Summary

Introduction

Domestic violence is a huge problem that often has far-reaching personal and social consequences. Domestic violence may have psychological consequences, such as anxiety, depression and post-traumatic stress symptoms, but also physical consequences, such as bruising and injuries. Extreme forms of domestic violence, moreover, may even be fatal. In this study, we examine three types of domestic violence: partner violence, child abuse and overlapping violence. Partner violence refers to physical, emotional and sexual violence between intimate (ex-)partners, violating the integrity of the victim. The WHO (2017) has defined child abuse as acts of physical, emotional and sexual neglect, abuse and exploitation, resulting in actual or potential damage to the health, development or dignity of the child. Overlapping violence refers to the co-occurrence of partner violence and child abuse in a household (ten Boom & Witkamp, 2016).

Figures by Movisie (2013) suggest that more than 5% of the Dutch population have been victims of partner violence over the past five years. Figures from 2010 show that more than 3% of children have been exposed to some kind of abuse, such as emotional or physical neglect. The most serious forms of child abuse, such as emotional, physical or sexual abuse occurred to a lesser degree (Alink et al., 2013). It is difficult to determine the exact prevalence of partner violence and child abuse in the Dutch population because both types of violence tend to be concealed and because about 80% of domestic violence goes unreported. This study examines partner violence, child abuse and overlapping violence in the general population and is one of the few studies to perform empirical research (quantitative and qualitative) into these phenomena.

Partner violence and child abuse may co-occur, and children that grow up in families where partner violence takes place are at greater risk of becoming victims of child abuse. Although the idea of such overlap between partner violence and child abuse is not new, this subject has not been given a great deal of attention so far because researchers tend to focus exclusively on either partner violence or child abuse. In addition, research into overlapping violence is complex and time-consuming as it involves longitudinal research designs and multilevel methodologies (individual, relational and contextual) to study this phenomenon. The few studies that are available, therefore, often show contradictory and undifferentiated results. Further research into this overlap, therefore, is crucial because overlapping partner violence and child abuse also implies overlapping and interacting risk factors.

We have to make a distinction between unique and shared risk factors. Unique risk factors only relate to either partner violence or child abuse, whereas shared risk factors relate to both partner violence and child abuse. There are some shared risk factors that are involved in both types of violence, such as demographic factors (age, sex and education level), family factors (poverty, high levels of family stress), perpetrator characteristics (such as antisocial personality), coping strategies (avoidance coping), internalising issues, substance abuse and relationship problems (stressed partner relationships, family conflicts).

There are also unique risk factors. The need for power and control in relationships and their exercise, for instance, are unique risk factors for partner violence, mainly applying to men. This means that sex in association with power and control is a unique risk factor for partner violence. Unique and shared risk factors, therefore, should always be examined in the context in which they operate and should be studied in their interaction with other risk factors operating at different levels (individual, relational and contextual).

In the Netherlands, little research has been done so far into the overlap of risk factors in perpetrators of child abuse and partner violence. Those overlap studies that are available predominantly tend to focus on clinical groups that cannot be generalised to the general population, nor do these studies do justice to the concealed cases of partner violence and child

abuse. Research, moreover, generally tends to focus on one individual in the family, obscuring interaction patterns between members of the family.

The current study aims to enhance our understanding of the backgrounds and risk factors of perpetrators of partner violence, child abuse and the overlap of both types of violence in the general population. In doing so, it will examine possible gender-specific differences in perpetrators and risk factors that precede violence and either cause or avoid escalation.

Research methods

Different research methods have been used to acquire this insight. Firstly, a literature study has been performed to ascertain the current state of affairs relating to unique and shared risk factors involved in (overlapping) child abuse and partner violence.

Secondly, the risk factors of partner violence and child abuse and their overlap have been mapped out in the general population by means of a survey study. Through the CentERdata health monitor, 234 respondents were recruited in the general population. The health monitor is representative of Dutch households. Because people's willingness to participate in the study was limited, we also selected respondents (n=6) who were undergoing voluntary treatment into outpatient forensic centres (de Waag and Fivoor Ambulant) without there being any legal ground. In addition, partners (n=7) of respondents who participated in the health monitor were voluntarily prepared to take part in the study, and some respondents (n=3) joined up after they had attended a lecture by one of the researchers. This put the total number of respondents at 250.

