

BOYS' VICTIMIZATION & ADULT IPV PERPETRATION: OPPORTUNITIES FOR PREVENTION ACROSS THE LIFE COURSE

Research indicates that approximately 1 in 6 maltreated boys go on to perpetrate violence.¹ Yet, men's childhood experiences with abuse, neglect, and exposure to intimate partner violence (IPV) are often **under-recognized** and subsequently remain **untreated**.²

WHY IS THE VICTIMIZATION OF BOYS AN IMPORTANT ISSUE TO UNDERSTAND IN THE PREVENTION OF GENDER-BASED VIOLENCE?

Men comprise over 80% of perpetrators of violence against women in Canada, and one key risk factor for the perpetration of IPV is the experience of neglect, abuse, or exposure to IPV in childhood (referred to from this point forward as child maltreatment).³

Of course, not all boys who experience violence as children become perpetrators of IPV, and not all men will use or condone gender-based violence.

Nevertheless, prevention efforts cannot overlook the increasing evidence of an association between the two.

There are a wide range of factors involved in IPV perpetration. This newsletter draws attention to the ways in which IPV prevention can be enhanced through identifying men at risk of becoming perpetrators at earlier points in their lives. It is possible that the impacts of boys' experiences of violence can be minimized through age-specific intervention programs. In turn, this may reduce the proportion of these boys who go on to perpetrate violence against their partners as they grow older.

