

Chapter 2

Theoretical and Empirical Perspectives on Intimate Partner Violence

Abstract The social production of health inequities for women who have experienced IPV spans a wide disciplinary spectrum, touching on aspects of sociology, public health, and gender studies. Therefore, the present chapter begins with a look at how IPV is defined and how it is theoretically explained and understood from a sociological perspective. Based on this background, empirical evidence for both the socioeconomic and health factors related to abusive relationships are explored, specifically highlighting the intersection between social position and health outcomes for survivors of IPV. This lays the foundation for the later theoretical and empirical review of the role of the welfare state in health inequities for female survivors of IPV.

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2.1 Definitions of IPV

The WHO understands IPV as “any behavior within a present or former intimate relationship that causes physical, psychological, or sexual harm” (Heise and García-Moreno 2012, p. 90). The types of behavior typically considered to constitute IPV include physical abuse (e.g., slapping, hitting, kicking, beating), psychological abuse (e.g., intimidation, humiliation), sexual abuse (e.g., sexual coercion, forced intercourse), or other controlling behaviors (e.g., isolating a partner from family and friends, restricting access to financial resources). These abusive

behaviors tend to overlap in violent relationships, with physical violence being accompanied by psychological abuse and sexual violence in about half of violent relationships.

However, a more comprehensive definition in terms of IPV's gender symmetry is still hotly contested. A feminist definition views IPV as a continual pattern of behaviors used to assert control over an intimate partner (Nicolaidis and Paranjape 2009). Rather than being understood as isolated behaviors, importance is placed upon power dynamics, as well as the intent and consequences of the violence. From this point of view, IPV is commonly perceived of as male violence against a female partner. By and large, this definition of IPV was developed by clinicians and academics through the lens of feminist theory, based primarily on qualitative research with abused women accessing help services (e.g., Dobash and Dobash 1979; Walker 1979). The family conflict viewpoint, however, understands the majority of IPV to occur as a response to occasional conflict in the family, perpetrated equally by men and women. In this definition, the focus is specifically on behaviors. Such factors as relationship dynamics, intents, and consequences are purposely excluded from the definition. This viewpoint stems from some of the first attempts by sociologists to study IPV using community-based surveys (e.g., Straus et al. 1980). These different perspectives have generated much unresolved debate (Winstok 2011). The feminist perspective contends that defining IPV without addressing the context of violence neglects that behaviors have fundamentally different consequences and are inherently gendered (DeKeseredy 2011; Dobash et al. 1992; Johnson 2011). Researchers from the family conflict perspective, however, argue that making assumptions about gender ideologies overlooks the needs of male victims (Dutton 2012; Straus 1999) and denies that ending women's violence against men is also "morally, legally, and therapeutically necessary" (Straus 2011, p. 286).

Meanwhile, a number of researchers have attempted to reconcile these conflicting perspectives. For example, in a meta-analytic review of the literature, Archer (2000) found that when specifically examining more severe forms of violence, men are more likely to be the perpetrator against women. However, when examining more minor forms of violence, there is a greater degree of gender symmetry between victims and perpetrators. Another potential reconciliation comes from Johnson (1995),¹ who suggested that researchers may in fact be examining two different phenomena which vary by the occurrence of coercive control. In later research, he expanded upon this theory and proposed four discrete types of IPV based on both coercive control and aggression: intimate terrorism, violent resistance, situational couple violence, and mutual violent control (Johnson 2006, 2011).

¹It is important to note that Johnson clearly identifies himself as coming from the feminist perspective (2011).

The former two are rather gender asymmetrical. *Intimate terrorism* is the exertion of control over one's partner using a range of violent and nonviolent tactics, usually perpetrated by men over women, typically escalating in severity. Johnson argues that intimate terrorism is most frequently seen among women seeking help services for an abusive relationship, fitting with the feminist understanding of IPV, but most likely only represents a small percentage of overall violence in partnerships. On the other hand, *violent resistance* is one partner's response to intimate terrorism, although it is clear that the violent resistor remains in the position of least power, and this is typically perpetrated by women against men. The latter two types of IPV, however, tend to be gender symmetrical. *Situational couple violence* is understood as violence that occurs during conflict, but which is not fixed in systematic domination and control of one partner over another. He asserts that this type of violence is less severe and is often revealed through population-based surveys, fitting with the family conflict perspective of IPV, and is the most common type of violence in partnerships. Finally, Johnson hypothesizes that *mutual violent control* occurs when both partners simultaneously seek to dominate the other, although this may occur only rarely.

Critics of Johnson's categorizations wonder if perhaps the question lies in clarifying the *degree* of violence rather than *types* of violence (Heise 2012). An attempt at empirically testing Johnson's concepts of intimate terrorism and situational couple violence using a US representative sample concluded that,

there may not be as sharp a demarcation between the two hypothetical forms of IPV as has been proposed but rather a continuum where both controlling behaviors and injury and violence escalation are just three factors that characterize the various forms of IPV that may evolve over time in the course of a relationship (Frye et al. 2006, p. 1303).

Although the jury is still out on whether IPV is made up of distinct categories or rather a spectrum of severity, Johnson's work has at least opened the door to discussions that perhaps not all instances of IPV are equal (Heise 2012), even if it has not ended the debate between the feminist and family conflict perspectives (e.g., Dutton 2012; Straus 2011). This book focuses on the understandings of IPV as both intimate terrorism and situational couple violence perpetrated against women, and the next sections of this chapter explore their theoretical foundations and empirical support.²

²Although it is beyond the scope of this book, it is important to highlight an ever-increasing body of literature challenging heteronormative assumptions around IPV, asserting that imbalances in power and dependence also propagate patterns of abuse in homosexual relationships (e.g., Cruz 2000; Jeffries and Ball 2008; McClennen et al. 2002; Oliffe et al. 2014; Renzetti 1992). The complex intersections of gender, sexuality, and power in abusive relationships among lesbian, gay, bisexual, and transgender individuals necessitate even further research to understand the underpinnings of IPV in these communities.

2.2 Theoretical Explanations of IPV

In delving into the definitions of IPV, one cannot avoid also touching upon its theoretical underpinnings. There is a vast body of theoretical approaches from different disciplines attempting to explain the causes of IPV and its risk factors. The theoretical realm spans psychological (e.g., frustration–aggression theory, social learning theory, cognitive behavioral theory), biobehavioral (e.g., neurochemical mechanisms), criminological, economic, and sociological explanations (Heise 2012; Mitchell and Vanya 2009). For the purposes of this book, however, this section focuses specifically on the most relevant sociological theories endeavoring to explain IPV, including: feminist theory, family conflict theory, resource theory and its offshoots of relative resource theory and gendered resource theory, and dependency theory. Although there are significant differences between them, these theories share common ideas about the importance of structure (patriarchal or otherwise), socioeconomic resources, and status.