Within this group, a distinction was made between perpetrators (n=69) and non-perpetrators (n=181) of partner violence, child abuse and both types of violence. By means of qualitative research, finally, information was obtained about triggers that might give rise to conflicts and violence, about underlying mechanisms that might cause conflicts and violence to escalate and about gender-specific aspects of violence. To this purpose, semi-structured interviews were conducted with some of the CentERdata respondents (n=49) who completed the questionnaires. These included 25 non-perpetrators and 24 respondents who were in some way involved in child abuse (n=10) or partner violence (n=14).

Literature study

To acquire a survey of risk factors of child abuse and partner violence and their overlap, a selective survey study was performed using search engines such as Web of Science, ScienceDirect and PubMed. The search terms that were used were related to domestic violence (for example, 'intimate partner violence'), child abuse (for example, 'child abuse* AND escalation') and overlap (for example, 'partner violence* AND child abuse'). We also searched for explanatory models for the overlap of partner violence and child abuse.

On the basis of previous research, it is estimated that the overlap between partner violence and child abuse in the general population ranges between 5-11% and that the risk of child abuse is greater in families in which partner violence is already taking place. The severity of partner violence is also an important predictor of child abuse. Several demographic, individual and relational risk factors have been proposed for both types of violence, with low income, low education, mental issues, abuse in a parent's past, substance abuse, stress, conflicts and low connectedness in the family playing an important role in explaining both partner violence and child abuse.

Though previous research has tended to focus on these and other single risk factors for partner violence and child abuse separately, it is preferred to use an integrated dynamic-systemic development model that takes the interaction between different factors into account. This is particularly the case in the general population, in which violence tends to be incidental and situational, arising as a consequence of the combination or interaction of several factors (aggression in a relationship conflict, for example, escalates with substance abuse). It should be

made clear at once that it is harder to study integrated multifactorial models empirically. With the aid of the survey study and the interviews, we have undertaken to improve our understanding of the relevance and the interaction of demographic, individual and relational risk factors in explaining partner violence, child abuse and their overlap.

Survey study

To study the risk factors for partner violence, child abuse and their overlap, we made use of self-reporting questionnaires. Respondents digitally completed a number of validated questionnaires that dealt with various expressions of partner violence and child abuse. Based on the scores on the Control Tactics Scale-2 and the Unpleasant and Bad Events Questionnaire (*Vragenlijst Vervelende en Nare Gebeurtenissen*), five groups were demarcated: partner violence (n=25), behaviour bordering on child abuse (n=21), child abuse (n=15), overlapping violence (n=8) and the control group (n=181: 92 with children and 89 without children).

Because the group with behaviour bordering on child abuse and the child abuse group did not differ with regard to the risk factors that were examined in the study (relationship quality, personality features (negative affectivity and social inhibition), stress, anxiety and depression, parent-child interaction, problematic alcohol consumption, coping styles and control and power in the relationship), it was decided to merge both groups under the heading of child abuse (n=36). It was also decided to restrict the control group to respondents with children (n=92). Where necessary and following Field 2014, the control group was then randomly downsized to 35 to be able to make comparisons with perpetrator groups.

Perpetrators of partner violence, child abuse and control respondents were then compared for a number of risk factors mentioned earlier. Due to its small number of respondents (n=8), the overlap group was not involved in the statistical analysis.

Differences in demographic risk factors show that perpetrators of partner violence were less often married and more often single (with or without children) than perpetrators of child abuse and non-perpetrators. With regard to individual risk factors, perpetrators and non-perpetrators proved to have different ways of handling conflicts. Perpetrators of partner violence more often sought distraction and paid attention to other matters so as not to have to think about the problem (palliative coping). Non-perpetrators were less worried about the past, were less introverted and were less preoccupied with problems.

Perpetrators of partner violence also differed from non-perpetrators and from perpetrators of child abuse in relational risk factors. They reported they were less satisfied with their relationship, were doing fewer things together with their partner, were less of one mind with their partner and were showing less affection. Perpetrators of partner violence also exercised power and control more often than control subjects and than perpetrators of child abuse. Despite these differences, it was striking that, at the time of the study, the groups did not differ from each other in terms of other characteristics, such as education level, internalising issues and alcohol use.