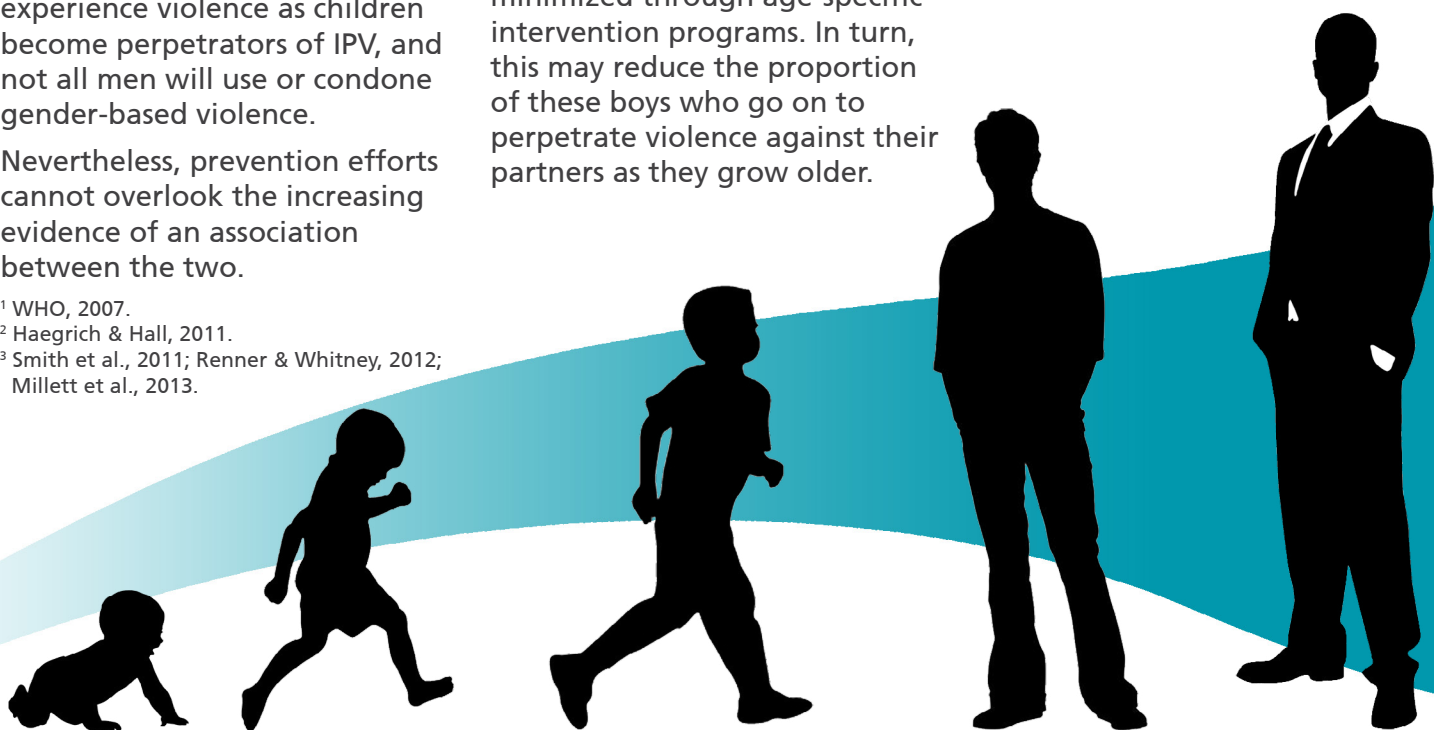
TAKING A LIFE COURSE PERSPECTIVE

- Human development is a lifelong process.
- Children's lives are intricately linked to those of their parents or caregivers.
- Early life experiences influence subsequent life outcomes.
- Context matters (e.g. culture, access to resources).
- "Turning points" are possible.

¹ WHO, 2007.

² Haegrich & Hall, 2011.

³ Smith et al., 2011; Renner & Whitney, 2012; Millett et al., 2013.

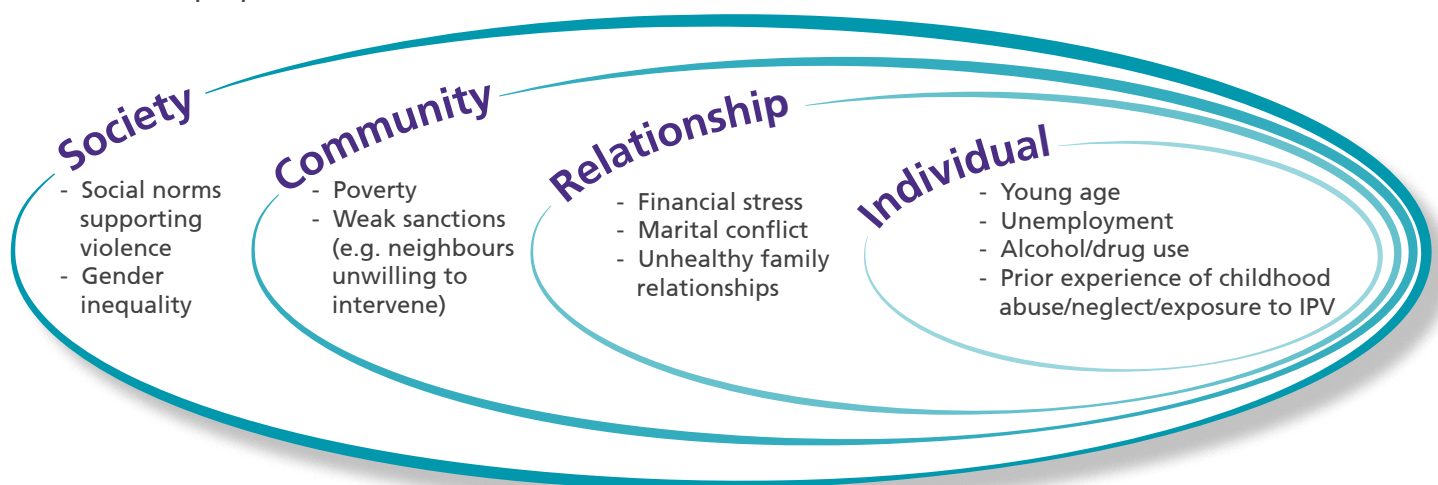


FORMS OF CHILD MALTREATMENT AND DEFINITIONS⁴

Physical abuse	Any act of physical aggression directed toward a child (e.g. shaking, pushing, hitting with object, biting, choking).
Sexual abuse	Sexual molestation or exploitation of a child by an adult or older child within or outside the family (e.g. penetration, fondling, pornography).
Emotional/psychological abuse	Terrorizing or threat of violence (e.g. threats against child's cherished objects), verbal abuse or belittling (e.g. name-calling), isolation or confinement (e.g. purposely cutting child off from other children), inadequate nurturing or affection (e.g. lack of parental interaction), exploiting or corrupting behaviour (e.g. encouraging involvement in criminal behaviour).
Neglect	Failure to provide for child's basic needs, adequate protection, and adequate supervision (e.g. inadequate nutrition, failure to provide medical treatment).
Exposure to intimate partner violence	Child is present during physical or verbal violence between intimate partners and can see and/or hear the violence (direct); child not present during violence but suffers consequences, hears about it, or experiences changes in his/her life as a result (indirect); child is exposed to emotional violence between intimate partners.