According to some of the earliest *feminist theorizing*, IPV is primarily the result of a patriarchal system which exerts men's domination and control over women (Dobash and Dobash 1979). This occurs either “directly, through cultural norms of deference and obedience backed if necessary by the use of force; or indirectly, by shaping women's opportunities and constraints in basic institutions such as the family and work that reinforce women's subordination” (Rodriguez-Menes and Safranoff 2012, p. 585). Simply put, a high level of gender inequality in laws, the social order, and institutions plays itself out in a high level of men's violence against women, but levels of IPV will decrease as a society's gender equity increases. Research which applies feminist theory emphasizes “power and control in relationships, social norms condoning wife beating, and structural and economic forces that keep women trapped in abusive relationships” (Heise 2012, p. 47). Arguably, one of the primary contributions of feminist theory is its argument that social context is vital to understanding IPV, whereas prior to the feminist movement, victims were often implicitly or explicitly blamed for the violence they experienced (e.g., ascribing them with deviant, masochistic personalities) (Mitchell and Vanya 2009).

Much of the early feminist-based research on IPV typically controlled for socioeconomic variables in empirical research instead of directly investigating them (Cunradi et al. 2002; Goodman et al. 2009; Raphael 2003). This had to do with the deeply ingrained belief among early feminist activists that IPV cuts across all social divisions and therefore is a societal problem of gender oppression, not a class or ethnic problem (Meier 1997). While it has been shown that violence affects all levels of society, some feminist scholars have argued that a purely universalist strategy may have the unintended negative consequence of minimizing the significance of the differentials in vulnerabilities experienced by those in lower social positions (Humphreys 2007; Purvin 2007; Raphael 2003). Rather than reducing victims' vulnerability, this may instead compound it through uninformed services and policies which ignore the specific needs and difficulties facing poor women

who are abused by their partners (Josephson 2002). In this sense, feminist theorizing has expanded beyond the one-factor explanation of patriarchal structure (DeKeseredy and Dragiewicz 2007; DeKeseredy 2011), and has begun to examine socioeconomic explanations as well.

Even so, this remains a central point of critics of feminist theory, arguing that societal gender inequality is only one of many factors involved in the occurrence of partner violence (Dutton 2006). Researchers from this standpoint instead propose a theory of *family conflict*, arguing that factors such as age, income, and employment status of couples play a more important role (Anderson 1997; Gelles 1993). Essentially, not every man is violent even in societies with high levels of gender inequality, and thus explanations must also take into account the difficulties of everyday family life. This theory of family conflict makes use of social structuralism in explaining violence in relationships. Basically, violence occurs as a reaction to “socially structured stress” (e.g., low income, unemployment, poor health) and the institutionalized inequalities among socioeconomic, gender, and racial divides (Gelles 1985, p. 361). In essence, IPV from this perspective is understood as, “the outcome of a pileup of stressors associated with a perceived excess of demands over resources” (Fox et al. 2002, p. 794). Thus, violence in the family is inherently related to a family’s position in the social structure.

Even before feminist and family conflict theory, however, one of the first researchers to apply sociological theories to IPV was Goode (1971) with *resource theory*. He proposed that the power balance between partners is often dependent upon the resources individuals contribute to the relationship. Moreover, he hypothesized that “force and its threat can be used when other resources are unavailable or have proved ineffective” (Goode 1971, p. 628). In other words, men with fewer resources outside the relationship (e.g., when facing unemployment or financial hardship) are more likely to make use of violence in order to reestablish their control within the relationship. In contrast, men with sufficient external resources have little need to reassert their power through violence. An extension of resource theory known as *relative resource theory* focuses not on men’s absolute resources, but rather on the (im)balance in economic and social resources between men and women in a relationship (Macmillan and Gartner 1999; McCloskey 1996). According to this theory, men who have fewer resources (e.g., education or income) as compared to their female partners are more likely to use violence to regain their power if they have no other means to do so. The flip side of this theory can also be used to hypothesize that women with comparatively lower education and status than their partners are also at increased risk if “violence is construed as a privilege of his greater resource contribution and simultaneously as a reflection of his partner’s relative economic vulnerability” (Fox et al. 2002, p. 794). Developing these ideas even further, *gendered resource theory* proposes that IPV is rather an interaction between status inconsistencies in relationships and the male partner’s gender ideology (Atkinson et al. 2005). Basically, if male partners view the relationship through the lens of egalitarianism and do not perceive the need to be the primary breadwinner, then they do not have any need to use violence to reassert their superiority over female partners with higher statuses.

Dependency theory takes a different approach and builds both on the ideas around the patriarchal structure of society, while also acknowledging the role of socioeconomic factors. It contends that women's absolute socioeconomic resources are the critical relevant factors in IPV rather than family resources, men's resources, or men's resources relative to women's (as in family conflict theory, resource theory, and relative resource theory, respectively). This line of argumentation states that the patriarchal structure of society can manifest itself in socioeconomic vulnerabilities among women. These "low opportunities and multiple constraints stemming from women's positions in the socioeconomic structure affect women's control over their lives, making them dependent on their male partners, and raising the probability of experiencing violence" (Rodriguez-Menes and Safranoff 2012, p. 586). In this sense, dependency theory is framed around women's resources and their ability to exercise agency given the patriarchal structure in which they are embedded. According to this theory, it is necessary to consider both individual and macro-level factors affecting women's standing in society and their exposure to IPV.

In sum, even though the theories mentioned above may lean toward explaining either intimate terrorism or situational couple violence (or perhaps both), there is a great deal of overlap amongst them. It is quite likely that these various theories all contain elements of truth. Therefore, many researchers have come to the conclusion that IPV is an intricate phenomenon that requires a multifaceted approach (Rodriguez-Menes and Safranoff 2012), and should be understood as occurring due to an interaction of multiple factors at the individual, household, community, and societal levels (Heise 1998). This, along with the differences between intimate terrorism and situational couple violence, is vital to keep in mind when examining the empirical research on IPV, socioeconomic resources, and health.

2.3 The Evidence on IPV and Economic Vulnerability

As predicted by many of the sociological theories of IPV, there is an unmistakable empirical link between IPV and socioeconomic resources, although the relationship may look slightly different according to structural and cultural context. This section begins with an exploration of empirical literature connecting IPV and socioeconomic status at the household level, followed by evidence related specifically to women's own socioeconomic resources, and the role of economic (in)dependence in women's abilities to exit abusive relationships. The conclusion of this section includes a brief discussion of what can be said in terms of directionality.

