorey et al., 2011). When asked to recall their motives during their most troubling or distressing verbal disagreement in which they had perpetrated psychological aggression against a dating partner, participants in Shorey et al.’s (2011) study reported an average of 10.87 motives and 3.79 acts of psychological aggression. Similarly, Stairmand, Polaschek, and Dixon’s (2019) event process model of FV perpetration (FVEPM) highlights the dynamic selection and

reselection of FV acts and motives as conflict escalates during a FV event. In light of this research, theoretical models should provide a temporal framework for understanding multiple and changing motives during a single IPV event.

In an effort to address the conceptual issues identified above, and to provide a framework for better understanding IPV acts involving multiple reasons, Flynn and Graham (2010) developed a conceptual model of perceived reasons for aggression towards intimate partners. The model organizes perceived reasons for IPV into three levels of influence according to their proximity to an IPV episode. Level 1 includes background and personal attributes pertaining to enduring personal characteristics and childhood experiences. Reasons at this level of explanation may include violence-supportive beliefs, childhood exposure to FV, and emotional regulation and mental health difficulties. Level 2 includes current life circumstances, or temporary situations that contribute—directly or otherwise—to conflict and IPV perpetration. Reasons at this level may include personal and relationship stress, relationship dissatisfaction, and substance abuse. Finally, Level 3 includes precursors or precipitators pertaining to the immediate context in which an IPV episode occurs. Reasons at this level may include current mood and cognitions, being under the influence of substances, dyadic interactions, and the target’s behavior. Reasons at each level may be solely perceived to result in IPV perpetration, or reasons at different levels may interact to explain IPV perpetration.

Flynn and Graham’s (2010) model provides one potential framework for examining perceived reasons for IPV. However, it has several limitations. First, while Flynn and Graham separate factors according to their proximity to the IPV episode, motives, reasons, attributions, and other contextual factors are not explicitly differentiated from one another. Second, although the model allows for multiple reasons to be endorsed, the dynamic nature of IPV episodes—and corresponding changes in perceived reasons—are not well represented in this model. Given these limitations, and in the absence of other theoretical frameworks, theory development remains an important next step in motives research (Neal et al., 2015).

5. Theoretical foundations of the proposed conceptual framework

In the following section, we propose a conceptual framework of motives for IPV. In this section, we provide an overview of two theoretical models that informed the development of our conceptual framework: the social interactionist

theory of coercive actions (Tedeschi & Felson, 1994) and the FVEPM (Stairmand et al., 2019).

5.1. The social interactionist theory of coercive actions

Felson and Tedeschi's (1993) social interactionist approach—and the resulting social interactionist theory of coercive actions (Tedeschi & Felson, 1994)—integrates interdisciplinary theory and research on aggression and violence. Although the social interactionist approach has infrequently been applied to motives, reasons, or attributions for aggressive acts, research suggests that it may prove a fruitful approach (Bunk, Karabin, & Lear, 2011). There are four key principles of the social interactionist approach: (1) all aggression is instrumental in that it provides a means of achieving individual goals and values; (2) aggression is a consequence of social interaction, not solely of internal psychological processes; (3) aggressive behavior is strongly influenced by situational and interpersonal factors; and (4) intrapersonal processes (e.g., values, beliefs, expectations) help to determine whether, and what, aggressive acts are chosen (Felson & Tedeschi, 1993).

Governed by these four principles, the social interactionist theory of coercive actions seeks to explain why people use coercive actions in social situations (Tedeschi & Felson, 1994). A coercive action is defined as any action carried out with the intent of harming, or ensuring the compliance of, the target of the action (Tedeschi & Felson, 1994). The social interactionist theory of coercive actions is built on the premise that all coercive actions serve a social function; specifically, they represent actors' efforts to realize personal goals by effecting change—be it cognitive, emotional, or physical—in the target. As such, coercive actions can only be explained when viewed within an interpersonal context.

As shown in Figure 1, the social interactionist theory of coercive actions involves three key components: acts, proximate outcomes, and terminal outcomes (Tedeschi & Felson, 1994). Acts are carried out with the expectation that they will elicit a valued proximate outcome; proximate outcomes are valued because they are perceived to be instrumental in eliciting another, more terminal outcome that the actor is motivated to obtain. In other words, a proximate outcome is not inherently valuable in and of itself; its value lies in the actor's perception of a causal relationship between the proximate and terminal outcome.

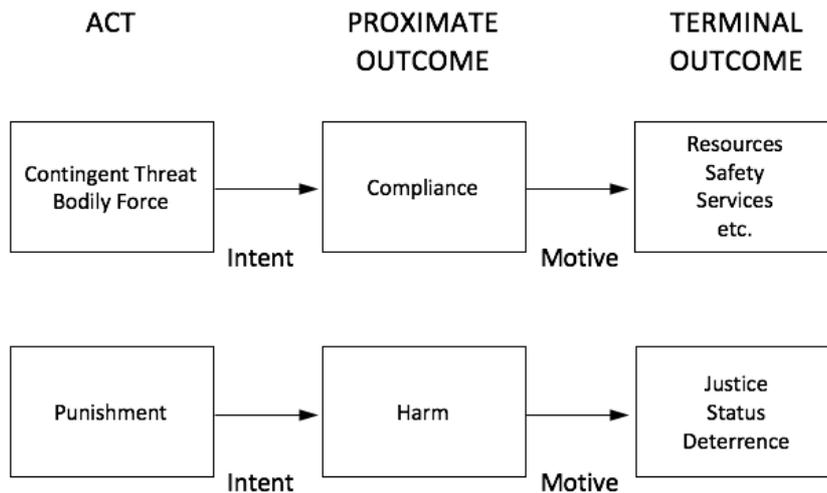


Figure 1. The components of coercive actions. From *Violence, Aggression, and Coercive Actions* (p. 164), by J. T. Tedeschi and R. B. Felson, 1994, Washington, DC: American Psychological Association. Copyright 1994 by the American Psychological Association.

Tedeschi and Felson (1994) distinguished between three types of acts: threats, bodily force, and punishment. Threats are the actor's expression of their intention to harm the target: contingent threats communicate an intention to harm the target if the target does not comply with the actor's demand, and noncontingent threats communicate an intention to harm the target independent of the target's future behavior. Whereas contingent threats are driven by a compliance intention, noncontingent threats are a form of punishment driven by a harm intention. Bodily force is any act of physical contact intended to stop the target's current behavior or facilitate their future behavior. Punishments are verbal and physical acts carried out with the intention of causing harm to the target.

There are two proximate outcomes: compliance, and harm. Compliance involves the actor's intention to ensure that the target performs a behavior valued by—or stops performing a behavior not valued by—the actor. Harm involves the actor's intention to deliver some form of physical or social (e.g., damaging one's social identity, power, or status) harm to the target, or to deprive them of social (e.g., friendships) or material (e.g., money) resources.

Terminal outcomes include access to resources (e.g., information, money, goods, services, safety), retributive justice (e.g., delivering harm to the target in retaliation for harm inflicted by the target), deterrence (e.g., changing or discouraging the target's future behavior), and self-presentation. Self-presentation includes efforts to establish, restore, or maintain a valued social identity, be this

privately (e.g., seeing oneself as powerful) or for others (e.g., others seeing one as powerful).

As shown in Figure 1, acts and terminal outcomes can be differentiated according to the proximate outcome—compliance or harm—to which they pertain. For example, in the compliance pathway, the actor may threaten to hit the target if the target does not give them access to the target's cellphone (act: contingent threat); the actor wants the target to give them their cellphone (intention: compliance) because they believe there is evidence on the cellphone that the target is cheating on them (motive: access to resources; information). Alternatively, in the punishment pathway, the actor may hit the target (act: physical punishment) because they believe that doing so will cause physical harm to the target (intention: harm), thereby 'getting back' at the target for the emotional pain the target has inflicted on them (terminal outcome: retributive justice).

Although the social interactionist theory of coercive actions emphasizes the role of social interaction and situational factors in contributing to coercive actions, intrapersonal factors (e.g., cognitions, emotions, enduring personality characteristics, prior life experiences) are also considered to be important (Tedeschi & Felson, 1994). Which coercive action is chosen, and whether one is chosen at all, is determined by the perceived likelihood of achieving a certain outcome, the value the actor assigns to that outcome, the costs incurred to obtain the outcome, and more fleeting intrapersonal processes such as script activation, intoxication, and emotional arousal (Tedeschi & Felson, 1994). In this regard, the social interactionist theory of coercive actions borrows heavily from social learning theory (Bandura, 1973, 1977) concerning the importance of an individual's learning history in determining their selection and use of coercive actions.

Although the social interactionist theory of coercive actions sets out the processes involved in a single coercive act, it acknowledges that a single act may simultaneously be driven by multiple terminal outcomes. For example, the actor may punch the target in an effort to achieve retributive justice, but also to deter future behavior (Felson, 2002). However, research suggests that discrete IPV events may involve multiple acts as well as multiple motives (Shorey et al., 2011). To better understand the dynamic nature of IPV events, we turn to the FVEPM (Stairmand et al., 2019).

5.2. *The event process model of family violence (FVEPM)*

Stairmand et al.'s (2019) model of the intrapersonal and interpersonal processes involved in a FV event provides an organizing framework from which to understand the temporal order of FV events involving multiple acts and motives. The FVEPM was developed based on the event narratives of 14 men and 13 women completing community-based FV perpetrator treatment programs. The FVEPM presents a temporal outline of a FV event—including its cognitive, behavioral, contextual, and motivational components—from the actor's perspective. The model comprises four sections organized temporally from the most distal to the most proximal factors in relation to the FV event. The first two sections describe more distal factors (e.g., the actor's upbringing and early relationship history, the actor and target's relationship history and the build-up to the FV event) that are important in understanding the FV event. The third section describes the FV event itself, and it is primarily this section that guides the development of the conceptual framework for IPV motives. The final section describes the immediate aftermath of the FV event. According to the FVEPM, a FV event begins with either the actor or target's evaluation that the other's behavior is unacceptable, and that this perceived transgression requires a response. Regardless of who makes the initial evaluation, it requires the actor to select a strategy for managing their pending or current interaction with the target. The actor's strategy comprises the three components of a coercive action—act, intention, and motive—outlined by Tedeschi and Felson (1994). This initial strategy may or may not involve an act of physical FV. In FV events in which the actor's goal is immediately realized, the FV event may end at this point. For example, the actor demands that the target leaves the house, the target does so, and the FV event ends. However, in some FV events the target may respond—violently or non-violently—to the actor's initial strategy in a manner that does not allow the actor's goal to be realized. For example, the actor demands that the target leaves the house, and the target refuses to do so. These situations may result in an extended period of counter-escalation, during which the actor reselects and enacts multiple and changing strategies to manage their interaction with the target. If the actor's goal remains unrealized, their strategy tends to escalate in severity; for example, replacing a verbal act (e.g., a demand) with a physical act (e.g., a push), or shifting from a compliance to a harm intention. When the actor's current goal is realized, the FV event is likely to end. In other words, once the

initial evaluation is acted on, internal (e.g., evaluations) and external (e.g., retaliation, physical intervention) responses by the actor, target, and third parties determine the duration and course of the FV event.

The temporal process outlined in the FVEPM (Stairmand et al., 2019) is consistent with Felson's (1984) exploration of the processes involved in aggressive interactions. Specifically, Felson found that the majority of aggressive interactions begin with a perceived rule violation by the target; the actor responds to this perceived violation by issuing a verbal request or command in an effort to enforce social control. Whereas de-escalatory responses (e.g., the target provides explanations for their behavior) result in a decreased likelihood of physical attacks, escalatory responses (e.g., reproaches, noncompliance) result in the escalation of conflict from insults and threats to physical attacks. The final stages of an aggressive interaction include submission by the target (e.g., verbal pleas, fleeing the scene, compliance) and mediation (e.g., attempts at reconciliation).

A limitation of the FVEPM (Stairmand et al., 2019) and of Felson's (1984) exploration of aggressive interactions—is that they only account for interactions in which the actor selects an initial strategy based on their perceived unacceptability of the target's behavior. However, this other-focused evaluation cannot account for all IPV events; an IPV event may also begin with the actor's evaluation of a contextually- or internally-driven need (e.g., pleasure, to maintain a position of power) that is made independently of the target's behavior. For example, in a study of motives for IPV among a court-mandated sample of non-violence program participants, men reported that their IPV occurred because they were angry at someone else and took it out on their partner (11.8% of IPV events), and because it was sexually arousing (9.1%; Elmquist et al., 2014).

6. The conceptual framework for intimate partner violence motives

6.1. The conceptual framework

Drawing upon the social interactionist theory of coercive actions (Tedeschi & Felson, 1994) and the FVEPM (Stairmand et al., 2019), we present here a conceptual framework for IPV motives (see Figure 2). The proposed framework combines both models by embedding Tedeschi and Felson's (1994) coercive actions within a simplified version of Section 3 ('Event') of the FVEPM. The conceptual framework considers motives for IPV within a discrete IPV event; necessarily, it considers the IPV event from the actor's perspective. It comprises four sections: (1) perceived transgression or need, (2) capabilities and current

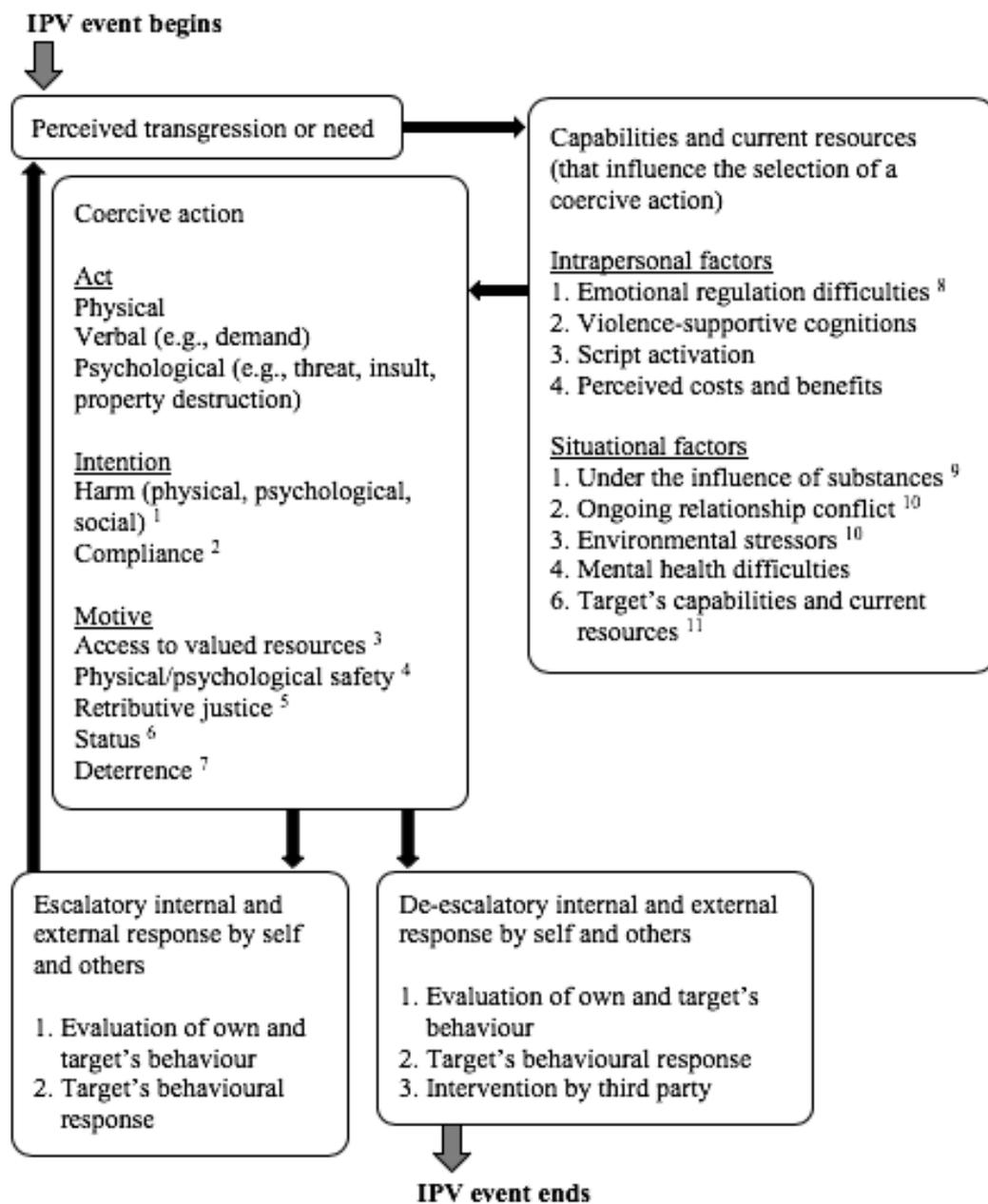


Figure 2. The conceptual framework for IPV motives.¹

resources, (3) coercive action, and (4) internal and external responses by self and others.