IPV PERPETRATION & CHILD MALTREATMENT: SHARED RISK FACTORS

IPV and child maltreatment are inter-related forms of violence. In fact, over 33% of children exposed to IPV in the past year also experienced maltreatment, compared to just 9% of children with no IPV exposure.⁵ Not surprisingly, there are many common risk factors between IPV perpetration and child maltreatment perpetration.

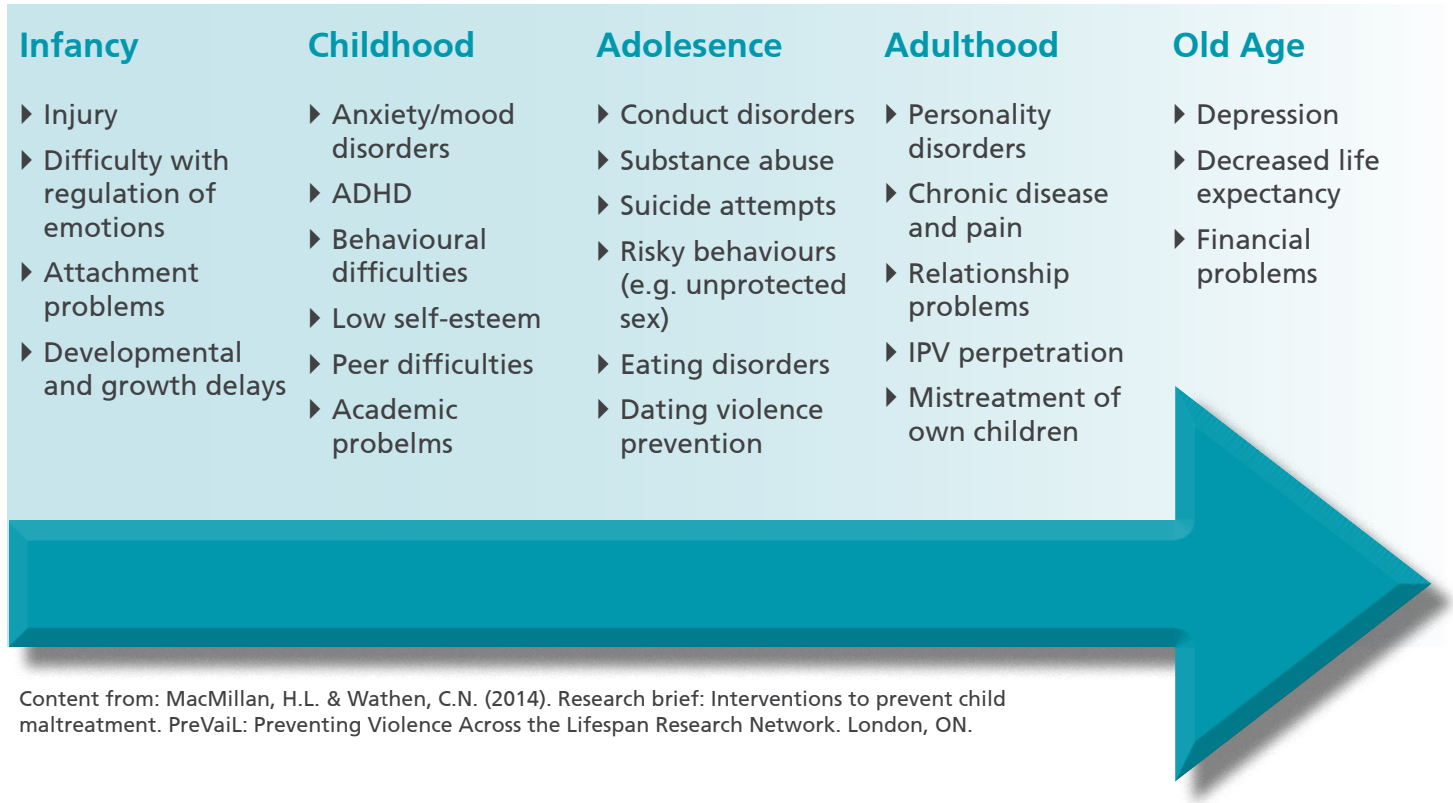


⁴ Public Health Agency of Canada, 2010.

⁵ Hamby et al., 2010.

ASSOCIATED CONSEQUENCES OF FAMILY VIOLENCE ACROSS THE LIFE COURSE

Both child maltreatment and IPV are associated with many adverse effects on health and well-being across the life course, situating these forms of violence as public health issues requiring concentrated prevention efforts. Examples of the impacts of violence are pictured below.