In the US, one of the primary correlates of IPV is *household income level*, with economic hardship and lower levels of income increasing the likelihood of violence (Bachman and Saltzman 1995; Tjaden and Thoennes 2000; Tolman and Rosen 2001; Vest et al. 2002). In fact, a US study found that household income has the greatest influence on the probability of experiencing IPV as compared to other risk factors (Cunradi et al. 2002). Likewise, an EU-wide representative survey found

that on average, women who found it difficult to live on their household income were nearly twice as likely to have experienced physical and/or sexual violence from a current or former partner than women who found their level of household income to be comfortable (FRA 2014). In Germany specifically, there is a higher likelihood of experiencing physical or sexual violence from a current partner in households with lower incomes, but the differences between income levels are not quite as strong as those found in the US or EU-wide studies (Schröttle and Ansorge 2008).³ A national Norwegian survey found that women who considered themselves as being financially worse off than others had increased exposure to IPV (Nerøien and Schei 2008). Depending on whether household income is related to IPV from a current or former partner, there are two different theoretical mechanisms for this association. For women in lower income households who have higher rates of IPV exposure from a *current* partner, it is supposed that financial burdens place undue stress on the relationship and men may express their frustration by resorting to violence, as suggested by the branch of resource theories or family conflict theory. For women in lower income households who report higher rates of IPV exposure from a *former* partner, this may reflect the economically vulnerable situation women find themselves in after ending an abusive relationship, perhaps related to dependency theory.

Focusing specifically on *women's socioeconomic resources* and IPV, there is a large degree of variation depending on the country context and men's relative resources. In Norway, women's lower educational levels and unemployment are strongly associated with IPV (Nerøien and Schei 2008). In contrast, an EU-wide survey demonstrated that women's level of education does not seem to impact IPV exposure from current or former partners (FRA 2014). A nationally representative survey of Germany found that women with incomes greater than their partners' income have the highest likelihood of IPV (Schröttle and Ansorge 2008). This was also found to be the case in the US, where women who have higher incomes than their partners (Anderson 1997; McCloskey 1996), or whose income increases over time relative to their partners (Fox et al. 2002), have a higher risk of IPV. Macmillan and Gartner's (1999) findings suggest that it may be even more nuanced: perhaps women's employment only increases the risk of IPV when her partner is unemployed, and risk of IPV decreases considerably when the abusive partner is also employed. The explanation for such findings goes back to relative resource theory: women's higher level of resources as compared to their partner's resources disrupts cultural norms and expectations of men as breadwinners, leading to greater levels of violence among men attempting to reassert their control in the relationship. However, it is also important to keep in mind that at least one study has found that women's share of relative resources increases the likelihood of violence only when their partners hold a traditional male breadwinner gender ideology (Atkinson et al. 2005).

³This may also be related to the German analysis focusing on IPV from a current partner, rather than current and former partners.

There is yet another body of literature around women's resources, but its focus is rather on women's *ability to end an abusive relationship* as opposed to their risk of IPV. It is clear that separation from an abusive partner requires women to have access to adequate financial resources and support. Due to this, women without their own resources who are economically dependent on their abusive partner find it difficult to end the abusive relationship, and instead are more likely to tolerate abuse for longer (Basu and Famoye 2004; Kalmuss and Straus 1982; Kim and Gray 2008). A review of US studies around women's decisions to leave or stay in an abusive relationship found that women's higher personal income levels and employment status were the strongest predictors of leaving (Anderson and Saunders 2003), and this was also found in a study of women leaving domestic violence shelters in Norway (Alsaker et al. 2007). Women also report lack of financial resources as a central barrier to leaving an abusive partner (Anderson et al. 2003; Schrötte and Ansorge 2008). It is, therefore, not surprising that a number of studies have demonstrated that access to economic opportunities (Farmer and Tiefenthaler 1997; Golden et al. 2013; Shobe and Dienemann 2008) and maintaining employment is of utmost importance for women seeking to establish independence from their abusive partners (Moe and Bell 2004).

While the association of IPV and socioeconomic status is clear, less so is the causal directionality of this relationship. The small number of longitudinal studies that do exist tend to provide evidence that abuse can occur as the result of poverty. The US National Survey of Family and Households found that employment instability and financial hardship increased the likelihood of abuse at later time points, even when IPV history was controlled for at baseline (Fox and Benson 2006). Likewise, Byrne et al. (1999) discovered that women living in poverty at baseline were almost twice as likely to report episodes of abuse in the subsequent waves of the study. On the other hand, there is considerable evidence in the other causal direction, demonstrating the disruptive effects of IPV on women's social position (Davies et al. 2015). For example, IPV decreases women's ability to both obtain and maintain employment, and it has a negative influence on income and housing stability (Goodman et al. 2009). Low-income victims of IPV have been found to be one-third less likely to be able to maintain employment (at least 30 h per week) in the 6 months following abuse than low-income women who have not been abused (Browne et al. 1999). A 3-year longitudinal study also found that unemployment at follow-up was more than twice as likely for women who experienced a new episode of violence over the course of the study than for women who did not (Byrne et al. 1999). Moreover, women with prior histories of IPV at baseline were more likely to have deteriorating income levels over subsequent observations if they had experienced a new episode of IPV. Even with these longitudinal studies, however, the causal directionality of social position and IPV is difficult to disentangle. This instead seems to indicate a rather cyclical relationship where women with lower social positions are at greater risk of IPV, and women who experience IPV are at greater risk of being in lower social positions (Byrne et al. 1999).

In sum, there seems to be strong evidence for theories of IPV considering both household resources and women's individual resources in analyses of IPV. Likewise, the cross-national differences found across various studies appear to lend support to dependency theory, emphasizing the importance of also taking macro-level structures into account.

2.4 The Evidence on IPV and Health

This second section on empirical evidence focuses on the health outcomes related to IPV which were alluded to in Chap. 1. The acute, intermediate, and long-term health consequences associated with IPV are reviewed, including: physical, (psycho-)somatic, reproductive, and psychological impairments. Physical injuries from IPV are the most visible and obvious health consequences of partner violence. In the US, IPV is one of the most common causes of injury for women seeking care for violence-related injuries in hospital emergency rooms (Rand 1997). Common injuries include bruises, scratches, burns, broken bones, head injuries, lacerations, miscarriages, and knife and gunshot wounds (Dutton et al. 2006; Tjaden and Thoennes 2000). In Germany, 64 % of those who have experienced IPV report having been injured (Müller and Schröttle 2004), while in Norway, this is true for 33 % of women who have experienced IPV (Nerøien and Schei 2008).

