



# Understanding what contributes to the perpetration of Intimate Partner Violence

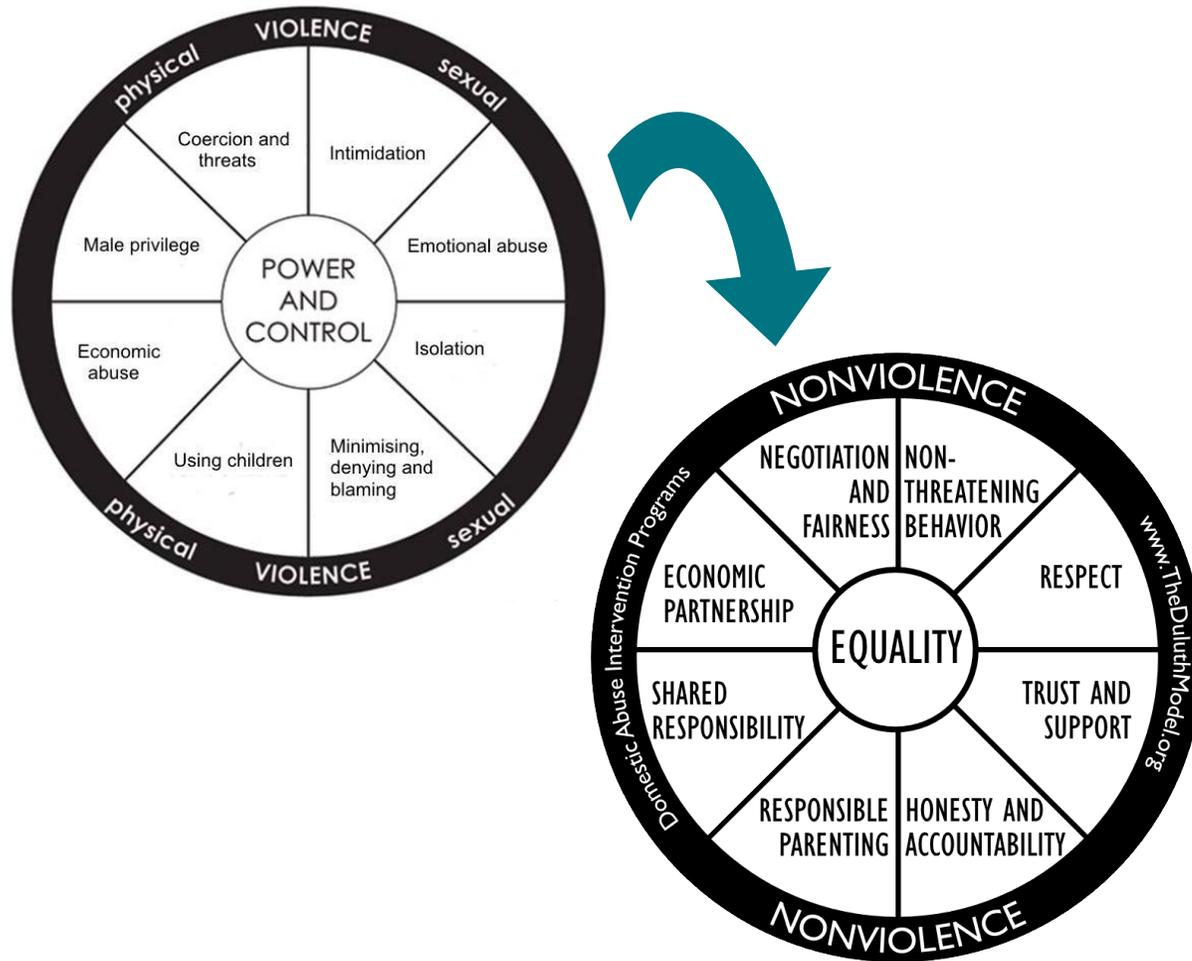
Sophie Bull, Trainee Forensic Psychologist

# Explanations of IPV

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# Sociological and political explanations



## Feminist theories

- From this perspective, domestic violence arises and is sustained by societal systems of male dominance, power, and privilege alongside societal endorsement for men to control and dominate female partners. Behind the violence is the male's need for control and power in their intimate relationships

## Duluth Model

- The belief that men may use physical and sexual violence to control their partners
- This model views men's violence to women as stemming from a socially reinforced sense of entitlement