To increase our understanding of the relation between the different risk factors and domestic violence, the risk factors were used to predict perpetrators of domestic violence (both perpetrators of partner violence and child abuse) versus non-perpetrators of domestic violence. The same was done for perpetrators of partner violence versus non-perpetrators of partner violence, and for perpetrators of child abuse versus non-perpetrators of child abuse. These analyses showed that four factors made a unique contribution to explaining domestic violence: perpetrators of domestic violence showed more social inhibition, were less active in handling problems, showed more avoidance behaviour and exercised more power and control in their romantic relationship than non-perpetrators.

When perpetrators of partner violence were compared with non-perpetrators of partner violence, and perpetrators of child abuse were compared with non-perpetrators of child abuse, the

following unique risk factors appeared. Perpetrators of partner violence had high scores on palliative responses to problems (no problem-oriented approach), on lack of consensus between partners and on the exercise of power and control. Perpetrators of child abuse had high scores on lack of satisfaction with their relationship, showed more avoidance behaviour causing problems to remain unsolved, showed lack of cohesion in their relationship and experienced more feelings of depression than non-perpetrators of child abuse.

Semi-structured interviews

To enhance our understanding of the role of risk factors in escalating domestic conflicts, 49 semi-structured interviews were conducted in a subpopulation of respondents that participated in the survey study. Most of the interviews were held face-to-face (n=34). In addition, 15 respondents were interviewed on Skype. In total, 13 heterosexual couples (n=26 individual respondents) were individually interviewed, and 23 individuals were interviewed. All interviews were transcribed and then coded in Atlas-ti. Fourteen respondents identified themselves as perpetrators of partner violence, 10 as perpetrators of child abuse, and 25 respondents were control subjects. None of the eight perpetrators of overlapping violence was found prepared to participate in the interviews.

Disagreements or arguments occurred in both perpetrators and non-perpetrators of partner violence, and escalations in both groups were often connected with specific triggers. Triggers were predominantly related to fatigue, child upbringing aspects, money worries and money matters, stress and tension and pressure of work. If and when disagreements or arguments led to verbal and/or physical aggression or not was particularly due to the presence of reinforcing or buffering mechanisms in response to the triggers. Perpetrators and non-perpetrators of partner violence did differ in how they responded to a trigger: non-perpetrators were better able to leave a conflict alone for a while, and they were more sensitive to their partners' signals. They were also better able to work out their problems and they gave more consideration to their partner.

Triggers of child abuse could be related to the child's character or the respondent's character, to fatigue and stress and to lack of patience. Nevertheless, such triggers were less frequent and less prominent in the interviews in comparison with the triggers for partner violence. In both groups, most respondents corrected their children verbally and by making clear rules and arrangements and indicated that they felt it was very important to talk to their children. What was striking is that some respondents in both groups indicated they had smacked or hit their child, which is also evident in quantitative research.

Answers to the main research questions

At the centre of this study are perpetrators of partner violence, perpetrators of child abuse and perpetrators of both types of violence in the general population. In this study, we have examined overlap and differences in risk factors for types of perpetrators and we have compared them to non-perpetrators. In addition, we have looked at factors that are involved in conflict escalation and that may lead to domestic violence. Brief answers to the main research questions are given below.

To what extent is there any overlap in risk factors between committing partner violence and committing child abuse?

Previous research suggests that there is some overlap between partner violence and committing child abuse and that common risk factors can be found in individual, relational and parent-child interaction aspects. Unique risk factors for child abuse include: an inadequate parenting style, sub-optimal parent-child attachment, mental or physical problems in the child and internalising and externalising issues in the child. Risk factors that are shared in both partner violence and child abuse include: young age at first child, low education and low income, mental and psychiatric issues in the parents, alcohol and drug use, stress in the family and conflicts between the parents. The literature survey suggests that risk factors should be integrated, as the

interaction and combination of different risk factors provides a better explanation of domestic violence than a focus on single risk factors.