It is also important to consider the intermediate and long-term physical health effects which continue even after the abuse has ended (Garcia-Moreno et al. 2005). Among abused women, chronic pain (e.g., abdominal pain, pelvic pain, headaches, neck and back pain) is the most commonly reported symptom (Bonomi et al. 2007; Campbell et al. 2002; Coker et al. 2005; Sutherland et al. 2002), and greater severity of pain is related to longer duration of IPV exposure (Humphreys et al. 2011). A Canadian study of women who had left their abusive partners (an average of 20 months previously) found that 35 % reported high levels of debilitating pain, which is significantly higher than the national average of 18 % (Wuest et al. 2008). Associated with increased levels of chronic stress from abuse are also a loss of appetite, eating disorders, and gastrointestinal disorders like irritable bowel syndrome (Coker et al. 2000; Lindgren and Renck 2008). Moreover, often due to forced sex from the partner, gynecological disorders (e.g., chronic pelvic pain, vaginal bleeding or infection, sexually transmitted infections, and cervical cancer) are the “most consistent, longest lasting, and largest physical health difference” (Campbell 2002, p. 1332) between abused and nonabused women (Coker et al. 2000; Eby et al. 1995; Plichta and Abraham 1996; Schei and Bakketeig 1989; Schei 1991).

In addition to the myriad of physical health consequences, IPV also adversely affects mental health. International research has shown that women who have experienced IPV are three to five times more likely to report depression, suicidality, posttraumatic stress disorder (PTSD), and substance use than women without histories of IPV (Bonomi et al. 2006; Dillon et al. 2013; Golding 1999; Nerøien and

Schei 2008; O'Campo et al. 2006; Romito et al. 2005). Among these, depression and PTSD are the most frequent mental health outcomes for survivors of IPV (Cascardi et al. 1999; Dutton et al. 2006). In Australia, researchers have demonstrated that nearly 35 % of the disease burden presented by IPV can be attributed to depression (Vos et al. 2006), and US researchers have shown that PTSD and depression may act as mediators between IPV and women's physical health (Sutherland et al. 2002). Furthermore, cross-national studies have demonstrated a significant association between IPV and suicide in many different contexts. The likelihood of suicidal ideation is three times as likely and attempted suicide is four times as likely as among women who have experienced IPV than among women who have never experienced IPV (Devries et al. 2011; Ellsberg et al. 2008). As with physical health consequences, greater severity and a longer duration of IPV results in higher probability and more severe symptoms of depression and PTSD, as does experiencing more than one type (e.g., physical, sexual, psychological) of IPV (Ansara and Hindin 2011; Dillon et al. 2013; Dutton et al. 2005; Lindhorst and Beadnell 2011; Straus et al. 2009).

As evidenced by this wealth of literature, it is clear that IPV has negative health consequences for women.⁴ However, the mechanisms by which IPV leads to poor health are less clearly understood (Ford-Gilboe et al. 2009; Scott-Storey 2011). The obvious exceptions to this, of course, are the acute and direct effects of physical injury, which may result in long-term disability. An indirect effect of IPV on health appears to occur through the presence of chronic stress, which accumulates over the course of abusive relationships, leading to long-term negative physical and mental health consequences (Dillon et al. 2013; Kendall-Tackett 2005; Plichta 2004; Sutherland et al. 2002). The presence of chronic stress can potentially lead to physiological changes in the body which create vulnerabilities to chronic illnesses and diseases (Kendall-Tackett 2005). Research also suggests that women who have experienced IPV tend to engage in more health risk behaviors (e.g., smoking, alcohol and drug use, unprotected sex) (Eby 2004; Golding 1999) and fewer healthy behaviors (Tomasulo and McNamara 2007) than women who have no exposure to IPV. These health behaviors potentially serve as a partial mediator between IPV and poor physical health. However, little is known about how the conditions of women's lives influence the health effects of IPV, which is detailed in Sect. 2.5 on the intersections of IPV, socioeconomic status, and health.

⁴It is worth noting that the studies cited in this section have utilized a variety of research methodologies, including surveys, clinical records, and qualitative interviews. Furthermore, they made use of population, community, shelter, and clinical samples for their research across a number of different cultural contexts. Despite these substantial differences, however, the health consequences appear to be relatively consistent across settings, thereby erasing doubt that IPV presents itself as a significant health concern (Dillon et al. 2013).

2.5 The Intersections: IPV, Economic Vulnerability, and Health

Due in part to early feminist theorizing which emphasized the universality of IPV (see Sect. 2.2), there are very few empirical studies attempting to clarify whether women's health outcomes ascribed to IPV may also be related to socioeconomic circumstances or vice versa. A notable exception is a US study that surveyed nearly 400 women of all income levels, including women with and without histories of IPV (Sutherland et al. 2001). The researchers found that IPV contributed to the variance in physical health outcomes above and beyond what could be explained by household income levels alone. Furthermore, while a similar negative trend in the relationship between IPV and health was found for all income levels, IPV was more strongly associated with poorer health among low-income women. Taken together, these findings suggest that abuse is especially harmful to the health of low-income women and that perhaps more economic resources could improve women's health.

The literature on women's access to resources in abusive relationships is also important to consider in its effect on health outcomes. A study by Ford-Gilboe et al. (2009) found that the combined total of women's personal, social, and economic resources mediated the relationship between IPV and health. Access to financial resources is often key to successfully ending an abusive relationship, and it follows that the more economically dependent a woman is on her abuser, the longer she stays with her partner. It is therefore plausible that this increases her risk for serious injury and illness through extended exposure to violence. Moreover, the long-term health effects (e.g., disability or chronic illness) resulting from IPV can present barriers to employment or result in poverty, further increasing her dependency on the abusive partner (Davis et al. 1999). Abused women reporting chronic pain, for example, were found in one study to be significantly more likely to be unemployed, to remain longer in a violent relationship, and to report more injuries (Humphreys et al. 2011). Women in the US taking part in focus groups described this as a dynamic interplay between the adverse health impact of IPV, the devastating effects of IPV on already-compromised health, and increasing dependency on the abuser due to illness or disability (Thomas et al. 2008). Likewise, a qualitative study with survivors in Germany confirms this finding, describing awareness that dependence on their partner exposed them to ongoing violence and had a continual detrimental impact on their health (Larsen et al. 2014).

2.6 Summary

This chapter has briefly described the theoretical assumptions and empirical evidence useful for understanding the occurrence of IPV and its outcomes. The great debates over IPV's definition highlight how crucial a nuanced understanding of the phenomenon is for research. Likewise, the overlap among sociological theories

endeavoring to explain IPV hint at the necessity of taking a multifaceted approach in the investigation of partner violence. This includes taking into account both the individual-level factors of women's socioeconomic resources (e.g., income, education, employment) as well as societal-level factors (e.g., patriarchal structures, social policy) shaping the structure of women's lives. Empirical evidence suggests that the intersection between social position and IPV plays a role in women's health, potentially creating even greater vulnerabilities to poor health. However, these interactions are poorly understood and research on this topic only inconsistently addresses the structure of women's lives. This highlights the need for research on the health effects of IPV from a broader societal context. This sets the stage for Chap. 3, which provides the theoretical and empirical foundations of the welfare state's impact on health for women who have experienced IPV.