We are guided by Stairmand et al.'s (2019) research regarding the temporal structure and processes likely to be involved in a IPV event. Consistent with the FVEPM, our contextual framework begins with a perceived transgression; that is, the target performs a behavior that the actor perceives to be unacceptable and that requires a response. Alternatively, the actor identifies a perceived need (e.g., to maintain a position of power) independent of the target's behavior. In either scenario, and within the context of their capabilities and current resources, the actor selects and enacts a strategy (i.e. a coercive action) for

managing the perceived transgression or need. Internal and external responses by the actor, target, or a third party determine what happens next. These responses include the actor's evaluation of their own and the target's behavior, the target's behavioral response, and intervention by a third party. The actor typically deems any response by the target that does not result in the actor's goal realization to be a further perceived transgression, creating a feedback loop in which the actor reselects a coercive action of increasing severity (e.g., from a verbal request to minor psychological IPV to physical IPV). Alternatively, a negative evaluation by the actor, or a de-escalatory response by the actor, target, or a third party typically may signal the end of the IPV event. Multiple feedback loops—and therefore multiple coercive actions—may occur within one IPV event.

Consistent with Tedeschi and Felson (1994), we conceptualize motives as being one of three components of a coercive action. Specifically, motives represent the desire to effect physical, cognitive, or emotional change in the target in order to achieve one of five specific goals: access to valued resources and experiences, physical or psychological safety and wellbeing, retributive justice, status, and deterrence. These goals are achieved by ensuring the compliance of, or delivering harm to, the target using a range of verbal, psychological, and physical acts.

Tedeschi and Felson's (1994) and Stairmand et al.'s (2019) emphasis on the influential role of situational and intrapersonal factors in contributing to acts of IPV, in addition to assertions by IPV researchers that IPV perpetration must be considered within the context in which it occurs (Bell & Naugle, 2008; Wilkinson & Hamerschlag, 2005), warrants the explicit consideration of these factors in our conceptual framework. The proposed framework provides examples of intrapersonal and situational factors that are frequently identified as contributing to IPV perpetration (see Stith et al., 2009; Stith, Smith, Penn, Ward & Tritt, 2004). These factors are examples only, and likely do not represent an exhaustive list. Figure 3 provides a case example to demonstrate how the conceptual framework may be used in research and practice.

6.2. Integrating and organizing motives research

A necessary requirement of the proposed conceptual framework is its ability to integrate and organize existing motives research. Table 1 provides an overview of motives, reasons, and attributions commonly included in existing measures, and their relationship to different sections of the conceptual

Case example: Bill and Lisa are de-facto partners of 10 years. They have three young children. Bill's description of this recent IPV event is as follows:

"A few days before I hit Lisa, my granddad died. I loved my grandad—he raised me—and I was devastated that he died. The night I hit her, I was feeling really sorry for myself so I decided to drink all of my grandad's homebrew that I had inherited. Lisa walked into the garage where I was drinking and told me that she was sick of me drinking all the time and that I had to choose between alcohol and her and the kids. I had only just started drinking so I told her to piss off and leave me alone – I just wanted to be left alone in peace. About an hour later I saw her throwing my clothes outside on the wet ground. I was pretty drunk by then and I was already feeling really upset about my grandad. It made me furious that she would do something like that. I thought that she was trying to hurt me on purpose. I went inside and told her I was going to give her a f**king hiding. I wanted to make her feel scared so she knew I wasn't going to let her treat me like that. Then she pushed me and I lost it. I slapped her in the face and pushed her and she fell on the ground. I suppose I did want to hurt her. I wanted to get her back for what she had done to me. When I saw her crying on the ground I felt terrible – I should never have put my hands on her. I left home and went and stayed at my mate's place for the night.

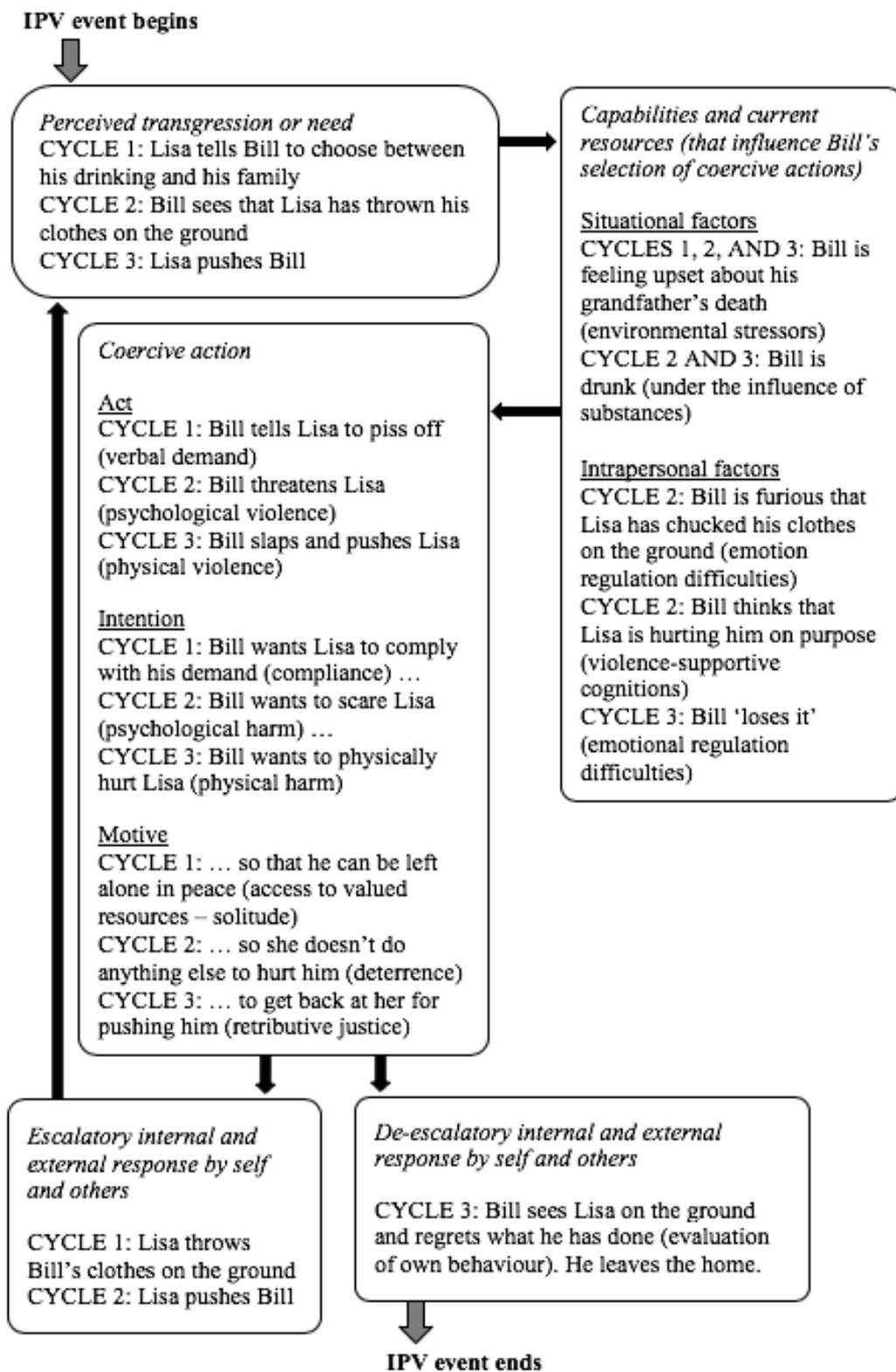


Figure 3. A case study example using the conceptual framework for IPV motives.

Table 1
Summary Table of the Relationship Between the Conceptual Framework for Intimate Partner Violence (IPV) Motives and Existing Motives Measures

Factor	Corresponding items in existing measures	Measure (Author)
Coercive action		
Intention		
Harm ¹	To harm your partner; To intimidate your partner; To physically hurt him To hurt your partner's feelings; To make your partner scared or afraid	Motives and Reasons for IPV scale (MRIPV; Caldwell et al., 2009) Reasons for Violence Scale (RVS; Stuart et al., 2006)
Compliance ²	To make your partner do the things you wanted him to do To get your partner to do something or stop doing something; To make your partner agree with you To make him/her do what I wanted	MRIPV (Caldwell et al., 2009) RVS (Stuart et al., 2006) (Carrado, George, Loxam, Jones, & Templar, 1996)
Motive		
Access to valued resources ³	"Get" something To shut your partner up or to get your partner to leave you alone To protect self (i.e. self-defense)	(Makepeace, 1986) RVS (Stuart et al., 2006) Motivations and Effect Questionnaire (MEQ; Follingstad et al., 1991)
Physical or psychological safety ⁴	You were protecting yourself from physical harm To escape my partner Because you knew a beating was coming and you wanted to get it over with	The Relationship Abuse Questionnaire (RAQ; Barnett, Lee, & Thelen, 1997) (Whitaker, 2014) MRIPV (Caldwell et al., 2009)
Retributive justice ⁵	You were teaching your partner a lesson To punish person for wrong behavior To get back at my partner for verbal abuse; To get back at my partner for physical abuse Because your partner said something that hurt you	RAQ (Barnett et al., 1997) MEQ (Follingstad et al., 1991) (Whitaker, 2014) MRIPV (Caldwell et al., 2009)

Table 1 (continued)

Factor	Corresponding items in existing measures	Measure (Author)
Status ⁶	To show who is boss To feel more powerful To feel in control	(Whitaker, 2014) MEQ (Follingstad et al., 1991) MRIPV (Caldwell et al., 2009)
Deterrence ⁷	Because you wanted to let him know they couldn't get away with mistreating you	MRIPV (Caldwell et al., 2009)
Capabilities and current resources		
Emotional regulation difficulties ⁸	Because you couldn't stop yourself; Because he made you angry To show anger; Because you were jealous Due to an inability to express self verbally You were letting out your violent feelings I lost my temper	MRIPV (Caldwell et al., 2009) RVS (Stuart et al., 2006) MEQ (Follingstad et al., 1991) RAQ (Barnett et al., 1997) (Whitaker, 2014)
Under the influence of substances ⁹	Because you were under the influence of alcohol; Because you were under the influence of drugs I was drunk or high	RVS (Stuart et al., 2006) (Whitaker, 2014)
Ongoing relationship conflict/environmental stressors ¹⁰	Because of stress; Because you were angry at someone else but took it out on your partner	RVS (Stuart et al., 2006)
Target's capabilities and current resources ¹¹	To get your partner's attention To get him to take you seriously I thought it was the only way to get through to him/her To make my partner listen	RVS (Stuart et al., 2006) MRIPV (Caldwell et al., 2009) (Carrado et al., 1996) (Whitaker, 2014)

model. This relationship is depicted by the corresponding numbers (1-11) following multiple individual factors in Figure 2. As shown in Figure 2 and Table 1, existing motives research provides a conceptually ambiguous—and often inconsistent—account of what constitutes motives for IPV and what constitutes the context in which particular motives are selected. First, our framework provides conceptual clarity by differentiating between actors' intentions and motives. Although intentions (i.e. compliance and harm) are commonly measured in motives research, we argue that the actor values these intentions based on the perceived causal role they play in eliciting another valued outcome; it is the actor's motive, not their intention, that ultimately drives their IPV perpetration. Our conceptual framework further enhances conceptual clarity by separating motives themselves from the range of intrapersonal and situational factors that facilitate and constrain the selection of specific motives and their corresponding acts and intentions. For example, the conceptual framework identifies that the actor's intense emotional arousal, violence-supportive cognitions, and recent substance use may facilitate the actor's motive to achieve retributive justice for the harm inflicted on them by the target. They may also facilitate the selection of a physically—instead of a psychologically—violent act. These factors provide the contextual backdrop for understanding the actor's strategy selection; however, they cannot be considered motives themselves (Winstok et al., 2017). Rather than identifying multiple motives that drive IPV perpetration, then, existing research (Olson & Lloyd, 2005; Shorey et al., 2011) may instead be identifying the complex context in which acts of IPV occur.

7. Clinical and research implications of the conceptual framework

The conceptual framework for IPV motives has implications for both clinical practice and IPV research. Pertaining to clinical practice, the conceptual framework enhances conceptual clarity by delineating the actor's motives(s) during an IPV event from the contextual factors that determine which behavior the actor will select in order to achieve this goal. This more fine-grained analysis of IPV motives may provide a more meaningful inventory of potential intervention targets. For example, a 'self-defense' motive is not inherently meaningful from a clinical perspective because it embeds a perceived transgression (i.e. "My partner hit me first") within the motive itself. As such, 'self-defense motives suggest that IPV perpetration has a purely situational cause; the actor hit the target because the target hit them (Ross, 2011). This definition implies that the necessary

intervention to stop the actor's IPV perpetration is for the target to stop hitting the actor. Perhaps this may work. But while the actor's IPV use may occur within this context, this simplistic account may conceal the fact that a history of IPV victimization may have resulted in the actor developing ways of thinking (e.g., schemas, violence supportive cognitions), behaving (e.g., the use of violence as an emotional regulation tool) and experiencing (e.g., trauma symptoms) that warrant intervention in and of themselves. Understanding the actor's motive (retributive justice vs. physical safety or wellbeing) and intention (harm vs. compliance) within the situational and interpersonal context of an IPV event allows for these important distinctions to be made. Further, the explicit consideration of the dynamic nature of strategy selection during an IPV event may provide useful clinical information; for example, if there are meaningful differences in IPV events characterized by only compliance, only harm, or both compliance and harm intentions. This suggestion identifies a potential avenue for future research.

As identified in Section 4, the absence of a comprehensive theoretical framework for systematically exploring motives for IPV has contributed to the methodological and conceptual issues currently plaguing motives research. From a research perspective, the proposed conceptual framework may go some way to addressing these issues, by providing researchers with a platform from which to investigate motives for IPV in a consistent and non-ambiguous manner across research studies. Along these lines, researchers may use our framework as the basis for developing a new motives measure. Further, the conceptual model allows researchers to tease apart the selection of multiple and changing motives as an IPV event unfolds. Specifically, the feedback loop in the conceptual model identifies the dynamic nature of strategy selection as the IPV event escalates. Although each coercive action is interrelated, examining each in isolation may allow researchers to better determine whether particular motives drive specific IPV acts (Flynn & Graham, 2010). The benefits of this approach have been identified in research examining sexual offenses (Polaschek, Hudson, Ward, & Siegert, 2001).

8. Conclusions

The conceptual framework for IPV motives represents an initial attempt to provide a comprehensive theoretical framework from which to systematically examine motives for IPV. The conceptual framework addresses conceptual limitations of motives research and advances existing theoretical models by (1)

differentiating motives from reasons, attributions, and contextual factors that influence the selection of specific motives, and (2) providing an organizing framework from which to better understand the dynamic nature of IPV events. Given that the conceptual framework only considers motives for physical and psychological IPV, further research is required to determine its utility for understanding motives for sexual IPV, as well as for non-IPV forms of family violence (e.g., child maltreatment). Motives research and theory remains in its infancy, and gaining insight into motives for IPV has important implications for theory development and service provision (Langhinrichsen-Rohling et al., 2012). Further development and validation of the conceptual model may offer one alternative for developing such insight.

Notes

1. Each number in the figure corresponds to motives for IPV commonly measured in IPV research (see Section 6.2 and Table 1).

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Chapter 9: Discussion

The purpose of the current research was to develop a Level III theory of family violence (FV). Specifically, we intended to provide a descriptive theoretical account of perpetrators' perspectives on what happens and why it happens during a FV event (FVE). In doing so, we aimed to gain insight into the presence and interaction of intrapersonal, interpersonal, and situational factors that contribute to FV perpetration during a FVE, and to identify distinct pathways to FV perpetration. We begin our discussion by comparing the event process model of FV (the FVEPM) with existing Level III theories of FV. Next we discuss the implications of the FVEPM and its pathways for Level I and II theories, before commenting on their clinical implications across all levels of theory. Finally, we outline the limitations of the current research and potential avenues for future research. Throughout this chapter, we refer to participants from our first study (i.e., development of the FVEPM and its pathways) as the FVEPM development sample and participants from our second study (i.e., generalisability of the FVEPM and its pathways) as the incarcerated sample. We collectively refer to participants from both studies as participants.