Content from: MacMillan, H.L. & Wathen, C.N. (2014). Research brief: Interventions to prevent child maltreatment. PreVail: Preventing Violence Across the Lifespan Research Network. London, ON.

THEORETICAL FRAMEWORKS

There are many proposed explanations for the link between boys' experiences of violence and future perpetration of IPV. Three of these explanations are listed below.

Trauma Theory⁶	<ul style="list-style-type: none"> • Child maltreatment related to onset of post-traumatic stress symptoms/disorder (PTSS/D). • PTSS/D increases risk of other internalizing (e.g. depression) and externalizing (e.g. aggression) symptoms. • Unresolved trauma linked to dysregulation of anger and arousal, elevation of negative emotions, poor emotional regulation skills, and interpretation of social interactions as more threatening (all risk factors for IPV perpetration).
Social Learning Theory⁷	<ul style="list-style-type: none"> • Attitudes and behaviours learned in family environment. • Violence learned, normalized and legitimized.
Attachment Theory⁸	<ul style="list-style-type: none"> • Violence disrupts secure attachment. • Relationships come to be viewed as unpredictable/dangerous. • Children develop hostile orientation toward others, which turn into violent behaviours in adulthood.

⁶ Maguire et al., 2015.

⁷ Bandura, 1977; Eriksson & Mazerolle, 2015.

⁸ Bowlby, 1969; Levendosky et al., 2012.

WHAT DOES THE EVIDENCE TELL US?

The relationship between experiencing maltreatment in childhood and perpetrating IPV in adulthood is generally supported by cross-sectional and longitudinal evidence from a large number of rigorous studies spanning across many populations.⁹ For a review, see our full report here: www.vawlearningnetwork.ca/link-between-boys-victimization-and-adult-perpetration-intimate-partner-violence

Longitudinal research supports cross-sectional findings and indicates boys who have experienced maltreatment have a higher risk for perpetrating violence against women as they grow older than boys with no such experiences. Findings also reveal that young adulthood may be a key timeframe for the emerging effects of child maltreatment.

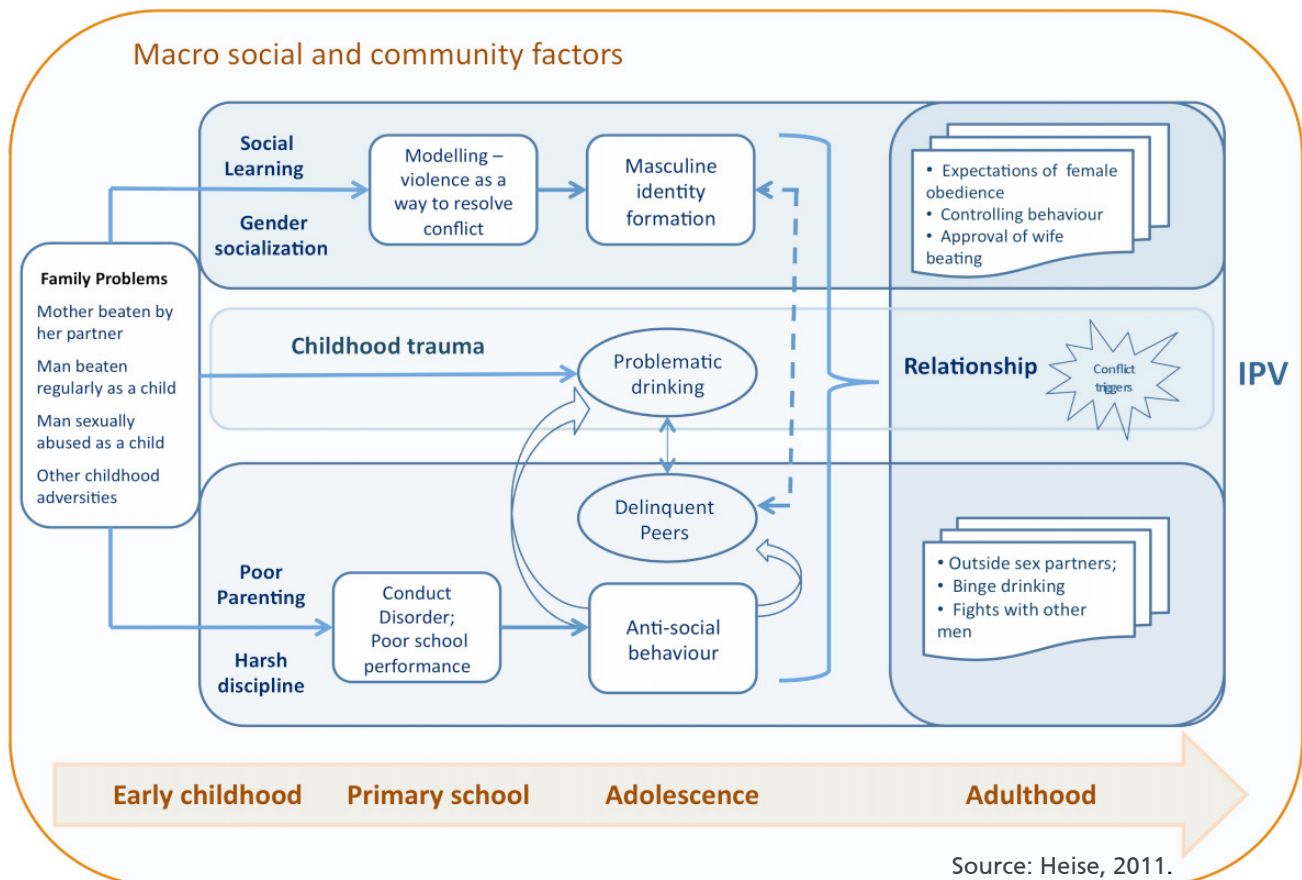
Many studies link child maltreatment to dating or intimate partner violence in adolescence and young adulthood or find that child maltreatment predicts youth violence, which in turn, predicts IPV perpetration.