References

- Alsaker, K., Moen, B. E., & Kristoffersen, K. (2007). Health-related quality of life among abused women one year after leaving a violent partner. *Social Indicators Research*, 86(3), 497–509. doi:[10.1007/s11205-007-9182-7](https://doi.org/10.1007/s11205-007-9182-7)
- Anderson, K. L. (1997). Gender, status, and domestic violence: An integration of feminist and family violence approaches. *Journal of Marriage and Family*, 59(3), 655–669.
- Anderson, D. K., & Saunders, D. G. (2003). Leaving an abusive partner: An empirical review of predictors, the process of leaving, and psychological well-being. *Trauma, Violence, and Abuse*, 4(2), 163–191. doi:[10.1177/1524838002250769](https://doi.org/10.1177/1524838002250769)
- Anderson, M. A., Gillig, P. M., Sitaker, M., McCloskey, K., Malloy, K., & Grigsby, N. (2003). “Why doesn't she just leave?": A descriptive study of victim reported impediments to her safety. *Journal of Family Violence*, 18(3), 151–155. doi:[10.1023/A:1023564404773](https://doi.org/10.1023/A:1023564404773)
- Ansara, D. L., & Hindin, M. J. (2011). Psychosocial consequences of intimate partner violence for women and men in Canada. *Journal of Interpersonal Violence*, 26(8), 1628–1645. doi:[10.1177/0886260510370600](https://doi.org/10.1177/0886260510370600)
- Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin*, 126(5), 651–680.
- Atkinson, M. P., Greenstein, T. N., & Lang, M. M. (2005). For women, breadwinning can be dangerous: Gendered resource theory and wife abuse. *Journal of Marriage and Family*, 67(5), 1137–1148. doi:[10.1111/j.1741-3737.2005.00206.x](https://doi.org/10.1111/j.1741-3737.2005.00206.x)
- Bachman, R., & Saltzman, L. E. (1995). *Violence against women: Estimates from the redesigned survey*. Washington, DC: U.S. Department of Justice.
- Basu, B., & Famoye, F. (2004). Domestic violence against women, and their economic dependence: A count data analysis. *Review of Political Economy*, 16(4), 457–472. doi:[10.1080/0953825042000256685](https://doi.org/10.1080/0953825042000256685)
- Bonomi, A. E., Thompson, R. S., Anderson, M., Reid, R. J., Carrell, D., Dimer, J. A., et al. (2006). Intimate partner violence and women's physical, mental, and social functioning. *American Journal of Preventive Medicine*, 30, 458–466. doi:[10.1016/j.amepre.2006.01.015](https://doi.org/10.1016/j.amepre.2006.01.015)
- Bonomi, A. E., Anderson, M. L., Rivara, F. P., & Thompson, R. S. (2007). Health outcomes in women with physical and sexual intimate partner violence exposure. *Journal of Women's Health*, 16(7), 987–997. doi:[10.1089/jwh.2006.0239](https://doi.org/10.1089/jwh.2006.0239)

- Browne, A., Salomon, A., & Bassuk, S. S. (1999). The impact of recent partner violence on poor women's capacity to maintain work. *Violence Against Women*, 5(4), 393–426. doi:[10.1177/10778019922181284](https://doi.org/10.1177/10778019922181284)
- Byrne, C. A., Resnick, H. S., Kilpatrick, D. G., Best, C. L., & Saunders, B. E. (1999). The socioeconomic impact of interpersonal violence on women. *Journal of Consulting and Clinical Psychology*, 67(3), 362–366.
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *Lancet*, 359, 1331–1336. doi:[10.1016/S0140-6736\(02\)08336-8](https://doi.org/10.1016/S0140-6736(02)08336-8)
- Campbell, J. C., Jones, A. S., Dienemann, J., Kub, J., Schollenberger, J., O'Campo, P., et al. (2002). Intimate partner violence and physical health consequences. *Archives of Internal Medicine*, 162, 1157–1163.
- Cascardi, K., O'Leary, D., & Schlee, K. A. (1999). Co-occurrence and correlates of posttraumatic stress disorder and major depression in physically abused women. *Journal of Family Violence*, 14(3), 227–249. doi:[10.1023/A:1022827915757](https://doi.org/10.1023/A:1022827915757)
- Coker, A. L., Smith, P. H., Bethea, L., King, M. R., & McKeown, R. E. (2000). Physical health consequences of physical and psychological intimate partner violence. *Archives of Family Medicine*, 9, 451–457.
- Coker, A. L., Smith, P. H., & Fadden, M. K. (2005). Intimate partner violence and disabilities among women attending family practice clinics. *Journal of Women's Health*, 14, 829–838. doi:[10.1089/jwh.2005.14.829](https://doi.org/10.1089/jwh.2005.14.829)
- Cruz, M. J. (2000). Gay male domestic violence and the pursuit of masculinity. In P. Nardi (Ed.), *Gay masculinities: Research on men and masculinities*. Thousand Oaks, CA: Sage Publications.
- Cunradi, C. B., Caetano, R., & Schafer, J. (2002). Socioeconomic predictors of intimate partner violence among White, Black, and Hispanic couples in the United States. *Journal of Family Violence*, 17(4), 377–389. doi:[0885-7482/02/1200-0377/0](https://doi.org/10.1885-7482/02/1200-0377/0)
- Davies, L., Ford-Gilboe, M., Willson, A., Varcoe, C., Wuest, J., Campbell, J., & Scott-Storey, K. (2015). Patterns of cumulative abuse among female survivors of intimate partner violence: Links to women's health and socioeconomic status. *Violence Against Women*, 21(1), 30–48. doi:[10.1177/1077801214564076](https://doi.org/10.1177/1077801214564076)
- Davis, M. F., Renzetti, C. M., & Edelson, J. L. (1999). The economics of abuse: How violence perpetuates women's poverty. In R. Brandwein & J. L. Edelson (Eds.), *Battered women, children, and welfare reform: The ties that bind* (pp. 17–30). Thousand Oaks, CA: Sage.
- DeKeseredy, W. S. (2011). Feminist contributions to understanding woman abuse: Myths, controversies, and realities. *Aggression and Violent Behavior*, 16(4), 297–302. doi:[10.1016/j.avb.2011.04.002](https://doi.org/10.1016/j.avb.2011.04.002)
- Dekeseredy, W. S., & Dragiewicz, M. (2007). Understanding the complexities of feminist perspectives on woman abuse: A commentary on Donald G. Dutton's Rethinking Domestic Violence. *Violence Against Women*, 13(8), 874–884. doi:[10.1177/1077801207304806](https://doi.org/10.1177/1077801207304806)
- Devries, K., Watts, C., Yoshihama, M., Kiss, L., Schraiber, L. B., Deyessa, N., et al. (2011). Violence against women is strongly associated with suicide attempts: Evidence from the WHO multi-country study on women's health and domestic violence against women. *Social Science and Medicine*, 73(1), 79–86. doi:[10.1016/j.socscimed.2011.05.006](https://doi.org/10.1016/j.socscimed.2011.05.006)
- Dillon, G., Hussain, R., Loxton, D., & Rahman, S. (2013). Mental and physical health and intimate partner violence against women: A review of the literature. *International Journal of Family Medicine*, 1–15. doi:[10.1155/2013/313909](https://doi.org/10.1155/2013/313909)
- Dobash, R. P., & Dobash, R. E. (1979). *Violence against wives: A case against the patriarchy*. New York, NY: Free Press.
- Dobash, R. P., Dobash, R. E., Wilson, M., & Daly, M. C. (1992). The myth of sexual symmetry in marital violence. *Social Problems*, 29(1), 71–91. doi:[10.2307/3096914](https://doi.org/10.2307/3096914)
- Dutton, D. G. (2006). *Rethinking domestic violence*. Vancouver, Canada: University of British Columbia Press.
- Dutton, D. G. (2012). The case against the role of gender in intimate partner violence. *Aggression and Violent Behavior*, 17(1), 99–104. doi:[10.1016/j.avb.2011.09.002](https://doi.org/10.1016/j.avb.2011.09.002)