Comparison with Other Level III Theories of Family Violence

Level III (micro-level) theories present a descriptive account of the offence process itself (Ward & Hudson, 1998). In Chapter 2, we outlined the single Level III theory of FV to date: Drummond's (1999) offence process model of intimate partner violence (IPV). Drummond's model was based on the accounts of 10 incarcerated New Zealand European men who had perpetrated physical IPV towards their female partner. The model contains four phases—background factors, offence context/build-up, offence, and post-offence—that map neatly onto the four sections of the FVEPM. We briefly explore key similarities and differences between each phase/section, before considering how the FVEPM extends the offence process model of IPV.

Section 1 of the FVEPM ('Background factors') is largely consistent with Drummond's (1999) background phase. Specifically, both models identify how participants' exposure to FV—both as witnesses and victims—and dysfunctional parenting practices contribute to their emotional regulation difficulties, violence-supportive schemas, physical violence, and early substance use. These developmental experiences and their sequelae are also frequently reported in offence process models for other types of violent and sexual offending (Murdoch,

Vess, & Ward, 2012; Polaschek, Hudson, Ward, & Siegert, 2001). Interestingly, participants' experiences of failed support seeking—a notable feature of the FVEPM—are noticeably absent from Drummond's model. However, given the brevity of the description accompanying the background phase, it is plausible that failed support seeking was also experienced by, but not explored with, Drummond's participant sample.

Section 2 of the FVEPM ('Event build-up) and Drummond's (1999) offence context-build-up phase similarly describe participants' relationships with event victims and the environmental context in which the FVE occurred. In both models, participants' and event victims' relationships are characterised by frequent conflict, recurrent failed attempts to resolve relationship stressors, and maladaptive discussion-based (e.g., avoidance) and violence-based communication and conflict resolution strategies. Drummond similarly identified participants' intentions to refrain from using FV towards event victims, despite their more general endorsement of violence-supportive beliefs (e.g., 'If attacked, attack back'). These non-violent intentions were an interesting feature of the FVEPM, particularly for the incarcerated sample as they were often in stark contrast to the violence they routinely perpetrated in other interpersonal—particularly gang—contexts. Whereas many features of Drummond's offence context/build-up phase are consistent with those described by the FVEPM development sample, others are more consistent with those described by the incarcerated sample. For example, as reported by the incarcerated sample, Drummond's offence context/build-up phase is characterised by participants' routine use of physical FV towards event victims; the FVEPM development sample did not report their characteristic FV use. In contrast, Drummond's model is characterised by participants' experiences of environmental stressors in the lead-up to the FVE; these experiences were reported by the FVEPM development sample, but not the incarcerated sample.

Section 3 ('Event') of the FVEPM and Drummond's (1999) offence phase highlight the dynamic and unplanned nature of FVEs. In both models, the offence/event phase begins with a period of verbal conflict that escalates to participants'—and also often event victims'—use of psychological and physical FV. During this process, changing intrapersonal and interpersonal factors contribute to participants' dynamic strategy selection and reselection. For example, participants reported experiencing escalating anger, and responding to

event victims' perceived escalatory acts with their own counter-escalation. Eventually, participants reach a tipping point—characterised by a perceived loss of control—that culminates in their physical FV use, ranging in severity from a single push to a sustained physical attack. Drummond's description of participants' transition from psychological to physical FV, and from attempts to resolve conflict to retaliatory acts, are consistent with the FVEPM's account of participants' shift from verbal to physical acts and from compliance to harm intentions. To a lesser extent, Drummond's description of participants' decreasing cognitive control, in combination with their reaching a perceived tipping point, are somewhat consistent with the script activation process described in the FVEPM. However, although Drummond alludes to participants' potential dissociative experiences (e.g., an inability to remember the FVE) when considering participants' evaluations in the post-offence phase, these experiences are not explicitly considered in the offence phase. In contrast, participants' dissociative experiences are a key feature of the FVEPM.

Importantly, both the FVEPM and the offence process model of IPV are characterised by the absence of a distal planning phase; that is, participants consistently reported that they did not enter the FVE with an intention to use physical FV. While the dynamic nature of participants' strategy selection during the FVE is consistent with offence process models for other offence types (Murdoch et al., 2012; Polaschek et al., 2001), this lack of distal planning appears to be a unique feature of FV perpetration. This finding illustrates the importance of understanding the sequences of action and interaction that precede FV perpetration during a FVE, thereby highlighting the potential theoretical contribution of event-based models. Further, participants' dynamic strategy selection described in the event/offence phase identifies that participants typically perpetrate multiple acts—for multiple reasons—during a single FVE. This has important implications for understanding motives for FV, as it suggests the need for a conceptual framework that can account for this dynamic process by teasing apart the selection of multiple and changing motives as a FVE unfolds. We proposed such a framework in Chapter 8.

Finally, Section 4 ('Post-event') of the FVEPM is largely consistent with Drummond's (1999) post-offence phase. As in the FVEPM, Drummond's model identifies that participants' evaluations of the FVE can have both positive and negative components, with their overall evaluation being either largely negative

or positive. Whereas Drummond's post-offence phase focuses on participants' evaluations of the FVE (including their behavioural, affective, and cognitive components), the FVEPM also provides a description of post-event intervention seeking by participants and others, as well as the consequences to participants—both externally- and self-imposed—for their actions.

The FVEPM expands upon Drummond's (1999) offence process model of IPV in two important ways: It is based on the narratives of a more diverse range of FV perpetrators, and it identifies distinct pathways to FV. First, whereas the offence process model of IPV considers male-perpetrated physical IPV, the FVEPM considers physical and psychological FV perpetrated by both men and women towards intimate partners, children, siblings, and parents. Although the FVEPM largely describes FVEs involving physical IPV—a limitation described later in the chapter—its ability to accommodate multiple types of FV suggests that one theoretical framework may be sufficient to explain diverse forms of FV at an event-based level. In contrast to the FVEPM, aetiological theories of FV are typically specific to IPV or child abuse and neglect (CAN), while ignoring other types of FV (Dixon & Slep, 2017). Although this 'singling-out' approach may in part be a pragmatic decision (e.g., because FV research also considers different types of FV in isolation), it can also arise from pre-determined ideological beliefs regarding the need for separate theoretical explanations (Dobash & Dobash, 1979). While understanding distinctive aetiology is important, this fragmented approach does not acknowledge that individuals who behave violently towards one family member are at increased risk of behaving violently towards another (Dixon, Hamilton-Giachritsis, Browne, & Ostapuik, 2007). It is also unhelpful from a practical standpoint, given that intervention programmes are often required to accommodate diverse types of FV perpetration. Along these lines, the FVEPM represents a novel—albeit preliminary—attempt to integrate theoretical understandings of multiple types of FV.

Second, a primary limitation of Drummond's (1999) offence process model of IPV—and of existing Level 1 (multi-factor) theories of FV—is that they can account for, but do not explain, the heterogeneous nature of FV. That is, they do not explain why particular individuals, in particular contexts, perpetrate particular types of FV. Our research expands upon Drummond's model by identifying distinct pathways to FV. These pathways—described in Chapter 6—can be differentiated by the distinct patterns of cognition, affect, motivation, and

behaviour that characterise a FVE. For example, Pathway 1 is characterised by participants' violence-supportive cognitions, intensely energised emotions, multiple changing acts and intentions, an extended period of conflict escalation, and physical FV of a wide range of severity. Pathway 2 is characterised by participants' dissociative experiences and script activation, intensely energised emotions, an unchanging intention to harm event victims, the absence of conflict escalation, and severe physical FV that caused significant injury to event victims. Finally, Pathway 3 is characterised by the absence of participants' escalating anger and violence-supportive cognitions, an unchanging intention to elicit event victims' compliance, conflict escalation, and participants' minor physical FV perpetration.

The key features of the FVEPM pathways are largely consistent with the results of a previous thematic analysis of victims' and perpetrators' offence narratives in a community sample (Testa, Petrocelli, Crane, Kubiak, & Leonard, 2017). In Testa et al.'s (2017) thematic analysis, the majority of offence narratives were characterised by minor physical IPV (e.g., a single slap or push). All but one offence narrative could be classified according to one of three primary functions of physical IPV: Expressive, Punishment, and Instrumental. Consistent with Pathway 1, Expressive narratives involved the use of physical IPV following an extended period of conflict escalation in which participants reported their increasing anger, loss of control, and perceived inability to express their intensifying emotions using verbal means. Consistent with Pathway 2, Punishment narratives involved the immediate perpetration of physical IPV in an effort to punish a partner following a perceived serious transgression. However, the authors did not describe participants' script activation and dissociative experiences that were a key feature of Pathway 2. Consistent with Pathway 3, Instrumental narratives involved the use of physical IPV to achieve a specific purpose (e.g., to make a partner leave) in the absence of escalating anger and conflict escalation. The theoretical and clinical implications of the distinct features that characterise each FVEPM pathway (for example, dissociation in Pathway 2), are discussed in the sections below.

Theoretical Implications

Implications for Level I theories. Level I (multi-factor) theories incorporate multiple causal factors to offer a comprehensive account of a phenomenon (Ward & Hudson, 1998). In Chapter 2, we outlined four Level I

theories of FV: Nested ecological theories (Belsky, 1980; Dutton, 1985, 2006), the ecological-transactional model of child maltreatment (Cicchetti & Lynch, 1993, Cicchetti et al., 2000), the I³ model (Finkel, 2008, 2014), and the dyadic model of partner violence (Bartholomew & Cobb, 2011). The FVEPM supports the key premise of these theories that theoretical accounts of FV need to consider multiple risk factors at multiple levels of analysis. Specifically, the FVEPM identifies that numerous ontogenetic (e.g., emotion regulation difficulties), microsystem (e.g., dyadic communication and conflict resolution strategies), and exosystem (e.g., environmental stressors) factors contribute to FV perpetration during a FVE. Consistent with these Level I theories, the FVEPM suggests that theoretical accounts of FV should consider how dyadic interaction patterns, and the temporal nature and interaction of risk factors, may contribute to FV perpetration during a FVE. The FVEPM also identifies a potential gap in existing Level I theories: the role of trauma and dissociation in contributing to FV perpetration. Each implication will be explored in turn.

Each of the four Level I theories identified above highlight the role of dyadic interaction patterns in contributing to FV perpetration. Indeed, dyadic interaction patterns proved to be a key feature of the FVEPM and its pathways. For example, Pathway 1 and 3 FVEs were often characterised by an extended period of conflict escalation preceding participants' FV perpetration. Particularly for the FVEPM development sample, FVEs typically involved event victims' use of physical and psychological FV, both before and after participants' FV perpetration. Although event victims in the incarcerated sample very rarely used physical FV, some participants reported event victims' perceived escalatory acts using non-physical means (e.g., taunting the participant, spitting on the participant, removing personal possessions from the participant to prevent them from leaving). These findings highlight the need for theoretical models of FV to consider how dyadic interaction patterns may contribute to FV perpetration.

Along these lines, the dyadic model of partner violence (Bartholomew & Cobb, 2011) identifies the need to consider risk factors relating to *both* partners that may contribute to interpersonal conflict and IPV perpetration. This idea has empirical support; recent research findings suggest that a range of partner risk factors (e.g., emotion dysregulation, childhood victimisation, illicit drug use, recent life stressors) are associated with an increased likelihood of the actor's physical, sexual, and psychological IPV perpetration (Johnson, Taylor, Mumford,

& Liu, 2019; Lee, Rodriguez, Edwards, & Neal, 2019). Contrary to commonly-held beliefs, considering partner risk factors and dyadic interaction patterns does not provide a justification for participants' FV perpetration, nor does it blame event victims for participants' actions; rather, it provides vital information about the circumstances in which FV perpetration may occur (Dutton & Corvo, 2007).

Second, our research suggests that in addition to considering the presence of risk factors, theoretical models of FV should also consider how their cumulative and temporal nature contributes to FV perpetration. Both the I³ model (Finkel 2008, 2014) and the ecological-transactional model of child maltreatment (Cicchetti & Lynch, 1993, Cicchetti et al., 2000) propose that the cumulative nature of risk factors determines whether or not an individual uses FV. Specifically, FV perpetration is likely to occur when the strength of combined risk factors is cumulatively greater than the strength of combined protective factors. The ecological-transactional model of child maltreatment further distinguishes between enduring and temporary risk factors. In our research, these distinctions were crucial in helping to explain between-sample differences in FVE characteristics for Pathway 1. First, comparison of event narratives between the FVEPM development and incarcerated samples suggest that the incarcerated sample collectively endorsed a greater number of risk factors for FV. For example, the incarcerated sample were more likely than the FVEPM development sample to use violence outside of their relationships with event victims, to perpetrate more frequent and a wider variety of FV towards event victims prior to the FVE, to approve of violence, and to hold beliefs regarding the inferiority of women. The incarcerated sample were also less likely than the FVEPM development sample to report their intentions to refrain from using FV towards event victims. The incarcerated sample's relatively higher proportion of risk vs. protective factors meant that they required a lower threshold of instigating factors before perpetrating physical FV during the FVE. This was demonstrated most clearly in solo escalation FVEs, in which participants quickly escalated to physical FV despite a lack of obvious counter-escalation (e.g., the use of physical or psychological FV) by event victims. Second, the FVEPM development sample were much more likely than the incarcerated sample to experience compounding environmental stressors in the lead-up to the FVE. As a result of these experiences, the FVEPM development sample were also more likely to report entering the FVE with depleted emotional and cognitive resources. Based on their

resource depletion, and their escalating anger and increasing violence-supportive cognitions during the FVE, the FVEPM development sample often conceptualised their FV perpetration during the FVE as an inevitable yet uncharacteristic and temporary loss of control. In contrast, the incarcerated sample typically reported that they had remained in control of their actions during the FVE, that they had perpetrated the ‘right’ amount of FV for the given situation, and that they had ended their physical FV when this threshold was reached. Taken together, these findings suggest that the FVEPM development sample’s uncharacteristic FV perpetration can be partially explained by their experiencing temporary risk factors in the lead-up to the FVE. In contrast, the incarcerated sample’s FV perpetration can be largely explained by more enduring risk factors.

Finally, exploring FV perpetration at an event-based level revealed an important risk factor for FV not explicitly considered in existing FV theories: dissociation during a FVE. Although FV theories frequently identify childhood FV victimisation—and to a lesser extent, current FV victimisation—as a risk factor for FV perpetration, none have explicitly identified trauma-related symptoms (i.e., dissociation) as the mechanism that links prior experiences of victimisation with current perpetration. This explicit lack of consideration is at odds with research suggesting that the overwhelming majority of FV perpetrators have experienced traumatic events (Semiatin, Torres, LaMotte, Portnoy, & Murphy, 2017) and that these experiences are associated with later dissociative experiences, including violence-specific dissociation (LaMotte & Murphy, 2017; Simoneti, Scott, & Murphy, 2000; Webermann & Murphy, 2019). Consistent with these findings, nearly all Pathway 2 FVEs—approximately one-fifth of FVEs involving the FVEPM development sample and one-third of events involving the incarcerated sample—were characterised by participants’ dissociation. In these FVEs, participants dissociative experiences were preceded by their intense emotional arousal, either after experiencing FV victimisation from the event victim or following a perceived transgression by the event victim that threatened the continuation of the relationship (e.g., confirmed infidelity). These experiences support the idea that dissociative experiences function as a coping strategy to avoid overwhelming negative emotions (LaMotte & Murphy, 2017; Zorzella, Muller, Cribbie, Bambrah, & Classen, 2019). Exploring risk factors for FV through a trauma-informed lens may prove a fruitful approach, because many risk factors—including emotion dysregulation, violence-supportive schemas, and

social information processing (e.g., hypervigilance to threat)—can also be conceptualised as trauma-related symptoms (LaMotte, Gower, Miles-McLean, Farzan-Kashani, & Murphy, 2019; LaMotte & Murphy, 2017; Semiatin et al., 2017; Zorzella et al., 2019).

Implications for Level II theories. Level II (single-factor) theories provide a detailed account of the causal role of one specific factor in contributing to a phenomenon (Ward & Hudson, 1998). In Chapter 2, we outlined three Level II theories; one—social learning theory—was a source theory, and two—feminist perspectives and attachment theory—were specific FV theories.