Are there any risk factors that differ between perpetrators of partner violence, perpetrators of child abuse, perpetrators of overlapping violence and non-perpetrators?
The quantitative study showed that perpetrators of partner violence, child abuse and non-perpetrators differed in marital status, coping and adjustment in the relationship, but that they did not differ in education level, psychopathology (including negative affectivity, social inhibition, stress, anxiety and depression) and substance use. Compared to non-perpetrators, perpetrators of domestic violence were less inhibited in social respects, less active in handling problems, showing more avoidance behaviour in the relationship and exercising more power and control in the relationship than non-perpetrators. Perpetrators of partner violence had higher scores on palliative responses (no problem-oriented approach), on lack of consensus between partners and on the exercise of power and control in the relationship than non-perpetrators of partner violence. Perpetrators of child abuse were less satisfied with their relationship, showed more avoidance behaviour, reported less cohesion in their relationship and had higher scores on depression than non-perpetrators of child abuse. The group of perpetrators of overlapping violence, finally, proved to be too small (8 out of 69 perpetrators of violence) for any meaningful statistical comparison to be made.

Are there factors that precede incidents and escalation of partner violence and child abuse? And are there gender-specific differences for (the co-occurrence of) partner violence and child abuse?
The interviews showed that perpetrators of partner violence respond differently from non-perpetrators to triggers that are responsible for arguments and disagreements. Perpetrators of partner violence were less well able to express their irritations and feelings, did not listen so well to their partner, showed less understanding and respect for their partner, avoided discussing problems and had greater difficulty stepping back from a conflict. In some cases, their partner's composed character prevented escalation. Specific triggers of escalation could not be clearly specified for perpetrators of child abuse.

With regard to differences between men and women, there are no differences with regard to triggers, such as fatigue and making the wrong remarks, causing irritation, disagreement and arguments in the relationship. There are differences between men and women, however, regarding the build-up and the consequences of violence. Feelings of fear for the male partner are more often present in female respondents. This fear is tied in with feelings of themselves and their children being unsafe, and the fear of possible escalation. Expressions of escalation are also different: men tend to resort to hitting while women tend to resort to throwing objects and screaming. The exercise of control and power as a risk factor for partner violence is mainly performed by men towards women. We can see no differences between men and women with respect to the risk factors for child abuse.

Discussion and recommendations
There are some observations to be made about the above findings. The recruitment of respondents in the general population for the current study proved to be complex and difficult. Partner violence and child abuse are sensitive subjects that people tend not to talk about and prefer to keep concealed. The numbers we obtained may seem small at first glance, but they represent the concealed nature of cases of domestic violence. At the same time, we are convinced that the results we found may be called robust. It is unfortunate that there was little empirical attention for the overlapping group in the study, which was due to the smallness of the group of perpetrators of overlapping violence (n=8). This number of perpetrators of overlapping violence is, however, in line with figures mentioned in previous studies (5-11%). Though the chosen research method (making use of a big and representative online panel) was certainly appropriate, it is advisable also to recruit respondents through other channels, such as social

networks like Facebook. In addition, the time available for data collection needs to be such that several rounds of data collection can take place.

The current findings need to be considered in perspective. The current sample was a general population, which made it essentially different from a clinical population of perpetrators of domestic violence and child abuse. The majority of respondents were unknown to police and healthcare agencies. Current and previous studies, however, show that relatively many cases of domestic violence remain under the radar and, hence, are inaccessible to kinds of formal support that are in order. It is recommended for future policy to target this hidden group of perpetrators and victims in order to be able to offer proper care to this group and to take legal measures to protect and help the victims and to sanction and treat the perpetrators.

It is important to make domestic violence open to discussion, which might start in schools. At the same time, however, we know that teachers have difficulty discussing partner violence and child abuse, and the question is how teachers can take any responsibility in the matter of domestic violence. It is important to report a suspicion of child abuse to Safe Home (*Veilig Thuis*), as the reporting code prescribes, but this does not mean that parents are immediately charged. Perhaps teachers should contact Safe Home at an earlier stage when they suspect domestic violence to be taking place, but then they should be given the tools to enable them to detect the signals. Healthcare workers should also be trained to recognise the signs of partner violence and child abuse. Research clearly shows that there is a lack of basic knowledge and skills to recognise domestic violence (Ruijne, Howard, Trevillion, Jongejan, Garofalo, Bogaerts, Mulder, & Kamperman, 2017).

In conclusion, the current study shows that domestic violence occurs in the general population and that there are different demographic, individual and relational risk factors for such violence. It is essential in preventing domestic violence to structurally focus on multiple risk factors at the same time that may prevent escalation in such situations.