- Dutton, M., Kaltman, S., Goodman, L. A., Weinfurt, K., & Vankos, N. (2005). Patterns of intimate partner violence: Correlates and outcomes. *Violence and Victims*, 20, 483–497. doi:[10.1891/0886-6708.2005.20.5.483](https://doi.org/10.1891/0886-6708.2005.20.5.483)
- Dutton, M., Green, B. L., Kaltman, S. I., Roesch, D. M., Zeffiro, T. A., & Krause, E. D. (2006). Intimate partner violence, PTSD, and adverse health outcomes. *Journal of Interpersonal Violence*, 21(7), 955–968. doi:[10.1177/0886260506289178](https://doi.org/10.1177/0886260506289178)
- Eby, K. (2004). Exploring the stressors of low-income women with abusive partners: Understanding their needs and developing effective community responses. *Journal of Family Violence*, 19(4), 221–232. doi:[10.1023/B:JOFV.0000032632.59865.8e](https://doi.org/10.1023/B:JOFV.0000032632.59865.8e)
- Eby, K., Campbell, J. C., Sullivan, C. M., & Davidson, W. S. (1995). Health effects of experiences of sexual violence for women with abusive partners. *Health Care for Women International*, 16(6), 563–576.
- Ellsberg, M., Jansen, H. A. F. M., Heise, L., Watts, C. H., & García-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: An observational study. *The Lancet*, 371, 1165–1172. doi:[10.1016/S0140-6736\(08\)60522-X](https://doi.org/10.1016/S0140-6736(08)60522-X)
- European Union Agency for Fundamental Rights [FRA]. (2014). *Violence against women: An EU-wide survey*. Luxembourg: Publications Office of the European Union. http://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main-results_en.pdf. Accessed November 01, 2014.
- Farmer, A., & Tiefenthaler, J. (1997). An economic analysis of domestic violence. *Review of Social Economy*, 55(3), 337–358. doi:[10.1080/00346769700000004](https://doi.org/10.1080/00346769700000004)
- Ford-Gilboe, M., Wuest, J., Varcoe, C., Davies, L., Merritt-Gray, M., Campbell, J. C., et al. (2009). Modelling the effects of intimate partner violence and access to resources on women's health in the early years after leaving an abusive partner. *Social Science and Medicine*, 68, 1021–1029. doi:[10.1016/j.socscimed.2009.01.003](https://doi.org/10.1016/j.socscimed.2009.01.003)
- Fox, G. L., & Benson, M. L. (2006). Household and neighborhood contexts of intimate partner violence. *Public Health Reports*, 121(4), 419–427.
- Fox, G. L., Benson, M. L., DeMaris, A. A., & Wyk, J. (2002). Economic distress and intimate violence: Testing family stress and resources theories. *Journal of Marriage and Family*, 64(3), 793–807. doi:[10.1111/j.1741-3737.2002.00793.x](https://doi.org/10.1111/j.1741-3737.2002.00793.x)
- Frye, V., Manganello, J., Campbell, J. C., Walton-Moss, B., & Wilt, S. (2006). The distribution of and factors associated with intimate terrorism and situational couple violence among a population-based sample of urban women in the United States. *Journal of Interpersonal Violence*, 21(10), 1286–1313. doi:[10.1177/0886260506291658](https://doi.org/10.1177/0886260506291658)
- García-Moreno, C., Heise, L., Jansen, H. A. F. M., Ellsberg, M., & Watts, C. (2005). Public health. Violence against women. *Science*, 310(5752), 1282–1283. doi:[10.1126/science.1121400](https://doi.org/10.1126/science.1121400)
- Gelles, R. J. (1985). Family violence. *Annual Review of Sociology*, 11(1), 347–367. doi:[10.1146/annurev.so.11.080185.002023](https://doi.org/10.1146/annurev.so.11.080185.002023)
- Gelles, R. J. (1993). Through a sociological lens: Social structure and family violence. In R. J. Gelles & D. R. Loseke (Eds.), *Current controversies on family violence* (pp. 31–46). Newbury Park, CA: Sage Publications.
- Golden, S. D., Pereira, K. M., & Durrance, C. P. (2013). Troubled times, troubled relationships: How economic resources, gender beliefs, and neighborhood disadvantage influence intimate partner violence. *Journal of Interpersonal Violence*, 28, 2134–2155. doi:[10.1177/0886260512471083](https://doi.org/10.1177/0886260512471083)
- Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorders: A meta-analysis. *Journal of Family Violence*, 14(2), 99–132.
- Goode, W. J. (1971). Force and violence in the family. *Journal of Marriage and the Family*, 33(4), 624–636. doi:[10.2307/349435](https://doi.org/10.2307/349435)
- Goodman, L. A., Smyth, K. F., Borges, A. M., & Singer, R. (2009). When crises collide: How intimate partner violence and poverty intersect to shape women's mental health and coping? *Trauma, Violence, and Abuse*, 10, 306–329. doi:[10.1177/1524838009339754](https://doi.org/10.1177/1524838009339754)
- Heise, L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women*, 4(3), 262–290.