Social learning theory (Bandura, 1973, 1977) outlines how an individual's early learning experiences—including direct experiences and observational learning—shape their attitudes and norms, as well as future behaviour. The FVEPM provides support for social learning theory in that it highlights the importance of participants' upbringings and early relationship histories in providing them—or failing to provide them—with the necessary building blocks to effectively manage adverse life experiences and interpersonal conflict. Specifically, many participants identified how their exposure to violent social environments, adverse early events, and dysfunctional parenting practices contributed to the development of three core processes—schemas, ineffective or absent coping strategies, and emotional regulation difficulties—that provided them with an unhelpful base from which to navigate family relationships. These three processes were a salient feature of each stage of the FVEPM as participants entered relationships with event victims in which they continued to experience adversity and interpersonal stressors. Social learning theory can also account for why some participants who were exposed to physical violence did not go on to routinely use physical FV in their relationships with event victim. Specifically, some participants developed a clear intention not to use physical FV towards event victims, based on their determination not to 'let history repeat itself'. According to social learning theory, individuals are not passive recipients of their experiences; rather, cognitive processes (e.g., the ability to reflect on past experiences and regulate behaviour based on personal goals) partially determine whether observed behaviours are performed (Bandura, 1977).

Feminist perspectives in particular have heavily influenced public opinion and professional responses to FV (Bartholomew & Cobb, 2011). Feminist perspectives argue that there is one causal risk factor for FV at the macrosystem

level: patriarchy (Pence & Paymar, 1993). Specifically, FV is viewed as a deliberate, gender-specific tactic by men to exert power and control over women (Yllö, 2005). The findings of our research do not support this contention. Approximately one-fifth of male participants in the FVEPM development sample and one-half of participants in the incarcerated sample reported that their beliefs regarding gender roles and gender inferiority facilitated their use of FV towards event victims. However, across both samples, participants were equally—or more—likely to report that their beliefs regarding the perceived unacceptability of violence towards women prevented them from using FV towards event victims. These beliefs have been reported in other FV research (James, Seddon, & Brown, 2002). Further, approximately one-fifth of participants—both men and women—in the FVEPM development sample and one-half of participants in the incarcerated sample reported their enduring attempts to control event victims (e.g., through social isolation, by restricting personal freedom and decision making regarding what clothes they could wear and how they could spend their time) prior to the FVE. However, participants in both samples were as likely to attribute their enduring attempts to control event victims to their personal and relationship insecurities (e.g., a fear of being cheated on) as they were to their socially-constructed beliefs regarding gender inferiority. This finding supports the need to consider a variety of explanations other than patriarchal beliefs for patterns of controlling behaviour by men and women. For example, acts of FV driven by participants' jealousy and fears of abandonment may better represent attachment anxiety than gendered beliefs (Barbaro, Boutwell, & Shackelford, 2019; Cheche Hoover & Jackson, 2019).

In Chapter 8, our conceptual framework of motives for FV provides further insight into power/control motives by distinguishing between enduring vs. situation-specific attempts to elicit event victims' compliance. Although power/control motives are routinely argued to provide support for feminist perspectives (Langhinrichsen-Rohling, McCullars et al., 2012), we argue that temporary efforts to exert control may be driven by a range of other factors, including access to valued resources and physical or psychological safety. As such, and in contrast to feminist perspectives, we suggest that men and women frequently use FV as a one-sided conflict resolution tactic to elicit situation-specific compliance, and that this tactic is often independent of their more enduring attempts to exert control over partners and other family members.

Clinical Implications

Across pathways, participants' event narratives suggest that their treatment needs are broadly consistent with those already targeted in cognitive behavioural FV treatment programmes. These treatment targets include violence-supportive schemas, emotion dysregulation, deficits in interpersonal communication and conflict resolution skills, and maladaptive coping strategies (including substance use) for managing interpersonal and life stressors. Many participants reported developing these intrapersonal and interpersonal tendencies during their childhood years. Participants also consistently reported their ongoing experiences of failed support seeking. These experiences represent significant and multiple missed opportunities to target potential risk factors for FV at a prevention—rather than intervention—level. Given the high occurrence of intergenerational cycles of FV, developing and implementing prevention approaches remains a necessary step in reducing rates of FV in New Zealand (Ministry of Social Development, 2002).

In addition to the treatment targets identified above, our findings are consistent with the need for FV intervention programmes to be empirically—not ideologically—based (Cantos & O'Leary, 2014). Specifically, our findings suggest that FV perpetrator treatment programmes need to consider perpetrators' experiences of FV victimisation, and to reconsider whether men's collective (i.e. gender-specific and societally-driven) need to exert power and control over women is an appropriate treatment target. Each implication will be explored in turn.

In approximately one-half of FVEs involving the FVEPM development sample, and one-third of FVEs involving the incarcerated sample, event victims were reported to use physical or psychological FV towards participants. This finding is consistent with research that suggests that bi-directional violence is a common feature of violent relationships, both within community and treatment/criminal justice samples (Crane, Hawes, Mandel, & Easton, 2014; Langhinrichsen-Rohling, Misra et al., 2012; Straus, 2011; Wray, Hoyt, Gerstle, & Leitman, 2015). This is not to say that bi-directional FV is symmetrical in terms of motive, frequency, acts, severity, initiation, or impact (Langhinrichsen-Rohling, Misra et al., 2012; Wray et al., 2015). However, the high rates of bi-directional violence reported in our and other research, as well as the well-documented individual-level association between FV victimisation and FV perpetration (Stith et al., 2004), suggest that treatment providers should assess the

possibility that some participants of perpetrator treatment programmes are also currently experiencing FV victimisation (Langhinrichsen-Rohling, Misra et al., 2012).

Similarly, our research suggests that the tendency for treatment providers to offer separate programmes for ‘victims and villains’ (Mack, 1989, p. 192) may be a misguided and ineffective approach for some individuals (Bates, 2016). As we have previously argued, in relationships characterised by extended conflict and bi-directional FV, both persons may benefit from learning the skills taught to individuals in perpetrators treatment programmes. These interventions may be offered individually, or where it is deemed safe and appropriate to do so (e.g., when neither individual reports being fearful of the other, and when low-level, mutual FV is reported) using a couples-based approach (Lee et al., 2019). This systemic approach is in keeping with the reality that couples often choose to continue their relationship after experiencing FV, and long after a treatment programme ends (Bates, 2016). Evaluations of couple-based treatment—both in New Zealand (Chisnell, Peter, Merchant, Luscombe, & Tua, 2019) and overseas (Stith, McCollum, Amanor-Boadu, & Smith, 2012)—appear promising. For example, in New Zealand, a couples-based intervention was delivered to 37 couples with extensive police histories of FV (Chisnell et al., 2019). Analysis of police data for 12 months pre- and post-intervention found a 57% reduction in police FV callouts following intervention; a further 12% of callouts occurred after the couple made preventative phone calls to police.

In both the FVEPM development and incarcerated samples, Pathway 2 participants reported their experiences of dissociation during the FVE; these experiences have similarly been reported among other FV perpetrator samples (Webermann & Murphy, 2019). FVEs characterised by participants’ dissociative experiences typically involved their severe physical FV perpetration. This is consistent with research that suggests that dissociative experiences are associated with more frequent and more severe FV (Mantakos, 2008; Simoneti et al., 2000). Although our focus on a specific FVE meant that we did not explore the frequency of participants’ dissociative experiences, research suggests that those who experience violence-specific dissociation tend to do so on multiple occasions (LaMotte & Murphy, 2017). Taken together, these findings present a convincing argument for the need to prioritise the development of trauma-informed FV perpetrator treatment programmes (Webermann & Murphy, 2019). This need has

received surprisingly little attention (Semiatin et al., 2017), perhaps because a trauma-informed approach may be incorrectly perceived as reducing perpetrator accountability (LaMotte & Murphy, 2017). However, evaluations of trauma-informed FV treatment programmes with military samples suggest that they may be an effective adaptation to existing FV programmes (Karakurt, Koç, Çetinsaya, Ayluçtarhan, & Bolen, 2019). A trauma-informed approach would recognise perpetrators' experiences of FV victimisation (LaMotte et al., 2019), as well as considering how trauma symptoms may prevent participants from utilising skills commonly taught in intervention programmes (LaMotte & Murphy, 2017). For example, dissociation may temporarily prevent an individual from processing and responding to external cues, thereby impacting their ability to self-monitor during a FVE (LaMotte & Murphy, 2017). Similarly, memory blackouts may prevent participants from recalling some or all of a FVE (LaMotte & Murphy, 2017). Consideration of these factors may improve treatment effectiveness by suggesting trauma-related treatment targets, as well as enhancing participant motivation and engagement (LaMotte et al., 2019).

FV perpetrator treatment programmes continue to be informed by Duluth-based perspectives, in which a primary emphasis is placed on male entitlement and men's collective need for power and control over women. However, an increasing number of programme attendees are women, and FV researchers are beginning to question the relevance of Duluth-based approaches for many male perpetrators (Cantos & O'Leary, 2014; James et al., 2002). In our research, a minority of participants reported their enduring attempts to exert control over event victims, and that their beliefs regarding gender roles and gender inferiority facilitated their use of FV. These findings support the contention that Duluth-based intervention programmes may be unsuitable and ineffective for many FV perpetrators (Straus, 2011). Rather than fitting individuals into ideologically-based, 'one-size-fits-all' treatment programmes, our research is consistent with the suggestion that treatment should be delivered based on an individualised assessment of perpetrator's needs, risk factors, and relationship dynamics (Cantos & O'Leary, 2014; Straus, 2011).

Limitations of the Current Research

As briefly discussed in Chapters 5, 6, and 7, our research design presents a number of limitations. First, both research studies were small, qualitative studies, thereby limiting the generalisability of the FVEPM and its pathways. In the

FVEPM development study, data collection and analysis continued until theoretical saturation of the model had occurred. However, analysis of event narratives involving the incarcerated sample revealed additional patterns not identified in the original development of the FVEPM. For example, event narratives were better represented by splitting Pathway 1 into two sub-types. Further, although many participants in the incarcerated sample provided multiple event narratives, participant recruitment—not theoretical saturation—determined the end of data collection.

Second, only nine FVEs across both studies did not involve intimate partners as event victims, and the generalisability of the FVEPM and its pathways was not tested with an incarcerated female sample. Ideally, we would have engaged in theoretical sampling to purposefully collect narratives not involving intimate partners as event victims, as well as event narratives from incarcerated women. Interviewing incarcerated women with a history of FV perpetration may have also allowed us to gather more event narratives involving CAN; in New Zealand, women sentenced for FV offences are five times more likely than their male counterparts to be sentenced for assault on a child (Department of Corrections, 2015). In reality, however, our data collection process was dictated by our existing relationships with programme staff and by participants themselves; whether they wanted to be involved in our research, and what information they wanted to share. Given the sensitive nature of FV—particularly in a prison context, where FV perpetration is considered to be particularly shameful—we were led entirely by participants as to which FVEs they wanted to discuss.

Although necessary, this participant-led process presented a third limitation: Participants did not necessarily describe a FVE that was typical within their relationship. Gathering event narratives in a more systematic way—for example, by asking participants to describe a typical FVE as well as the most severe FVE—may have been more theoretically and clinically meaningful, as it would have allowed us to draw conclusions about more representative FVEs, as well as identifying potential differences between these and more atypical FVEs.

Fourth, the development of the FVEPM and its pathways was based entirely on participants' subjective accounts of FVEs. FV researchers have documented the limitations associated with self-report: Perpetrators may minimise or deny their FV perpetration, and are likely to have different accounts of the

same FVE to event victims and third parties (Heckert & Gondolf, 2000; Moffitt et al., 1997). Nevertheless, participants appeared willing to disclose information that may portray them in a negative light, including information that they had not previously disclosed to police or treatment providers. Participants were also able to provide detailed accounts of intrapersonal processes (e.g., dissociative states, violence-supportive cognitions) not accessible to others. FV research rarely seeks to obtain perpetrators' perspectives, despite the obvious theoretical and clinical utility of understanding how perpetrators make sense of their own behaviour (James et al., 2002). In many ways, then, relying on participants' subjective accounts also represents an important strength of our research.

Finally, the development of the FVEPM and its pathways was primarily based on my analysis of participants' event narratives. Ethical approvals and research agreements also prevented us from utilising researchers unfamiliar with the FVEPM (e.g., paid research assistants) to test the generalisability of the model and its pathways with our incarcerated sample. It is plausible, then, that my own biases—unconscious or otherwise—may have influenced the data analysis process. To minimise this potential, I regularly discussed the developing model and its pathways with my supervisory team, as well as conducting inter-rater reliability checks as part of pathway development. I also routinely used grounded theory strategies (e.g., constant comparative analysis, memo writing) that serve to counteract potential biases.

Suggestions for Future Research

The current research presents multiple suggestions for future research. Pertaining to the FVEPM and its pathways, the overwhelming majority of FVEs involved intimate partners as event victims. Although FVEs involving non-IPV forms of FV (e.g., CAN, sibling and elder abuse) were conceptually similar to those involving IPV, the small number of non-IPV FVEs may have precluded potentially important differences from being identified. As such, further research is required to determine how well the FVEPM can accommodate FVEs involving participants' children, siblings, and parents as event victims. Similarly, to improve the generalisability of the FVEPM and its pathways, future research could include a larger sample of participants—including women—with extensive histories of FV perpetration. Given the inherent limitations of self-report, future research could also cross-reference participants' event narratives with third-party and event victims' accounts of FVEs. In Chapter 8, we developed a comprehensive

conceptual framework of motives for physical and psychological FV. Further research is required to understand whether the conceptual framework can also be applied to motives for sexual FV. Finally, our findings add to the small but growing body of research identifying the role of trauma—specifically, dissociative experiences—in contributing to FV perpetration. Further research is required to better understand dissociation during a FVE, both in large quantitative studies to understand how frequently it occurs, and in smaller qualitative studies to better understand the nature of those experiences (LaMotte & Murphy, 2017).

The FVEPM provides a descriptive theoretical account of perpetrators' perspectives on FVEs. It provides a temporal framework of the event process, including the affective, behavioural, cognitive, and contextual factors that influence FV perpetration. The FVEPM represents one of the first attempts to construct an event-based model of FV. It is also the first attempt to identify distinct pathways to FV, and to consider whether a single model can account for a broader range of FV than that perpetrated by men towards their intimate partners. FV researchers are increasingly calling for event-based theory and research, with the aim of enhancing our theoretical and empirical understanding of what happens, and why it happens, during a FVE (Bell & Naugle, 2008; Wilkinson & Hamerschlag, 2005). Further development of the FVEPM and its pathways will contribute towards this important aim.

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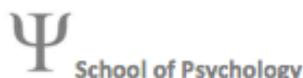
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Appendix A – Participant Information Sheet



Research Project: Understanding women and men who behave violently towards family members

INFORMATION SHEET FOR PARTICIPANTS

Thank you for your interest in this project. Please read this information before deciding whether or not to take part. Whether or not you decide to take part, thank you for considering this information.

Who are we?

Our names are Meg Stairmand and Devon Polaschek. Devon is a Professor of psychology and Meg is a PhD student in forensic psychology at the University of Waikato. Devon is also a clinical psychologist with 30 years of experience interviewing people with histories of violence, and conducting research to help offenders live better lives. Meg is training to become a clinical psychologist too. This research project is part of Devon's bigger research programme on people who behave violently towards family members and will contribute to Meg's PhD thesis.

What is the aim of the project?

We would like to talk to between [STUDY 1: 5 to 30 women and men / STUDY 2: 10 to 15 men] who are [STUDY 1: working with a non-violence programme provider / STUDY 2: currently completing treatment at Te Whare Manaakitanga]. Our aim is to gather information that could lead us to understand family violence better from your point of view, to make sure that the design of services reflects that information.

How can you help?

If you agree to take part we will interview you at [STUDY 1: the offices of your treatment provider / STUDY 2: Te Whare Manaakitanga]. We will ask you questions about specific events where you have perpetrated family violence, and other aspects of your life that you think have contributed to you using family violence. The interview will take up to 90 minutes depending on what you have to say. We will audio-record the interview.

We do not expect that you will find the interview process distressing, but sometimes that does happen when people are talking about difficult things that have happened to them. You can stop the interview at any time, without giving a reason. You don't have to answer any particular question, and can ask to go on to the next one. If you do become distressed, we will stop the interview and check in with you about the best way to support you, including spending some time with [STUDY 1: your programme provider / STUDY 2: treatment staff] if that is helpful.

You can withdraw from the study at any time during the interview, but the limitations to confidentiality (see below) will still apply to anything you tell us before you withdraw. If you do withdraw from the study before your interview is finished, the information you provide will be destroyed, unless you give us permission to keep it in the research anyway. [STUDY 2: Whether you take part or not will not affect your experiences in prison.]

This project is independent of [STUDY 1: the programme you are attending / STUDY 2: the treatment unit]. Apart from the limitations to confidentiality we describe below, what you say to us will not be reported back to [STUDY 1: programme staff / STUDY 2: unit staff]. Because the time and effort you put into helping us with our research is valuable, we will offer you [STUDY 1: a \$30 voucher / STUDY 2: some chocolate] as a thank you for taking part.