► RESEARCH HIGHLIGHTS

- One large national survey found that men's risk of perpetrating IPV increased by 58 to 64%, depending on the type of maltreatment they experienced as boys – sexual abuse, IPV exposure, or physical abuse (Roberts et al., 2011).
- Results from one prospective study revealed exposure to IPV prior to age 5 directly predicts IPV perpetration at age 23 (Narayan et al., 2013).

PATHWAYS TO PERPETRATION: SITUATING BOYS' AND MEN'S EXPERIENCES OF VIOLENCE

Pathways to IPV perpetration are complex and require a multifaceted approach to prevention. When examining prevention by life stage, it is important to consider co-existing and contextual risk factors:



⁹It is important to remember that not all perpetrators of IPV have experienced abuse, neglect, or IPV exposure and that there can be many different pathways leading to IPV perpetration. Additionally, not all studies find strong support for this link.

PREVENTION ACROSS THE LIFE COURSE

We reviewed evidence-based prevention strategies with results from randomized control trials¹⁰, and to a lesser extent, strategies with emerging evidence that are considered promising.

Findings include:

- Interventions at each life stage can impact risk factors associated with men’s perpetration of IPV (e.g. insecure attachment, child behaviour problems, trauma symptoms) in addition to reducing child abuse, neglect, and IPV exposure.

- 6 evidence-based programs have applications across life stages (e.g. Trauma-focused Cognitive Behavioural Therapy).
- Most of the reviewed programs involve secondary or tertiary prevention efforts.
- There is a need for further evaluation of primary prevention programs in adolescence and adulthood.

LEVELS OF PREVENTION

Primary prevention: aims to intervene before the occurrence of IPV by preventing the development of associated risk factors, such as child maltreatment.

Secondary prevention: targeted to individuals at high risk of experiencing or perpetrating child maltreatment or IPV, with the goal of preventing its occurrence or progression.

Tertiary prevention: occurs after child maltreatment or IPV has been identified, with interventions designed to minimize its impact for survivors and decrease the risk of recurring abuse.

EVIDENCE-BASED PREVENTION PROGRAMS

Click on the program names for more information!

	Infancy/Pre-School	School-Age	Adolescence & Young Adulthood
Primary Prevention			The Fourth R Safe Dates Program
Secondary Prevention	Nurse-Family Partnership Healthy Start Program	Dads for Life Program	Youth Relationships Project Safe Dates Program
Tertiary Prevention	Child-Parent Psychotherapy	Community-Based Intervention Program Project Support I and II Strengths- and Community-Based Support and Advocacy	

¹⁰ For the purposes of this newsletter, we defined “evidence-based” as studies which used randomized control trials; however, we recognize that there are other forms of evidence that can be used to inform policy and practice.