- Heise, L. (2012). *Determinants of partner violence in low and middle-income countries: Exploring variation in individual and population level risk*. London, UK: London School of Hygiene Tropical Medicine. <http://researchonline.lshtm.ac.uk/682451/1/560822.pdf>. Accessed July 13, 2014.
- Heise, L., & García-Moreno, C. (2012). Violence by intimate partners. In E. G. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, & R. Lozano (Eds.), *World report on violence and health* (pp. 87–121). Geneva: World Health Organization.
- Humphreys, C. (2007). A health inequalities perspective on violence against women. *Health and Social Care in the Community*, 15(2), 120–127. doi:10.1111/j.1365-2524.2006.00685.x
- Humphreys, J., Cooper, B. A., & Miaskowski, C. (2011). Occurrence, characteristics, and impact of chronic pain in formerly abused women. *Violence Against Women*, 17(10), 1327–1343. doi:10.1177/1077801211425216
- Jeffries, S., & Ball, M. J. (2008). Male same-sex intimate partner violence: A descriptive review and call for further research. *Murdoch e-Law Review*, 15(1), 134–179. <http://eprints.qut.edu.au/17536/1/c17536.pdf>. Accessed May 12, 2014.
- Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and Family*, 57(2), 283–294.
- Johnson, M. P. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women*, 12(11), 1003–1018. doi:10.1177/1077801206293328
- Johnson, M. P. (2011). Gender and types of intimate partner violence: A response to an anti-feminist literature review. *Aggression and Violent Behavior*, 16(4), 289–296. doi:10.1016/j.avb.2011.04.006
- Josephson, J. (2002). The intersectionality of domestic violence and welfare in the lives of poor women. *Journal of Poverty*, 6(1), 1–20. doi:10.1300/J134v06n01_01
- Kalmuss, D. S., & Straus, M. A. (1982). Wife's marital dependency and wife abuse. *Journal of Marriage and Family*, 44(2), 277–286.
- Kendall-Tackett, K. (2005). Exciting discoveries on the health effects of family violence: Where we are, where we need to go. *Journal of Interpersonal Violence*, 20(2), 251–257. doi:10.1177/0886260504267747
- Kim, J., & Gray, K. A. (2008). Leave or stay? Battered women's decision after intimate partner violence. *Journal of Interpersonal Violence*, 23(10), 1465–1482. doi:10.1177/0886260508314307
- Larsen, M., Krohn, J., Püschel, K., & Seifert, D. (2014). Experiences of health and health care among women exposed to intimate partner violence: Qualitative findings from Germany. *Health Care for Women International*, 35(4), 359–379. doi:10.1080/07399332.2012.738264
- Lindgren, M. S., & Renck, B. (2008). "It is still so deep-seated, the fear": Psychological stress reactions as consequences of intimate partner violence. *Journal of Psychiatric and Mental Health Nursing*, 15, 219–228. doi:10.1111/j.1365-2850.2007.01215.x
- Lindhorst, T., & Beadnell, B. (2011). The long arc of recovery: Characterizing intimate partner violence and its psychosocial effects across 17 years. *Violence Against Women*, 17(4), 480–499. doi:10.1177/1077801211404548
- Macmillan, R., & Gartner, R. (1999). When she brings home the bacon: Labor-force participation and the risk of spousal violence against women. *Journal of Marriage and Family*, 61(4), 947–958.
- McClennen, J. C., Summers, A. B., & Vaughan, C. (2002). Gay men's domestic violence. *Journal of Gay and Lesbian Social Services*, 14(1), 23–49. doi:10.1300/J041v14n01_02
- McCloskey, L. A. (1996). Socioeconomic and coercive power with the family. *Gender and Society*, 10(4), 449–463. doi:10.1177/089124396010004006
- Meier, J. (1997). Domestic violence, character, and social change in the welfare reform debate. *Law and Policy*, 19(2), 205–263. doi:10.1111/1467-9930.00028
- Mitchell, C., & Vanya, M. (2009). Explanatory frameworks of intimate partner violence. In C. Mitchell & D. Anglin (Eds.), *Intimate partner violence: A health-based perspective* (pp. 39–52). New York, NY: Oxford University Press.

- Moe, A. M., & Bell, M. P. (2004). Abject economics. *Violence Against Women*, 10(1), 29–55. doi:[10.1177/1077801203256016](https://doi.org/10.1177/1077801203256016)
- Müller, U., & Schröttle, M. (2004). *Lebenssituation, Sicherheit und Gesundheit von Frauen in Deutschland: Eine repräsentative Untersuchung zu Gewalt gegen Frauen in Deutschland [Health, well-being and personal safety of women in Germany: A representative study of violence against women in Germany]*. Berlin: Bundesministerium für Familie, Senioren, Frauen und Jugend.
- Nerøien, A. I., & Schei, B. (2008). Partner violence and health: Results from the first national study on violence against women in Norway. *Scandinavian Journal of Public Health*, 36(2), 161–168. doi:[10.1177/1403494807085188](https://doi.org/10.1177/1403494807085188)
- Nicolaidis, C., & Paranjape, A. (2009). Defining intimate partner violence: Controversies and implications. In C. Mitchell & D. Anglin (Eds.), *Intimate partner violence: A health-based perspective* (pp. 19–30). New York, NY: Oxford University Press.
- O'Campo, P., Kub, J., Woods, A., Garza, M., Jones, A. S., Gielen, A. C., et al. (2006). Depression, PTSD, and comorbidity related to intimate partner violence in civilian and military women. *Brief Treatment and Crisis Intervention*, 6(2), 99–110. doi:[10.1093/brief-treatment/mhj010](https://doi.org/10.1093/brief-treatment/mhj010)
- Oliffe, J. L., Han, C., Maria, E. S., Lohan, M., Howard, T., Stewart, D. E., et al. (2014). Gay men and intimate partner violence: A gender analysis. *Sociology of Health and Illness*, 36(4), 564–579. doi:[10.1111/1467-9566.12099](https://doi.org/10.1111/1467-9566.12099)
- Plichta, S. B. (2004). Intimate partner violence and physical health consequences: Policy and practice implications. *Journal of Interpersonal Violence*, 19(11), 1296–1323. doi:[10.1177/0886260504269685](https://doi.org/10.1177/0886260504269685)
- Plichta, S. B., & Abraham, C. (1996). Violence and gynecologic health in women <50 years old. *American Journal of Obstetrics and Gynecology*, 174(3), 903–907. doi:[10.1016/S0002-9378\(96\)70323-X](https://doi.org/10.1016/S0002-9378(96)70323-X)
- Purvin, D. M. (2007). At the crossroads and in the crosshairs: Social welfare policy and low-income women's vulnerability to domestic violence. *Social Problems*, 54(2), 188–210. doi:[10.1525/sp.2007.54.2.188](https://doi.org/10.1525/sp.2007.54.2.188)
- Rand, M. (1997). *Violence-related injuries treated in hospital emergency departments*. Washington, DC: U.S. Department of Justice.
- Raphael, J. (2003). Battering through the lens of class. *Journal of Gender, Social Policy and the Law*, 11(2), 367–375.
- Renzetti, C. (1992). *Violent betrayal: Partner abuse in lesbian relationships*. Thousand Oaks, CA: Sage Publications.
- Rodriguez-Menes, J., & Safranoff, A. (2012). Violence against women in intimate relations: A contrast of five theories. *European Journal of Criminology*, 9(6), 584–602. doi:[10.1177/1477370812453410](https://doi.org/10.1177/1477370812453410)
- Romito, P., Turan, J. M., & De Marchi, M. (2005). The impact of current and past interpersonal violence on women's mental health. *Social Science and Medicine*, 60, 1717–1727. doi:[10.1016/j.socscimed.2004.08.026](https://doi.org/10.1016/j.socscimed.2004.08.026)
- Schei, B. (1991). Physically abusive spouse—A risk factor of pelvic inflammatory disease? *Scandinavian Journal of Primary Health Care*, 9(1), 41–45.
- Schei, B., & Bakketeig, L. S. (1989). Gynaecological impact of sexual and physical abuse by spouse. A study of a random sample of Norwegian women. *British Journal of Obstetrics and Gynaecology*, 96(12), 1379–1383.
- Schröttle, M., & Ansorge, N. (2008). *Gewalt gegen Frauen in Paarbeziehungen: Eine sekundäranalytische Auswertung zur Differenzierung von Schweregraden, Mustern, Risikofaktoren und Unterstützung nach erlebter Gewalt [Violence against women in relationships: A secondary analysis of the differentiation between severity, types, risk factors, and support after violent incidents]*. Berlin: Bundesministerium für Familie, Senioren, Frauen und Jugend.
- Scott-Storey, K. (2011). Cumulative abuse: Do things add up? An evaluation of the conceptualization, operationalization, and methodological approaches in the study of the