What will happen to the information you give?

Your audio-recorded interview will be transcribed (written down onto paper) by a professional transcribing service. They will sign a confidentiality agreement with us, and they will only keep the audio-recording for as long as it takes them to transcribe the interview. Once your interview has been transcribed, we can prepare a written summary to send back to you (if you want us to), and you can do anything you like with the copy.

Otherwise, your participation in this research is confidential with [STUDY 1: one exception / STUDY 2: two exceptions]: If you provide us with information that indicates that there is an immediate and serious risk of harm to you or someone else, [STUDY 2: or you tell us that you are breaking unit/prison rules that may impact your own or other's safety,] we may have to break confidentiality in order to tell someone who could help prevent that harm [STUDY 2: or the rule breaking from taking place]. That person may be a staff member. Before we take any such action, we will discuss our concerns with you, if that's possible.

The researchers named below will be aware of your identity but we will group together all of the information we collect during the research. Your identity will not be in any reports, presentations, or public documents. We will analyse your interview together with interviews from other [STUDY 1: women and] men taking part, but we may quote things you said in your interview along with those of others, to illustrate the research findings.

Only Meg and Devon will analyse the interview. The interview recording, consent form, and anonymised written transcript will be destroyed 5 years after the research is published.

What will the project produce?

The information from this research will be used in Meg's thesis and may be used in other research projects that Devon is conducting where your information will be helpful, including conference presentations and scientific journal publications. If you request it we will send you a summary of the major findings at the end of the research in early 2020.

If you accept this invitation, what are your rights as a research participant?

You do not have to accept this invitation if you don't want to. If you do decide to participate, you have the right to:

- choose not to answer any question;
- ask for the recorder to be turned off at any time during the interview;
- withdraw from the study before the end of the interview;
- ask any questions about the study at any time;
- receive a copy of your interview when it has been written down on paper; and if you want to you can send us comments about it when you have read it
- receive a summary of the overall research findings at the end of the research (early 2020)
- be able to read any reports of this research by emailing the researchers to request a copy

If you have any questions or problems, who can you contact?

If you have any questions, either now or in the future, please contact either:

Professor Devon Polaschek
polascde@waikato.ac.nz
ph. 07-837-9224
School of Psychology
University of Waikato
Private Bag 3105,
Hamilton 3240, New Zealand

Meg Stairmand
mos2@students.waikato.ac.nz

Or you can ask your programme provider to contact us on your behalf if that is easier.

Human Ethics Committee information

This research project has been approved by the School of Psychology Research and Ethics Committee of the Faculty of Arts and Social Sciences, University of Waikato. Any questions about the ethical conduct of this research may be sent to the convenor of the Research and Ethics Committee (email ethics@waikato.ac.nz).

Appendix B – Staff Information Sheet



Research Project: Understanding women and men who behave violently towards family members

INFORMATION SHEET FOR PROGRAMME STAFF

Thank you for agreeing to host this research project in your [STUDY 1: agency / STUDY 2: treatment unit]. The basis for the project is to expand what we know about how perpetrators understand the sequence of events leading to their violent behaviour toward family members (e.g., background circumstances, triggers, thoughts and feelings, use of substances, partner responses, presence of others and so on). We think more information of this sort will help inform both theory and programme development for perpetrators of family violence.

This project has been approved by the University of Waikato School of Psychology Research and Ethics Committee. It is a preliminary step in building up New Zealand knowledge about family violence perpetrators. We are seeking opportunities to interview [STUDY 1: women and men in your service / STUDY 2: men in your treatment unit] who have perpetrated family violence. We ask for your help to identify potential research participants.

Consenting participants will take part in an interview of up to 90 minutes, depending on how much they have to say. We will ask them about their experiences as a perpetrator of family violence, along with what they understand about the contributing factors to this violence, and the context in which it occurred.

We would welcome any opportunity to explain the project to groups of [STUDY 1: women and men who may be meeting in your agency / STUDY 2: men who may be completing treatment in your unit]. If you know of any [STUDY 1: women or] men who might be interested, we are asking you to set up an opportunity for us to meet with them at a mutually suitable time, provide them with more information about the project, and if they provide written informed consent, to talk to us for up to 90 minutes. An audio-recording will be made of the interview for later transcription and analysis. We are ultimately hoping to interview between [STUDY 1: 5 to 30 women and men over the next 6 to 9 months / STUDY 2: 10-15 men over the next few months].

The interview content will be independent of your [STUDY 1: service / STUDY 2: unit] and will not be disclosed to you unless the participant requests this. However, we may need to break confidentiality if we become concerned about imminent and serious harm as a result of disclosures made by the participant during the interview. The interview is likely to touch on sensitive material and it is possible the participant may become distressed during it. We are experienced with interviewing people on sensitive topics, but it may be desirable for the participant to be able to check in with you after the interview if they choose to make sure they are not unduly distressed as a result.

We will offer each participant [STUDY 1: a \$30 supermarket or Warehouse voucher / STUDY 2: a small amount of confectionery] to thank them for taking part. We very much appreciate your support of our research and look forward to working with you on this and subsequent projects.

Professor Devon Polaschek
polascde@waikato.ac.nz
ph: 07-837-9224

Meg Stairmand
mos2@students.waikato.ac.nz

Appendix C – Participant Consent Form



Research Project: Understanding women and men who behave violently towards family members

PARTICIPANT CONSENT FORM

Researchers: Meg Stairmand, Devon Polaschek, School of Psychology, University of Waikato

I have read the Participant Information Sheet and the project has been explained to me. My questions have been answered to my satisfaction. I understand that I can ask further questions at any time.

I agree to take part in an audio-recorded interview.

I understand that:

- Participation in this study is voluntary (my choice). I can change my mind at any time before the interview is finished, without giving any reason. If I withdraw from the study, any information that I have provided will be destroyed, unless I say it can be kept.
- I can ask for the recording to be stopped and started at any time during the interview.
- Any information I provide will be kept confidential to the researchers, with the [STUDY 1: two / STUDY 2: three] exceptions noted in the information sheet (if I disclose risk of serious and immediate harm to myself or someone else, [STUDY 2: if I disclose that I am breaking unit/prison rules that may impact my own or other's safety], and so my interview can be transcribed by a professional transcription service).
- The audio-recording, written version of the interview, and consent form I have provided will be held for 5 years after the research is finished. It will be locked away safely.
- The results of the research (based on an analysis of all of the interviews in the study) will be used for Meg's PhD thesis.
- A summary of the results may be used in academic reports and/or presented at conferences. I also understand that the written version of the interview may be analysed more by Devon and used in future projects.
- My name will not be used in conference talks, in Meg's thesis, or in reports and the researchers will avoid presenting any information that would identify me.
- I can contact the researchers if I want to add any additional information, or comment on my interview at a later date.

I would like a summary of my interview:

Yes No

Please send it to (email or postal address):

I would like a summary of the overall project findings (early 2020):

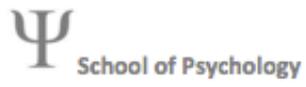
Yes No

Please send it to (email or postal address):

Signature of participant: _____

Name of participant: _____

Date: _____



Participant code _____

Appendix D – Interview Schedule

Open interview with karakia/prayer if participant prefers

Introduce self, research, and interview process

Talk through information sheet

Have you had a chance to read the information sheet?

No. Need to discuss. Talk it through with you or read it yourself?

Both. Reiterate main points:

- Up to 90 minute interview about your experiences of FV
- Voluntary, unrelated to treatment/experiences in prison, can choose not to answer questions, stop interview at any time, withdraw from the research and your information will be destroyed
- Interview audio-recorded with your permission
- Confidentiality and limitations to this (serious and imminent harm to self/others third-party transcription, unit/prison rule-breaking)
- Information in group form, may use quotes to illustrate points, anonymity

Sign consent form

Gather participant details

- Age
- Ethnicity
- Children
- Weeks in the treatment unit
- FV convictions
- Index offence

Turn on audio-recorder

S1: Background factors

Childhood

1. What was life like for you growing up?

Prompts

ACES and coping strategies

- Did you experience/witness violence as a child?
 - What role if any did alcohol and drugs play in your experiences of violence?
- Were your basic physical needs met?
- [Explain concept of emotional needs] Do you think your emotional needs were met (e.g., did you feel close to your parents? Did you feel accepted/loved/cared for/important/ special? Did your parents show affection towards you?)?
- Were there any other things that happened during your childhood that were an important/memorable part of your growing up?
- How did you cope with these experiences?
 - Why did you choose this/these strategies?
 - What impact did these strategies have?
 - Did you feel that you had any control over the things that were happening to you?
 - At the time, did you consider asking anyone for help or telling someone about what was happening to you?
 - Did anyone know what was happening to you? If so, did they provide support to cope with /end these experiences? What did this make you think about what was happening to you?

- What impact did these experiences have on you?
- What was school like for you?

Violence as a default response

- Do you remember using physical violence as a child or teenager?
 - How often? [Ask for examples and 'reasons' for default violence use (e.g., believed it was okay, inability to control emotions, unresolved anger, combination of these)]

Emotional development

Thinking back to your childhood:

- How would you describe your relationship with your parents/caregivers?
 - Did you spend time with your parents/caregivers? What did you do together?
 - Were there rules in your household?
 - How were you disciplined?
 - Did you have siblings? How were they treated compared to you?
- How would you describe your parents/caregivers' relationship with each other?
 - Did you ever witness conflict between them?
 - How did they resolve this conflict?
 - Did you observe any gender roles/expectations? How did this influence what you thought about relationships?
- Did you talk about emotions with your parents/caregivers?
 - How did they respond to your emotion displays (e.g., coach, discuss, dismiss, punish)?
 - Did your parents/caregivers help you to understand your emotions (e.g., label, express)?
 - Did they teach you how to control your emotions and emotional reactions?
- What emotions were expressed in your household?
 - How were they expressed?
 - How did your parents/caregivers cope with stressors and interact with others?
- [Summarise emotional experiences] What did you learn from this?
- Was your upbringing similar/different to your friends? Did you know this at the time?

Schema development and attitudes towards violence

- **If experienced violence** (Summary of experiences) What did you think about the violence around you?
 - Did it impact how you viewed the world/others?
 - Did it impact how you viewed yourself?
- Before you came into prison, what do you think about using physical violence?
 - Towards a partner/family member?
 - In general?

S2: Offence build-up

Relationship with event victim

1. When your relationship with [X] first started, did you have any expectations of what a [type] relationship would be like?
2. Tell me a bit about your relationship with [X]?

Prompts

- How did it start?
 - Were there rules in your relationship?
 - Did either of you have expectations regarding gender roles/duties/traits?
 - Did this influence your violence use?
3. How did you and [X] usually communicate with each other?
 4. How often did you argue with each other?
 5. Thinking back over the history of your relationship, what topics or issues would lead to conflict?
 6. How would you and [X] typically manage this issue of conflict?

Prompts

- What typically happened during the conflict?
 - What typically happened after the conflict?
 - What led you to use the strategies that you did?
 - Did the conflict get resolved?
7. Was there violence in your relationship?

Prompts

- What type of violence (physical, psychological, control)?
- Who did the violence?
 - **If role transition occurred** When did this happen?
 - How do you think that transition came about?
- How often did the violence happen?
- When was it likely to happen (e.g., seemingly out of the blue, or after a verbal disagreement)?
 - **If verbal-lead up occurred** Why do you think arguments escalated into physical violence?
- **If controlling behaviours were present** Why do you think you tried to control [X] (e.g., own insecurities, retain relationship hierarchy)?
- **If a victim** Did you ever think about leaving your relationship because of the violence?
 - What were some of the things that made that difficult?
 - How invested were you in the relationship (e.g., identity, time, financial, children)?
- Did anyone know about the violence?
 - What did they do about it?
 - Did you ever think about seeking help to manage the violence?
 - What were some of the things that made that difficult?
 - Prior to the FVE, did you have any police/legal involvement in your relationship?
- Were you scared of [X]?
 - Did this change how you behaved around [X]?
- Some people say that being a woman or man has quite a bit to do with whether people use FV. Other people say the opposite. Based on your *own experience* of FV, what do you think?

Stressor and coping mechanisms

1. What was going on for you in the hours/days/weeks leading up to the FVE?

Prompts

- What was your relationship like with [X] at the time?
- Was there anything outside of your relationship with [X] that was causing you stress?
- Explain two types of stressors and explore potential chronic stressors that are potentially seen as 'just part of life' (e.g., finances, health, employment, discrimination, racism)
- How did these stressors impact your life and your relationship with [X]?
 - Do you think they had an influence on what happened that day?
- Was there anything that you did to try and deal with these stressors?
 - Why did you choose that particular strategy?
 - Did it work?
 - Did you receive any help from others to manage these stressors?

S3: Offence

1. Elicit a sequential account of the event from the perpetrator's perspective

Prompts

- [Summarise previous subsection] So it sounds like [you were feeling X / X was happening] before the event?
- How did the event begin?
 - Who initiated the interaction?

- What were you fighting about?
 - Had you and [X] fought about [issue] before that day?
 - What was it about [issue] that was so [emotion] for you?
- What did you / [X] do next?
- For each stage of the event:
 - What were you thinking?
 - What were you feeling?
 - What was making you feel so [emotion]?
 - What was happening in your body at the time?
 - How did you expect [X] to respond when you [act]?
 - Did your emotions change throughout the event?
- Did you feel in control of your emotions/actions when you were using violence?
 - If not, when do you feel you lost control?
 - When do you feel you regained control?
 - How did you know you had lost/regained control?
 - Generally speaking, do you feel that you can control your emotions?
 - If yes, what was different about that time?
- Sometimes during an argument people experience [explain concept of script activation]. Did that happen to you?
- Did [goal] stay the same throughout the event?
- **If Stream 1** At the time, did you think there were any other ways to achieve your goal?
 - Based on own resources skill set
 - Based on [X's] reaction
 - Based on heightened emotions
- How long did the violence last?
 - Why do you think it ended when it did?
 - **If physical FV was limited to none/one/few acts** What stopped you from using more?
 - It sounded like your goal was [compliance]. Did you think about [harming X]?
- At the time, did you think about the potential negative consequences of [violence act]?
- What did [X] do immediately before you [violence act]?
- What did [X] do when you [violence act]?
- How did the event end?
 - Did you and [X] keep arguing after [violence act]?
 - **If yes** Were you arguing about the same thing as before [violence act]?
- Were you or [X] injured?
- Was anyone else there (including children)?
 - What impact did this have (e.g., on your decision to use violence)?
 - Did the third party do anything?
- Were you or [X] using AoD before/during the FVE? What impact do you think this had?

S4: Post-offence

Post-event

1. When the event ended, what were you thinking and feeling about what had happened?
 - What was it about [X] that made you think it was [wrong/okay]?
2. What happened next?

Prompts

 - Did anyone call the police or ask for help from other people (e.g., family members)?
 - Did you or [X] leave [location]? Why?
 - Were any agencies/services involved (e.g., police, Oranga Tamariki)?
3. Were there any other consequences?

- Were they positive or negative?
- Did they make it more/less likely for you to use violence again?

Wrap up interview

Is there anything else we haven't talked about today that you'd like to tell me or that you think I need to know to understand why you used physical FV during that particular event?

Close interview with karakia/prayer if interview was opened with one

Appendix E – Co-authorship Forms



Co-Authorship Form

Postgraduate Studies Office
 Student and Academic Services Division
 Waihangā Rātonga Mātūranga Akonga
 The University of Waikato
 Private Bag 3105
 Hamilton 3240, New Zealand
 Phone +64 7 838 4439
 Website: <http://www.waikato.ac.nz/sasd/postgraduate/>

This form is to accompany the submission of any PhD that contains research reported in published or unpublished co-authored work. **Please include one copy of this form for each co-authored work.** Completed forms should be included in your appendices for all the copies of your thesis submitted for examination and library deposit (including digital deposit).

Please indicate the chapter/section/pages of this thesis that are extracted from a co-authored work and give the title and publication details or details of submission of the co-authored work.

Chapter 5: Manuscript 1 (pp. 47-71)
 Stairmand, M., Polaschek, D. L. L., & Dixon, L. (2019). Perpetrators' perspectives on family violence: An event process model. *Journal of Interpersonal Violence*. Advance online publication. doi: 10.1177/0886260519873440

Nature of contribution by PhD candidate	Meg collected and analysed the data and wrote the manuscript with feedback and support from Devon and Louise.
Extent of contribution by PhD candidate (%)	70%

CO-AUTHORS

Name	Nature of Contribution
Devon Polaschek	Devon provided feedback and support for data collection, analysis, and writing the manuscript.
Louise Dixon	Louise provided feedback and support for data collection, analysis, and writing the manuscript.