# Attachment theory

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- Attachment relates to our relationship with our primary caregiver
- How normal emotional, psychological, and behavioural development occurs through interactions with infant's attachment figures
- Our relationship with our primary caregiver forms the 'blueprint' for our future relationships



# Secure attachment

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- The primary caregiver is attuned to the needs of the child and can meet these needs
- The child's experiences being accepted and understood, their basic needs are met, and they view others as safe and predictable. Learn to trust others
- The child learns to understand the thoughts and feelings of themselves and others
- Allows the infant the safety to explore the world knowing there is a secure base to which they can return. This learning process offers the opportunity to develop emotional wellbeing and self-regulation, adaptability and resilience, and to form and maintain healthy relationships with others

# Insecure attachment styles

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- The caregiver might have been inconsistent and not responsive to the child's needs
- The child might find it difficult to understand their own and others' feelings and intentions
- Insecure, frightening, abusive, and neglecting attachment figures do not provide the safety necessary for healthy development
- Insecure attachment styles are associated with adverse parenting and the child's needs not being met
- High rates of insecure attachment style have been reported for individuals given a diagnosis of Personality Disorder (PD)

Avoidant Dismissive

Anxious or preoccupied

Avoidant Fearful  
(or disorganised)

# Attachment Theory, Trauma, and IPV

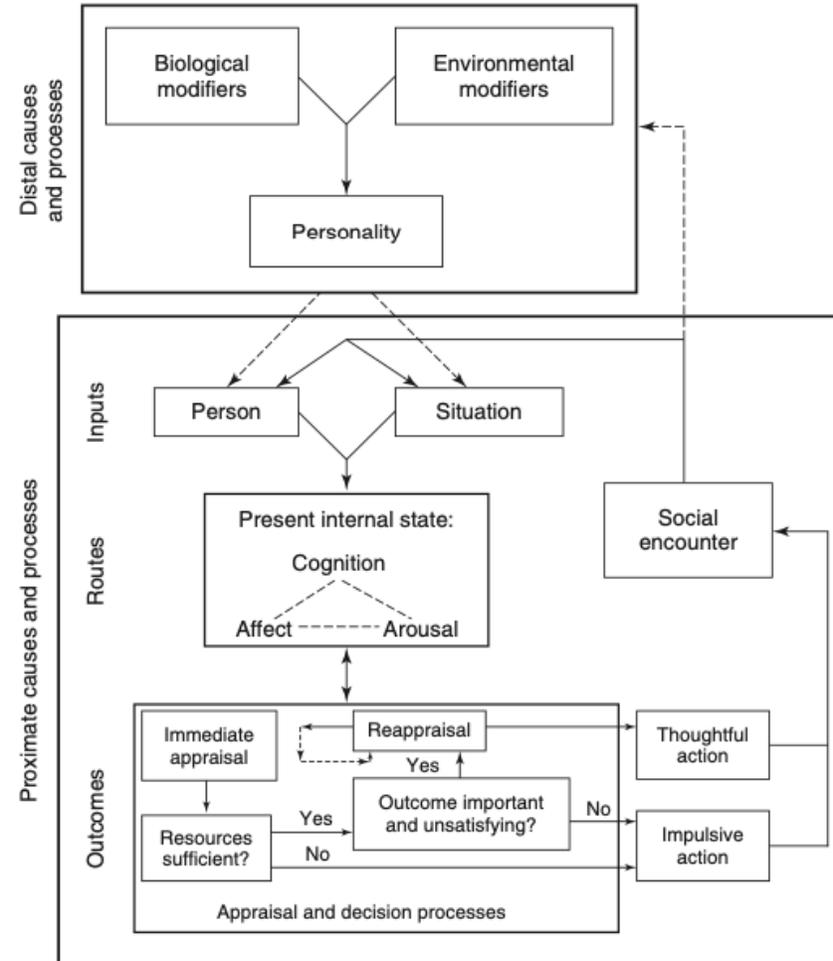
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- Attachment theory has been proposed as a conceptual framework for understanding interpersonal dynamics in adult relationships
- Research has generally indicated associations between attachment insecurity and perpetrating domestic violence
- Negative association between secure attachment and IPV (Noonan & Pilkington, 2020)
- IPV exposure as a child was associated with a four times higher likelihood of engaging in IPV in adulthood