- phenomenon of cumulative abuse. *Trauma, Violence, and Abuse*, 12(3), 135–150. doi:[10.1177/1524838011404253](https://doi.org/10.1177/1524838011404253)
- Shobe, M. A., & Dienemann, J. (2008). Intimate partner violence in the United States: An ecological approach to prevention and treatment. *Social Policy and Society*, 7(02), 185–195.
- Straus, M. A. (1999). The controversy over domestic violence by women: A methodological, theoretical, and sociology of science analysis. In X. B. Arriaga & S. Oskamp (Eds.), *Violence in intimate relationships* (pp. 17–44). Thousand Oaks, CA: Sage Publications.
- Straus, M. A. (2011). Gender symmetry and mutuality in perpetration of clinical-level partner violence: Empirical evidence and implications for prevention and treatment. *Aggression and Violent Behavior*, 16(4), 279–288. doi:[10.1016/j.avb.2011.04.010](https://doi.org/10.1016/j.avb.2011.04.010)
- Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (1980). *Behind closed doors: Violence in the American family*. Garden City, NJ: Anchor Books.
- Straus, H., Cerulli, C., McNutt, L. A., Rhodes, K. V., Conner, K. R., Kember, R. S., et al. (2009). Intimate partner violence and functional health status: Associations with severity, danger, and self-advocacy behaviors. *Journal of Women's Health*, 18(5), 625–631. doi:[10.1089/jwh.2007.0521](https://doi.org/10.1089/jwh.2007.0521)
- Sutherland, C. A., Sullivan, C. M., & Bybee, D. I. (2001). Effects of intimate partner violence versus poverty on women's health. *Violence Against Women*, 7, 1122–1143. doi:[10.1177/10778010122183775](https://doi.org/10.1177/10778010122183775)
- Sutherland, C. A., Bybee, D. I., & Sullivan, C. M. (2002). Beyond bruises and broken bones: The joint effects of stress and injuries on battered women's health. *American Journal of Community Psychology*, 30(5), 609–636. doi:[10.1023/a:1016317130710](https://doi.org/10.1023/a:1016317130710)
- Thomas, K. A., Joshi, M., Wittenberg, E., & McCloskey, L. A. (2008). Intersections of harm and health: A qualitative study of intimate partner violence in women's lives. *Violence Against Women*, 14, 1252–1273. doi:[10.1177/1077801208324529](https://doi.org/10.1177/1077801208324529)
- Tjaden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence: Findings from the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice.
- Tolman, R. M., & Rosen, D. (2001). Domestic violence in the lives of women receiving welfare: Mental health, substance dependence, and economic well-being. *Violence Against Women*, 7(2), 141–158. doi:[10.1177/1077801201007002003](https://doi.org/10.1177/1077801201007002003)
- Tomasulo, G. C., & McNamara, J. R. (2007). The relationship of abuse to women's health status and health habits. *Journal of Family Violence*, 22(4), 231–235. doi:[10.1007/s10896-007-9076-0](https://doi.org/10.1007/s10896-007-9076-0)
- Vest, J. R., Catlin, T. K., Chen, J. J., & Brownson, R. C. (2002). Multistate analysis of factors associated with intimate partner violence. *American Journal of Preventive Medicine*, 22(3), 156–164.
- Vos, T., Astbury, J., Piers, L., Magnus, A., Heenan, M., Stanley, L., et al. (2006). Measuring the impact of intimate partner violence on the health of women in Victoria, Australia. *Bulletin of the World Health Organization*, 84(9), 739–744. doi:[10.1590/S0042-96862006000900017](https://doi.org/10.1590/S0042-96862006000900017)
- Walker, L. E. (1979). *The battered woman*. New York, NY: Harper and Row Publishers.
- Winstok, Z. (2011). The paradigmatic cleavage on gender differences in partner violence perpetration and victimization. *Aggression and Violent Behavior*, 16(4), 303–311. doi:[10.1016/j.avb.2011.04.004](https://doi.org/10.1016/j.avb.2011.04.004)
- Wuest, J., Merritt-Gray, M., Ford-Gilboe, M., Lent, B., Varcoe, C., & Campbell, J. C. (2008). Chronic pain in women survivors of intimate partner violence. *The Journal of Pain*, 9(11), 1049–1057. doi:[10.1016/j.jpain.2008.06.009](https://doi.org/10.1016/j.jpain.2008.06.009)

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