Certification by Co-Authors

The undersigned hereby certify that:

- ❖ the above statement correctly reflects the nature and extent of the PhD candidate's contribution to this work, and the nature of the contribution of each of the co-authors; and

Name	Signature	Date
Devon Polaschek		December 10, 2019
Louise Dixon		3-12-19



Co-Authorship Form

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Please indicate the chapter/section/pages of this thesis that are extracted from a co-authored work and give the title and publication details or details of submission of the co-authored work.

Chapter 6: Manuscript 2 (pp. 72-97)

Stairmand, M., Dixon, L., & Polaschek, D. L. L. (2019). Pathways to family violence: Investigating patterns in the event processes of family violence perpetrators. *International Journal of Offender Therapy and Comparative Criminology*. Manuscript accepted pending revision.

Nature of contribution by PhD candidate

Meg collected and analysed the data and wrote the manuscript with feedback and support from Louise and Devon.

Extent of contribution by PhD candidate (%)

70%

CO-AUTHORS

Name	Nature of Contribution
Louise Dixon	Louise provided feedback and support for data collection, analysis, and writing the manuscript.
Devon Polaschek	Devon provided support and feedback for data collection, analysis, and writing the manuscript. Devon also completed the required analysis for determining interrater reliability.

Certification by Co-Authors

The undersigned hereby certify that:

- ❖ the above statement correctly reflects the nature and extent of the PhD candidate's contribution to this work, and the nature of the contribution of each of the co-authors; and

Name	Signature	Date
Louise Dixon		3.12.19
Devon Polaschek		December 10, 2019



Co-Authorship Form

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Please indicate the chapter/section/pages of this thesis that are extracted from a co-authored work and give the title and publication details or details of submission of the co-authored work.

Chapter 7: Manuscript 3 (pp. 98-120)
 Stairmand, M., Dixon, L., & Polaschek, D. L. L. (2019). Testing the generalizability of the Event Process Model of Family Violence with an incarcerated sample. Manuscript submitted for publication.

Nature of contribution by PhD candidate	Meg collected and analysed the data and wrote the manuscript with feedback and support from Louise and Devon.
Extent of contribution by PhD candidate (%)	70%

CO-AUTHORS

Name	Nature of Contribution
Louise Dixon	Louise provided feedback and support for data collection, analysis, and writing the manuscript.
Devon Polaschek	Devon provided feedback and support for data collection, analysis, and writing the manuscript.

Certification by Co-Authors

The undersigned hereby certify that:

- ❖ the above statement correctly reflects the nature and extent of the PhD candidate's contribution to this work, and the nature of the contribution of each of the co-authors; and

Name	Signature	Date
Louise Dixon		3.12.19
Devon Polaschek		December 10, 2019



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Please indicate the chapter/section/pages of this thesis that are extracted from a co-authored work and give the title and publication details or details of submission of the co-authored work.

Chapter 8: Manuscript 4 (pp. 121-143)
 Stairmand, M., Polaschek, D. L. L., & Dixon, L. (2019). Putting coercive actions in context: Reconceptualizing motives for family violence perpetration. *Aggression and Violent Behavior*. Manuscript accepted pending revision.

Nature of contribution by PhD candidate	Meg wrote the manuscript with feedback and support from Devon and Louise.
Extent of contribution by PhD candidate (%)	70%

CO-AUTHORS

Name	Nature of Contribution
Devon Polaschek	Devon provided feedback and support for writing the manuscript.
Louise Dixon	Louise provided feedback and support for writing the manuscript.

Certification by Co-Authors

The undersigned hereby certify that:

- ❖ the above statement correctly reflects the nature and extent of the PhD candidate's contribution to this work, and the nature of the contribution of each of the co-authors; and

Name	Signature	Date
Devon Polaschek		December 10, 2019
Louise Dixon		3.12.19

Appendix F – Examples of Participant Quotes

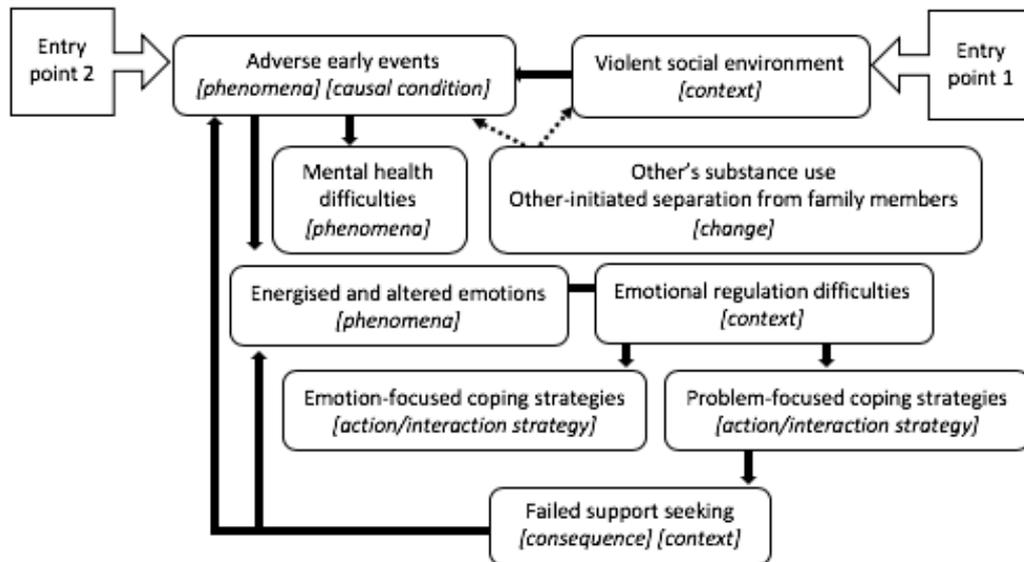


Figure 1. Paradigm 1.1: Experiencing and managing adverse early events.

Table 1

Participant Quotes Pertaining to Paradigm 1.1 of the Event Process Model of Family Violence

Category	Subcategory	Example Quote
Violent social environment	Repeated exposure to physical violence	“... I seen the abuse my mates used to get when I was like 10 years old, 8 years old, from their parents. It was always around me ... I used to see the marks on my mate’s faces, the bruises” “... my two older sisters were beaten quite badly, from my mother ... I saw it all. I saw my sisters being beaten up and to me I saw them, getting beaten to such a pulp that, it looked like death to me”
	Dysfunctional home environment	“... by the time I was nine I was already smoking cigarettes, smoking joints. But it’s cause I remember being able to walk out into our shed and there would be fuckin rubbish bags full of buds” “I’d be left to look after [siblings] some nights while my parents went out. I’d only be like 10, 11” “... mum was a bit of an alcoholic. She couldn’t go two days without drinking.”
Adverse early events	Physical FV	“... I was about 6 years old and my grandfather used to tie me up and hang me on the clothes hook and use anything like a, baseball bat a hose jug cord, punch me, and just physically beat me up ... and that’s what my grandfather used to do to me, for, right up for 10 years of my life he did it for, right up until I was 16”
	Physical neglect	“... there wasn’t always food. It was how we grew up, an empty cupboard house”

Table 1 (continued)

Category	Subcategory	Example Quote
Adverse early events	Psychological FV	"... verbally abusive was [father's] main thing ... [he would] say you're not good enough, say he hated you, you're a slut or, stupid put-downs like that"
	Psychological neglect	"... that's one thing that I have missed from growing up was feeling loved"
	Sexual FV	"... [mum] will go out and get on the piss and leave us home with her boyfriends and they'd do stuff to us, like he molested me at 8, raped my sister, she was 10"
	Peer rejection and bullying	"... one thing that stands in my mind is being picked on by all the other kids. I remember we had to write a letter home every Friday night and, one of the prefects grabbing one of the kid's letters cause they read them all. And this kid had written how there was this fat dick who everyone hated and they want to beat up and all that and that was me. And he stood up in front of the boarding house and read it out. Made me stand up, and then read it out to me"
Mental health difficulties	Death of a loved one	"I had a pretty traumatic, like my mum killed herself when I was 7 years old"
	-	"... I was a very suicidal young woman for, many years ... I was always getting flashbacks and bad dreams, nightmares"
	Energised and altered emotions	"... I'd always be scared, and be afraid"
Emotion-focused coping strategies (short-term)	Hurt	"[physical FV victimisation] does hurt the soul, not just the body and the mind, it hurts really bad"
	Anger	"... I was so angry ... I was angry about the world, I was angry about everything. I was angry about what had happened to me ... I was just angry at everything not matter what. Anger was just in me"
	Numb or block out negative emotions	"... [drugs] made me feel happy. So then I didn't have to think I'm this girl with no mum and everybody else [has one]"
	Fill the emotional void	"[I was] always seeking approval and sleeping with multiple men as much as I could ... Seeking approval and seeking love in, in all the wrong places pretty much"
	Release negative emotions	"... I had all this built-up resentment and that's how I'd learn to cope with it, with the acting out violence"

Table 1 (continued)

Category	Subcategory	Example Quote
Emotion-focused coping strategies (long-term)	Block out emotional distress	"... in the end I became numb to [adverse early events] ... I can take it, I can handle it and it just became normal. I'm okay, and I could smile after it ... [my father] could do whatever he liked, beat us to a pulp and we wouldn't cry. We'd just become numb to it"
	Shut off emotional connections with others	"... a lot of things started about that [adverse early event]. I blocked off a lot of people. I never got close to a lot of people ... I said to myself I'm never ever going to let that happen to me again. So I'm never going to get too close to anyone again"
Problem-focused coping strategies	Seek support	"... I just burst into tears and I said ... 'Aunty, uncle's done such and such'"
	Antisocial behaviour	"... we had to go out and steal [food]. Steal blankets and steal clothes and stuff just to live"
	Physical violence	"... I'd just bash [peers who bullied me] ... it stopped them from giving me shit ... every time someone [bullied] me I'd just attack them and do that, and then it'd stop"
Failed support seeking	Leave a violent household	"... the only best way was to move out of his home and start my own life somewhere else ... once I know that I was old enough to do what I could do and get out, that's what I did"
	Unsuccessful	"... they called a family meeting. I was made to stand in the middle of the room with all of the family around me and my aunty says 'Right, this girl just said such and such, have you [uncle] fucked around with this girl?' ... He said 'Nah nah it's a load of bullshit' ... so everyone starting saying to me 'Go and hug your uncle [uncle] and fuckin stop telling lies, fuckin tell lies like that'"
	Unaccepted	"... my old man used to bash us ... [social welfare] got involved pretty fast and they were trying to take all of us. And me and [another sibling] we refused to talk to [social welfare] ... we didn't want my dad to get in trouble"
Other-initiated separation from family members	Untried	"... I'd be scared to talk to someone cause I would be condemned a liar so I'd just shut up and just, just sit there, won't say a word cause if I said a word I'd get a hiding"
	-	"Mum left, mum was, mum's pretty staunch. And I know mum, dad hit mum once and that was it. Mum gave him no chances, she was outta there"
Other's substance use	-	"... [my teacher called] social welfare and told them the situation that I was in, that I was being abused, and that's how my mum lost us"
		"... [dad] was drunk at the time as well and he didn't mean to hit me the way he did"

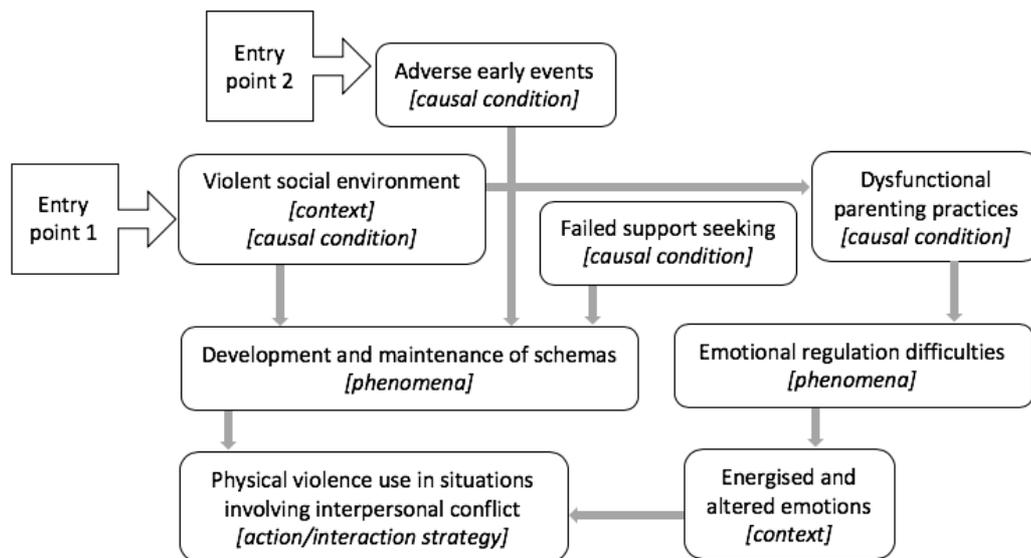


Figure 2. Paradigm 1.2: Schema development and physical violence use.

Table 2

Participant Quotes Pertaining to Paradigm 1.2 of the Event Process Model of Family Violence

Category	Subcategory	Example Quote
Dysfunctional parenting practices	Avoiding negative emotions	"... as a child I was shut down. Every time I cried I was told to go to my room ... or bought a present to shut me up. Every time I fell over and hurt myself 'You're alright have an ice block'"
	Aggressive management of negative emotions and interpersonal stressors	"Dad was a very, staunch man. He was violent. I mean, not towards us but to other people. If someone pissed him off he would give them a hiding, and it didn't matter. It could be a stranger, could be his brother it could be anyone. And he would do that in front of us. So that's how I grew up"
Emotional regulation difficulties	Control negative emotions	"I'd explode. Even as a kid, even as a very young kid. I'd explode into this, how to put, I look back at myself and think I was a little Tasmanian devil. The anger in me used to ignite"
	Express emotions prosocially	"I didn't know how to safely, let that anger out in a constructive way"
	Sit with other's negative emotions	"I still struggle sometimes with overwhelming people's, like emotional stuff I'm like 'That's intense'"
	Identify and understand own emotions	"I didn't even understand what emotions were to be honest. I didn't, anger is one word for so many other emotions and, I didn't know, what emotions were"

Table 2 (continued)

Category	Subcategory	Example Quote
Development and maintenance of schemas	'I am worthless'	"It comes back to a belief that I had that I deserve to be treated like shit ... I had deep beliefs that I'm not good enough"
	'Others will hurt me'	"... watching my mother take her own life, I've never looked at it as traumatising, I've always looked at it as that's just normal ... if your fuckin mother can kill herself, of course the person you're with is gonna cheat on you"
	'Violence is acceptable'	"... having that belief that my mother told me, believing it was alright and seeing my father smashing us up was believing it was alright, violence and, anything was the key to solve, problems"
Physical violence use in situations involving interpersonal conflict	-	"If someone fucked me off I'd wanna snap. Anything small, the smallest thing that you could think of I would I would lose it, I would hit people" "... I would just resort to violence if anyone pissed me off and I would just, physically emotionally wreck them if I wanted to"

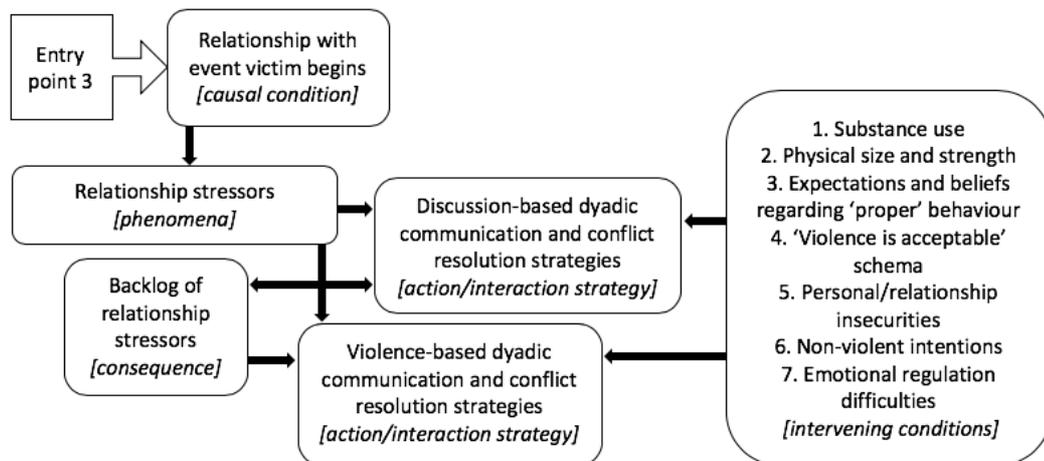


Figure 3. Paradigm 2.1: Dyadic communication and conflict resolution strategies.