PROMISING PREVENTION PROGRAMS

	Adolescence & Young Adulthood	Adulthood
Primary Prevention	The Fourth R: Uniting Our Nations	It's Not OK Campaign
	Mentors in Violence Prevention	Neighbours, Friends and Families
Secondary Prevention	Changing Places Program	
Tertiary Prevention	Moderate Intensity Family Violence Prevention Program	
	Partner Assault Response (PAR) Programs	
	Men's Domestic Abuse Check-Up	

DEVELOPING PROTECTIVE RESOURCES & RESILIENCE

In addition to reducing negative behaviours and minimizing the adverse consequences of violence, another important aspect of prevention involves developing protective resources and competencies which may be especially valuable to high-risk young children and their families.

Examples of protective factors include: self-regulation, self-determination/self-efficacy,

emotional literacy, social problem solving, help-seeking behaviours, intellectual capacity, school bonding and extracurricular involvement, community involvement, and positive interpersonal/family relationships.

One example of a program that supports the development of resilience is the [Strengthening Families Program](#).

PREVENTION PROGRAMS WITH APPLICATIONS ACROSS LIFE STAGES

	Evidence-Based Programs	Promising Programs
Primary Prevention	Strengthening Families Program	
	Triple P Parenting Program	
Secondary Prevention	Incredible Years Programs	
	Strengthening Families Program	
	Triple P Parenting Program	
Tertiary Prevention	Fathers for Change Program	Caring Dads Program
	Trauma-focused Cognitive Behavioural Therapy	Strong Fathers Program
	Multisystemic Therapy	

¹¹ Patel, 2011; Baker et al., 2011; Benavides, 2015.

CONSIDERATIONS FOR FUTURE RESEARCH

DATA COLLECTION

- ▶ Enhance data collection on child maltreatment and IPV (e.g. prospective longitudinal studies following children from birth with the capacity to control for potential confounding factors) and dissemination of findings to relevant stakeholders.
- ▶ Increase longitudinal research on risk and resiliency among maltreated children, including those exposed to IPV.
- ▶ Collect data on partner violence outcomes for maltreated boys who have and have not received treatment.

PROGRAM DEVELOPMENT & EVALUATION

- ▶ Enhance empirical evaluation of the long-term effectiveness of prevention programs (e.g. Neighbours, Friends and Families; White Ribbon Campaign).
- ▶ Develop and evaluate programs designed to restore parent-child relationships after violence has occurred.
- ▶ Develop and evaluate culturally relevant and gender-responsive programs for boys and men.
- ▶ Develop and evaluate programs designed to prevent IPV perpetration among boys who experienced maltreatment in childhood.
- ▶ Develop and evaluate differential responses to IPV perpetrators (e.g. based on type of violence, background, etc).
- ▶ Determine sufficient treatment levels in tertiary programs for IPV perpetrators.

CONSIDERATIONS FOR PRACTICE

Training

- ▶ Integrate IPV curricula into schools of public health, nursing, and medicine as well as related fields (e.g. social work, justice sector).
- ▶ Provide ongoing opportunities for cross-training on IPV and the victimization experiences of boys/men from a health perspective.

Collaboration

- ▶ Develop partnerships between public health and local IPV programs.
- ▶ Promote coordinated community responses to IPV through development of multidisciplinary task forces involving researchers, service providers, and policy makers.
- ▶ Engage in multi-level prevention efforts involving communities, families & individuals.

Service Provision

- ▶ Address IPV and child maltreatment (abuse, neglect, IPV exposure) in tandem, including identifying shared risk factors, particularly in adolescent and young adult populations.
- ▶ Include the prevention of future IPV perpetration as an explicit goal in child maltreatment prevention programs.
- ▶ Increase services to ensure well-being after violence has ended.
- ▶ Multi-dimensional screening and follow-up for boys who have experienced abuse/neglect or who have been exposed to IPV, especially when other risk factors are present (e.g. little social support).

System Approaches

- ▶ Conduct community needs assessments.
- ▶ Develop, implement, and monitor protocols for IPV in public health agencies.
- ▶ Increase funding for public health approaches to violence prevention.
- ▶ Invest in early prevention programs (e.g. dating violence prevention in adolescence with particular emphasis on boys with histories of victimization).

Written by the Learning Network Team:

Linda Baker, Learning Director
Nicole Etherington, Research Associate
Elsa Barreto, Graphic Design

Contact Us!

vawlearningnetwork.ca

 twitter.com/leantoendabuse

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Contact vawln@uwo.ca to join our email list!

**For full reference list visit www.vawlearningnetwork.ca/link-between-boys-victimization-and-adult-perpetration-intimate-partner-violence*

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