Table 3

Participant Quotes Pertaining to Paradigm 2.1 of the Event Process Model of Family Violence

Category	Subcategory	Example Quote
Relationship with event victim begins	Honeymoon phase	"It started out all hunky dory, I love you, you're awesome ... Little did I know" "I never hit him, as a baby ... I had all the time in the world for baby, for him. Me and him had the biggest bond"
	High level of investment	"... I added [event victim] as a friend and I just started talking to her through the messenger ... Two weeks later she was moving into my place"

Table 3 (continued)

Category	Subcategory	Example Quote
Relationship stressors	Financial and psychological impact of one person's antisocial or criminal behaviour	"... he was going out partying, smoking P and coming home at 6 in the morning I'd be sitting up like oh my god what's he doing? Texting him wondering why wouldn't you wanna be home with your family why wouldn't you wanna be home with your son?"
	Parenting and domestic responsibilities	"... [we'd argue about] basic parenting things so like, immunisations, don't give the kids lollies, little things like do the dishes, why aren't you cleaning up, you should be cooking us some dinner, little life things"
	Absence from the family home	"We were doing 10-12 hour days, six days a week ... [I was] working a lot, coming home tired and knackered. She didn't see the point of us being in a relationship if all I do is work"
	Infidelity	"I was accused of cheating ... she would accuse me of trying to chat up her cousins and stuff like that"
	Interference by a third party	"that's where our arguing started, was from [ex-partner] ... my ex-partner was trying to get me back ... [event victim] didn't like it"
	Finances	"there'd been some underlying tensions around money ... over the money matters"
	Child—event victim's—misbehaviour	"... the older he gets the behaviour changes slightly or gets gradually worse and he tries to see how much he can push every time. It's a daily thing, it's a daily thing with his attitude"
Discussion-based dyadic communication and conflict resolution strategies	Raise and discuss	"... there's been a lot of things that like we have disagreements with that makes us want to argue and, and try our hardest not to, like we were always trying to figure out how we're gonna make things like better for ourselves ... So we tried to make it work, tried to better ourselves and put communication and be really honest with one another"
	Dual avoidance	"... [there were] years and years of not communicating before that ... we wouldn't really communicate. It was more the silent disagreements"
	Raise and avoid	"... if I just couldn't be bothered I would just shut right off. I wouldn't even argue back I wouldn't even listen I'd go in total ignore mode, and I could sit there with her throwing things at me, and I'd just totally ignore it"

Table 3 (continued)

Category	Subcategory	Example Quote
Discussion-based dyadic communication and conflict resolution strategies	Raise and escalate	"... I couldn't understand where she was coming from and she couldn't understand where I was coming from. So we did speak about it but always ended up in frustration because we didn't see each other's points of view ... it does get to that, like when we do start yelling at each other"
Violence-based dyadic communication and conflict resolution strategies	Psychological FV	"... he would try and stand over me and intimidate me, verbally abusive and break me down, call me ugly fat and, fuckin worthless no one will love you all that type of shit" "I controlled the finances, I controlled all the money, I controlled where he could go, where he couldn't go. Things, things like that. Internet, his text messaging I controlled, he had to show me everything"
	Physical FV	"... I've, put his head through a ranch slider and, taken to him with a fishing rod ... there were times where he was choking me on the bed and, knives were constantly thrown" "... I've smacked him and stuff on his bottom and his hand and, I smacked him with the wooden spoon once or twice" "... I was ambulanced a lot ... [I'd] have all these bruises and black eyes and fat lips" "... we used to push and shove each other ... It wasn't like full on beating up, bashing"
Backlog of relationship stressors	Reoccurrence of a relationship stressor	"... he would go back to his old ways ... and do it again and again and again and again" "... we did have a talk about stuff, but then within a week went back to normal. So that was our cycle"
	Repeated use of discussion-based strategies	"... And then she'll, try to dig dig more the next week or a few weeks 'Did you did you' and then I'm getting frustrated in my head 'But I just told you I don't want to talk about it' ... and then she's trying to tell me again, bring it up again" "We'd probably just flare up again because I'd still be pissed off that I didn't get to finish, my rant cause obviously I felt like I didn't get heard ... same bullshit, different day"
Under the influence of substances	-	"... I think with alcohol and drugs [FV] just came out easier. It'd only take something little and it made it okay to do it because you were drunk you were wasted" "... when we were coming down off [methamphetamine] ... when the stash was low and there was just sleepless nights ... That's when it got real bad"

Table 3 (continued)

Category	Subcategory	Example Quote
Physical size and strength	-	<p>“I could hurt [event victim]. Cause he had the whole heart issue. And he was a lot, skinnier”</p> <p>“... [event victim] was such a big man, he could just hold his arm out and it’s a really long arm so you can’t do jack shit ... so my main violence was my mouth”</p>
Expectations and beliefs regarding ‘proper’ behaviour	Gender	<p>“... I didn't see anything wrong. Just thought it was right just to keep her on the straight and narrow ... [I] was just playing my way, my values and my beliefs and my way of raising a family. And she's just, she's just a woman”</p> <p>“... never hit a chick. Rule number one, never hit a chick”</p>
	Age	<p>“... we’ve got to respect our elders or we get a hiding you know what I mean. When you got told to do something you’d go do it straight away ... you have to respect your elders no matter what”</p>
‘Violence is acceptable’ schema	-	<p>“... I thought it was normal. I didn’t know what FV was and I was doing it”</p> <p>“I base it on my human rights, my bill of rights, my civil rights ... no matter who, if they physically attack you you’re allowed to defend yourself”</p>
Personal or relationship insecurities	-	<p>“... I was, accusing her and controlling her not to go to work and see her friends, seeing her family, isolating her cause of that trust issue I had”</p> <p>“... [describing use of psychological FV towards event victim] it just made me feel better about somebody else making me feel small”</p>
Non-violent intentions	-	<p>“... I love the fact that I don’t touch females. I don’t touch men ... Physical violence I don’t believe in that”</p> <p>“... I love [event victim]. She’s the mother of my kids, the last thing I wanted to do was hit her to be honest ... it would scare [children] as well and I don’t want to put that fear in them of me”</p>
Emotional regulation difficulties	Control negative emotions	<p>“... controlling my emotion my anger, is the downfall ... I didn't have the tools to understand my thoughts and feelings at that time, how to control it”</p> <p>“I used to try and leave a lot and walk away, but I couldn’t just walk away ... it’s always been walk away after slamming a door, hitting a door frame or something like that”</p>
	Express emotions in a prosocial way	<p>“... that's what I found easy was, being violent, chucking my stuff around be intimidating ... it's just having this knowledge, I was just guessing how to raise a family without the violence”</p>

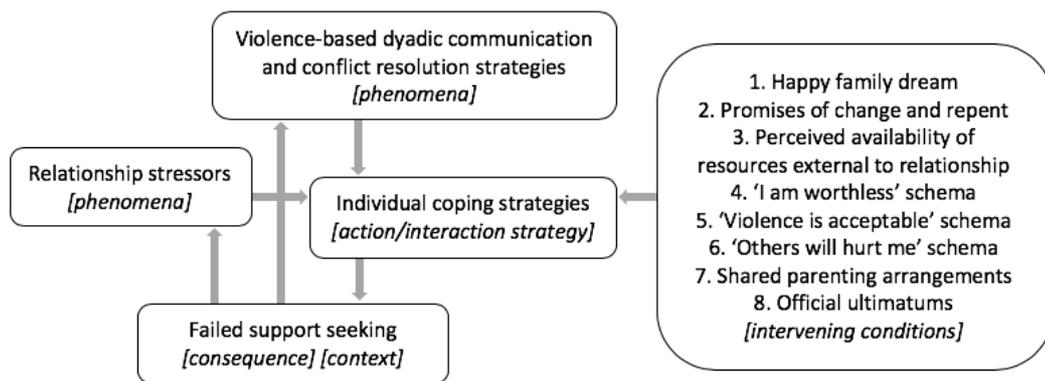


Figure 4. Paradigm 2.2: Individual management of relationship stressors and relationship violence.

Table 4

Participant Quotes Pertaining to Paradigm 2.2 of the Event Process Model of Family Violence

Category	Subcategory	Example Quote
Individual coping strategies	Emotion-focused	"... I started using drugs after [child] was born to just numb things ... if we have a pipe I'll feel better and life was okay"
	Problem-focused	"I isolated myself I thought I'll never go out, I won't do this and I won't do that and I'd be the good little house wife so that there was no excuse or exception for him to, accuse me of sleeping with anyone else"
Failed support seeking	Unsuccessful	"... I ended up with this black eye. It was humungous, one of the worst black eyes I ever had. And everyone used to say 'Who did that to you?' ... I was embarrassed to say 'My partner'. And then I ended up telling people 'It was my partner' and then they started to mock me 'You got beaten up by a girl' ... my workmates would be rubbing it in 'Look at those he got beaten up by his partner again'"
	Unaccepted	"... even though I had these people around me that loved and cared for me that wanna try and help, I didn't want them to get hurt so I chose to deal with it on my own"
	Untried	"... I didn't once report or call the police or anything like that when I was with him because if I did I would have gotten it 10 times worse"
Happy family dream	-	"I'd get manipulated into this side where, 'I love you and I want us to be a family' and he knew my weaknesses ... I wanted to, give my son the life that I didn't have"
Perceived availability of resources external to relationship	-	"... I wanted to leave but, I wouldn't have been able to handle getting up all night long with three little ones, sicknesses, no money, so I just opted to stay ... it was a bit of forward thinking"

Table 4 (continued)

Category	Subcategory	Example Quote
Shared parenting arrangements	-	"I'd still go and get my son and my daughter [from event victim]. So we were still, around each other"
'I am worthless' schema	-	"... [event victim] made me believe [his FV] was my fault I really believed that it was my fault I had done wrong to deserve that so I just need to shut my mouth"
'Violence is acceptable' schema	-	"I did not have the awareness I didn't know anything about abuse or what it looked like ... I just thought it was normal. It must just be normal"
'Others will hurt me' schema	-	"I got to the point where I'd take it, I'd take the violence, I could accept it because of the way I was brought up ... I could take pretty much any punishment from her, emotionally, mentally, physically and it didn't really affect me"
Promises to change and repent	-	"... He'd hide away for a whole week and then once he had done his little binge it would be back at my house grovelling at my feet. And I fell for it every time"
Official ultimatums	-	"... it took for [social welfare] to say to me 'If we have one more, police call out we're gonna take your child off you'. And that, that was the breaking point for me"

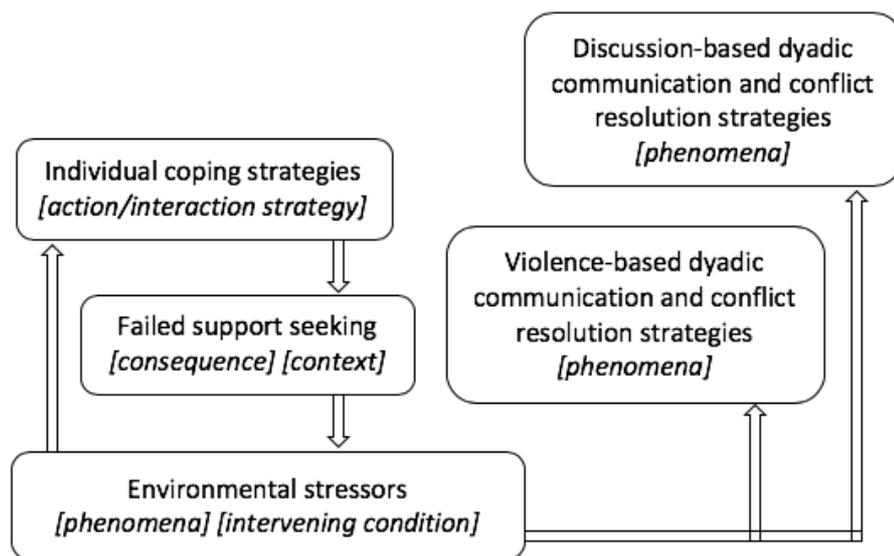


Figure 5. Paradigm 2.3: Experiencing and managing environmental stressors.

Table 5
Participant Quotes Pertaining to Paradigm 2.3 of the Event Process Model of Family Violence

Category	Subcategory	Example Quote
Environmental stressors	Stressful events	“... I was grieving for the loss of my father, cause he had passed away” “... the day [of the FV event] we had just not long moved down to [city]. I had, I literally packed up everything ... We’d moved down from [city] had nothing pretty much besides our clothes and my sons’ clothes. Had no home”
	Persistent stressors	“... [event victim] had one baby which was hard enough ... I moved on to night shift which added to the, fatigue and then we had two babies follow soon after. So you can imagine, young parents, one income, night shift, struggling financially” “I was depressed off my face ... I used to just lock myself in the room though and just lie in bed all day and feel sorry for myself and, think of suicide ... I just lost interest in myself and I was just crumbling. I was crumbling”
Individual coping strategies	Emotion-focused	“I ended up going and sleeping around ... I wanted to feel comfort and loved by someone even though I knew it was just a temporary situation” “Cause alcohol was a big, big thing for me and [event victim] ... it was just something to relieve ourselves through the week, once a week. And then it started twice a week and three times a week”
Failed support seeking	Unsuccessful	we'd ask [parents] to watch [daughter] ... they'd always say no ... they wouldn't help even though they said that they would”
	Untried	“I just had to move on I've got responsibilities, my children to look after and just carried on” “I knew I needed help I just didn't know where to go”

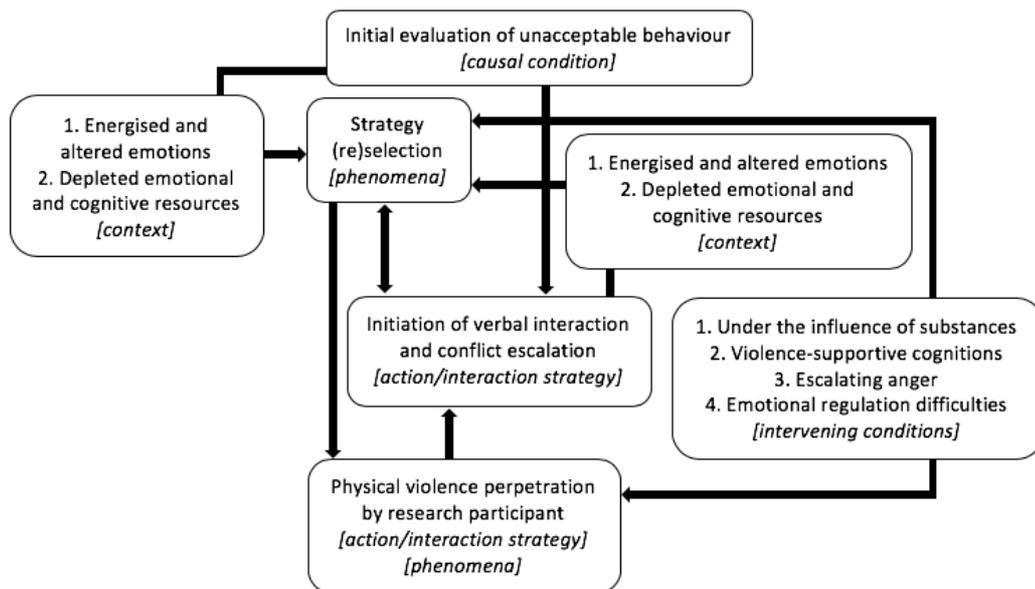


Figure 6. Paradigm 3.1: Initiation of verbal interaction and conflict escalation.

Table 6

Participant Quotes Pertaining to Paradigm 3.1 of the Event Process Model of Family Violence

Category	Subcategory	Example Quote
Initial evaluation of unacceptable behaviour	New relationship stressor	"I walked into the house and everyone was asleep. And I, walked into [friend's] room to find her in bed with [event victim] and my son in the middle"
	Ongoing relationship stressor	"... [event victim] gave me an ultimatum, and said 'You've got to choose us or the drugs'" "I had my son not listening to me whatsoever ... I was trying to talk with him he just blatantly ignored me"
	Event victim's violence-based strategies	"I was just sitting there and it was in front of like a lot of people cause it was like a drug house, and he was just getting pushy and mentally abusive ... he was being a dick like 'You can't have any don't give any to her'" "I was just staring at him thinking of everything that he'd done to me. And I was standing there black and bruised"
Energised and altered emotions	Anger	"... something came over me, just hatred came over me ... I was just angry ... just so so angry" "I was fuming ... It's like tense, your neck feels like it's going back, your chest is tight. Your heart's always racing, it's permanent you can't just slow it down and shut it off"
	Other	"... it hurt me ... the whole world just crashed on my face just smacked me in the face" "Worried, I was pretty much worried throughout all of it cause I didn't want it to be true. [I was] really upset"

Table 6 (continued)

Category	Subcategory	Example Quote
Depleted emotional and cognitive resources	Already heightened emotions	<p>“[describing relationship history with event victim] Which also makes me think later in our relationship why, I want to be violent towards him. For the things he’s done to me ... that’s where my anger started escalating cause by then I’d let him get away with so much so I felt like I’d been used and, it makes you angry”</p> <p>“I knew something was wrong there like I was holding a lot of anger ... my psychologist, she said it’s built in anger from everything I’ve been through”</p>
	Rumination	<p>“... it was just, like thinking about [event victim] having an affair ... knowing there was a text that was gonna be sent”</p>
	Reached a threshold for tolerating event victim’s behaviour	<p>“... and I was a little bit rebellious. I was just thinking, ‘I’ll just go off and do what I wanna do thanks’ because we’d been together for about three or four years prior, and at that point I was, a little bit over it ... it was almost as though I had already made up my mind that I was not gonna back down this time”</p> <p>“... that day I just, it’s not even [event victim], I guess everything pushed my buttons that day”</p>
Initiation of verbal interaction and conflict escalation	Raise and avoid	<p>“I got home and then [event victim] started yelling at me about where I was. Shouting at me. Cause I wasn’t listening anyway and that’s why she started raising her voice cause I was just ignoring her”</p>
	Raise and escalate	<p>“... [event victim] just walked up to me and goes, ‘Fuck off’. And I said ‘No, I’m not gonna fuck off because I’m sick and tired of you’ ... and that’s when he started pointing the finger ‘But you’re doing this, you’re doing that, so you’re doing this’. All this stuff just fired at me about me me me me me me and I’m like ‘We’re talking about you. I’m talking about you”</p>
	EV uses physical violence	<p>“... we started arguing. And then she attacked me and started punching me”</p> <p>“he chased after me with the rock salt and threw it at me”</p>
	EV uses psychological violence	<p>“he just carried on trashing our new stereo which we’d just got from [shop]. And he kicked the shit out of our TV... he was, pounding the walls and doing his whole King Kong ape I’m the king of the world ape bullshit”</p> <p>“... she started getting real rude and started saying stuff like ‘You’re a fuckin hopeless father. I hate your mother, you’re a hopeless father, you’re a hopeless partner, you’re a fuckin asshole’, all these things”</p>

Table 6 (continued)

Category	Subcategory	Example Quote
Under the influence of substances	-	<p>“... I was on drugs and I was on a come down”</p> <p>“... being pay day I finished work and had a few drinks with my mates and that, and I was, drunk when I came home”</p> <p>“[event victim] and I had been drinking, and I think were into our third can of Woodstock”</p>
Violence-supportive cognitions	“[Event victim] is deliberately treating me badly”	<p>“... she was going ‘I’m sorry’ blah blah, and I was going ‘No you’re not’ in my head”</p> <p>“... pretty much I was [thinking] ‘How dare you embarrass me in front of all those people cause you wanna show off in front of those girls. Don’t disrespect me like that’”</p> <p>“I was thinking ‘Fuck you just don’t care, you don’t care that I’m struggling, you don’t care”</p> <p>“... I think she was just really trying to hurt me ... I feel like she doesn’t fuckin give a shit about me or my things, my feelings”</p>
Escalating anger	-	<p>“I was angry ... Probably like 6 [out of 10], and then I was fuckin full blown 10 by the end of it”</p> <p>“... I just felt I had this big rush in me like I was just fuming ... it’s like an adrenalin rush to be honest like it started from my gut feeling and it worked itself up”</p> <p>“... I could feel myself getting worked up and up and up ... that’s an emotion feeling that I had that I couldn’t, my mind wasn’t overriding it really. I was running with the feelings”</p>
Emotional regulation difficulties	Control negative emotions	<p>“[my anger] was just a like boom, explosion ... I snapped”</p> <p>“... I just lost my shit ... even though I had the choice [to hit event victim] but like I said I couldn’t, I couldn’t, I couldn’t hold it any longer ... I was so angry”</p>
	Express emotions in a prosocial way	<p>“... I wasn’t gonna try and explain how angry I was ... I didn’t wanna talk about it because I didn’t know the words to say, besides cursing her”</p>

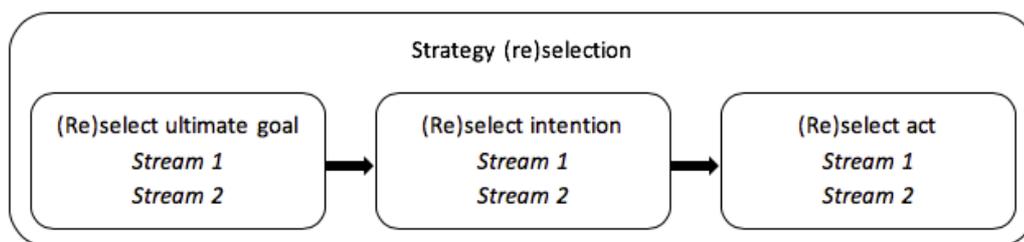


Figure 7. Components of participants’ strategy selection during the family violence event.

Table 7
Participant Quotes Pertaining to Their Strategy Selection During the Family Violence Event

Category	Subcategory	Example Quote
Ultimate goal – Stream 1	Access to valued resources and experiences	“... when the verbal and the shouting wouldn’t stop, that’s when the physical violence came in ... I didn’t want to hear any more of it [goal – solitude]” “I wanted to know if she was seeing someone else, if it was true [goal – information]”
	Physical safety and wellbeing	“My objective wasn’t to hurt my objective was to stop her from hurting me” “I pushed her, I tried to push her away ... to stop her from scratching my face up”
	Psychological safety and wellbeing	“I literally was at breaking point in my head ... I could not take any more psychological abuse and I was at my wits end and I was actually beginning to be afraid what I would do if it didn’t stop”
Intention – Stream 1	Compliance	“I done it to intimidate her, like make her go” “... I just wanted her to shut her fuckin mouth, shut your fuckin mouth and leave me alone” “... I just really wanted a sorry ‘I’m sorry I forgot the kids, I’m sorry that would have upset you’ ... I wasn’t going to leave until I got it”
Act – Stream 1	Bodily force	“I pulled him by the clothes and took him outside” “I just pushed her off me” “I stood up off the couch, grabbed her, put her out the front door”
	Contingent threat	“... I just, looked for the nearest thing and just chucked it at the wall ... it was like a warning, like just fucking go then just fuck off” “I just yelled and just said like ‘Don’t you come near me, don’t you fuckin come near me or I’m gonna hit you’”
	Demand	“... I told her to get in the fucking van” “I got up and I roared with rage, I said ‘Fucking tell me’” “I said ‘Stop sending me these fucking messages, I’ve had enough’”
Ultimate goal – Stream 2	Retributive justice	“... When she said ‘I didn’t give a fuck about you’ that hurt me so I hurt her. If you hurt me I hurt you back” “I wanted to hurt him as much as he hurt me”
	Self-presentation	“... did he think I was scared of him ... I’m not scared of him, I’m not worried about him ... it was enough to let him know I wasn’t happy and I’m not scared of him” “I will not lie down like a dog and let a man, treat me like that. I did that enough as a kid”

Table 7 (continued)

Category	Subcategory	Example Quote
Intention – Stream 2	Physical harm	“I just wanted to hurt him ... I wanted to kill him. I wanted to kill him” “And basically I wanted to hurt him ... I wanted him to physically feel the pain”
	Psychological harm	“... I was like trying to piss her off ... I was saying things to hurt her feelings” “... [describing damaging event victim’s car] That was one of his pride and joys, an expensive [car] and he loves his cars ... [I knew it] would’ve pissed him off”
Act – Stream 2	Physical violence	“... I gave them a bloody good hiding. I wouldn’t say good but, I kicked their ass” “I literally ripped, nearly ripped his whole shirt off him and, like tore it. I punched the crap out of him”
	Psychological violence	“I just grabbed her and, just strangled her” “... I antagonised him when I got home ... sliced his car wheels, all four of them” “I was calling her a slut and a cunt, you’re a hopeless cook” “... I stood over him and I remember saying so clearly ‘Do you like being on the ground like a bitch? Do you fuckin like it down there?’”

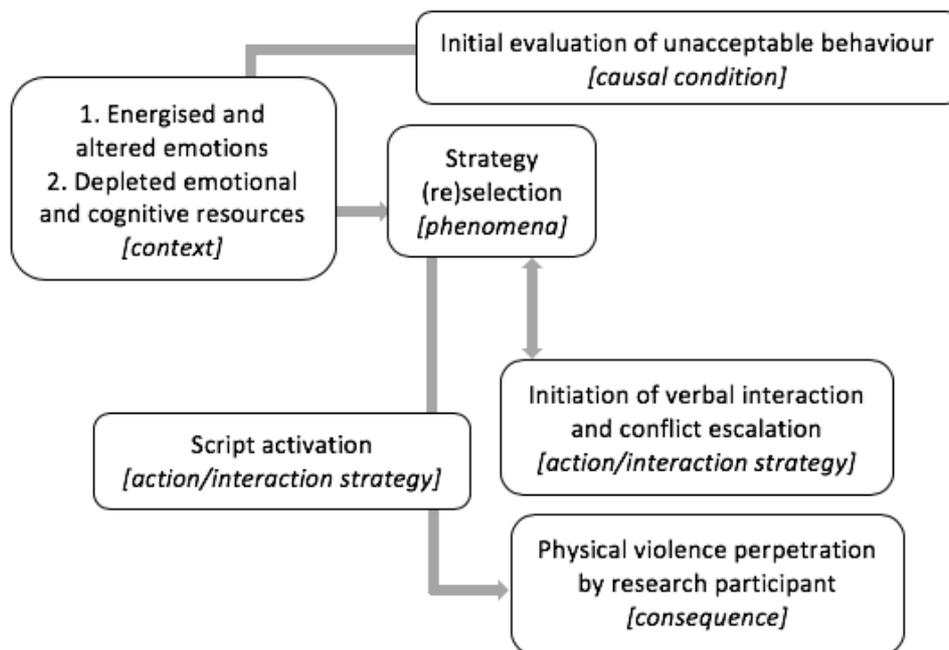


Figure 8. Paradigm 3.2: Script activation.

Table 8

Participant Quotes Pertaining to Paradigm 3.2 of the Event Process Model of Family Violence

Category	Subcategory	Example Quote
Script activation	Acting on auto-pilot	“... my body’s taken over” “[Physical FV] was automatic. [My] arms just started swinging straight away ... Everything went blank and I was just swinging my arms everywhere”
	Unconscious cognitive processes	“... I didn’t think of it I just did it” “... there was no thinking none whatsoever. I think if I had of had had time to think it never would’ve happened. But there was zero thinking” “... there was no thoughts going on in my head ... there was no goal or anything”
	Dissociative symptoms	“... I had lost all, like I was, someone I didn’t even know who I was ... [I] turned evil” “I was so like, I wasn't even me then” “I don’t even remember how or when, or where it came from but I remember I had, all of a sudden I had and I know it sounds ridiculous but all of a sudden I had a Stanley knife in my hand” “I was almost outside of myself actually ... I, became very, disconnected from my body pretty much. And, so when I look back now I was looking at everything, but ... it was like I was looking at, a stranger ... looking at a stranger who had done this awful thing, to another stranger ... I was in this other world where, where it wasn’t my life”

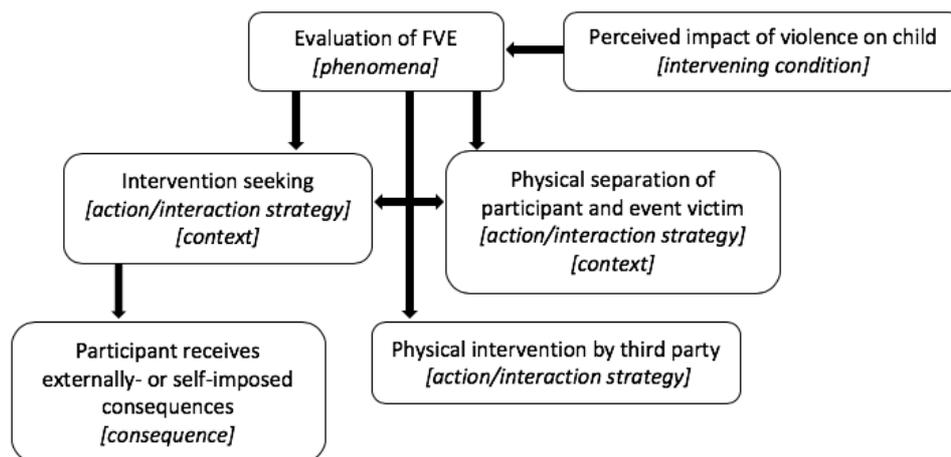


Figure 9. Section 4: Post-event.

Table 9
Participant Quotes Pertaining to Section 4 of the Event Process Model of Family Violence

Category	Subcategory	Example Quote
Evaluation of the family violence event	Positive	<p>“... when I did it I was proud of it”</p> <p>“I justified it in my mind, that that was the right thing to do”</p> <p>“... to be honest at first it was, I thought fuckin good job ... if you wanna hit a man then you can fuckin take it like one”</p>
	Negative	<p>“... it was remorse I felt straight afterwards ... it’s a ugly feeling to have. Especially when you know that you’ve just done something really bad and there’s no way you can go back on it, it’s something that sticks with you for a long time”</p> <p>“... then [I] realised what I’d done ... I just felt really ashamed, sick to my stomach, really panicked freaked out, oh my god, regret all at once, I’ve got to get him help he could be injured”</p>
Intervention seeking	Formal	<p>“... the neighbour across the road saw [the FV event] and rung the police”</p> <p>“... [I] rung the cops ... and just told them ‘I almost murdered a person I’m not proud of it can you come to this address and I’ll be waiting’”</p>
	Informal	<p>“... I called [event victim’s] father, and said ‘I’ve screwed up, can you please come?’ [Event victim] apparently called her father as well”</p> <p>“... [event victim] went to her aunty’s and then her aunty rung the police”</p>
Physical intervention by third party	-	<p>“... [child] was there crying on top of [event victim] so, and he told me not to touch him ... [child] said ‘Get out you ugly monster’”</p> <p>“[I] just got up and started hitting him, yelling at him and then, I got dragged off him by one of his mates”</p>
Physical separation of participant and event victim	Own accord	<p>“... I ended up leaving ... I just wanted to get out of there from that point on. I just wanted to get away from them”</p>
	Initiated by the other	<p>“... I ended up telling [event victim] to fuck off, and she hopped in the car with my mum and left”</p> <p>“... [event victim] told me to get out of the house and never come back”</p>
	Initiated by a third party	<p>“... [the cops] arrested me and took me away”</p> <p>“The cops took [event victim]. Came and picked her up, took her away”</p>

Table 9 (continued)

Category	Subcategory	Example Quote
Participant receives externally- and self-imposed consequences	Legal involvement	<p>“... I was charged with GBH. Grievous bodily harm. And, so we went through the whole process court process and, they argued that it was provocation, or something like that. And I was let off. The charges against me were dropped”</p> <p>“... I got arrested I got 100 hours community work and, that protection order was put on me”</p> <p>“... I was arrested straight away ... I went pretty much straight to jail. Straight into [prison]”</p>
	Agency involvement	<p>“I enrolled [in FV programme] the day after [FV event] happened, after the police safety order was issued, and then it became court-appointed”</p> <p>“... we ended up going through, a family group conference with [social welfare]”</p> <p>“[I had to] do the anger management and drug and alcohol counselling to make sure I don’t relapse and, I have a lady come in once a week to teach me parenting things”</p>
	Loss of relationship with event victim	<p>“I lost [day-to-day care of event victim] ... that was a consequence of hurting her”</p> <p>“... [FV event] made me leave him ... I needed that one more punch in the face to go ‘This is just fucking insane I need to walk away’”</p> <p>“... I told [event victim] that we may as well live apart ... what I done [during the FV event] wasn't right, and I didn't want the kids to see that, their dad being that way”</p>
Perceived impact of violence on child	-	<p>“And for my children to see it was like, I'm bad I'm, didn't want to be around them. They don't deserve this”</p> <p>“... that’s something no kid should ever have to see is their parents totally smashing the shit out of each other. And I realised how fucked it was, I really did ... I realised how, much I, made a bad choice and how I did that in front of my kids when my intention is to keep my kids safe”</p>