## **Dutton's description of 'abusive personality'**

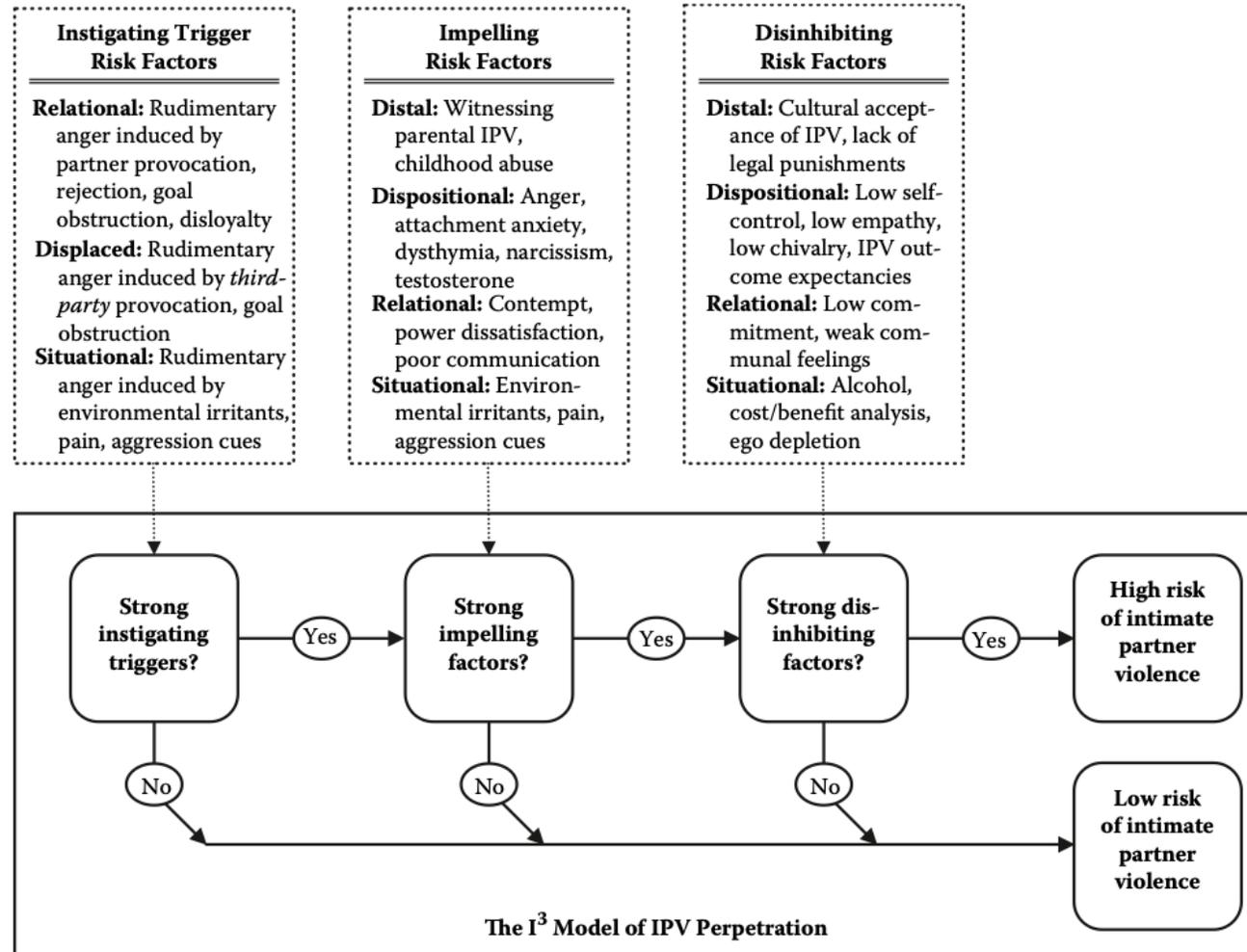
- Recognises childhood abuse/trauma experiences as underpinning dysfunction leading to aggression
- Helps explain the development of IPV through trauma and attachment insecurity
- Understands emotional reactivity as having a trauma origin

# General Aggression Model



# I<sup>3</sup> Model

- Instigating Factors
- Impelling Factors
- Inhibitory Factors



# Ecological Model

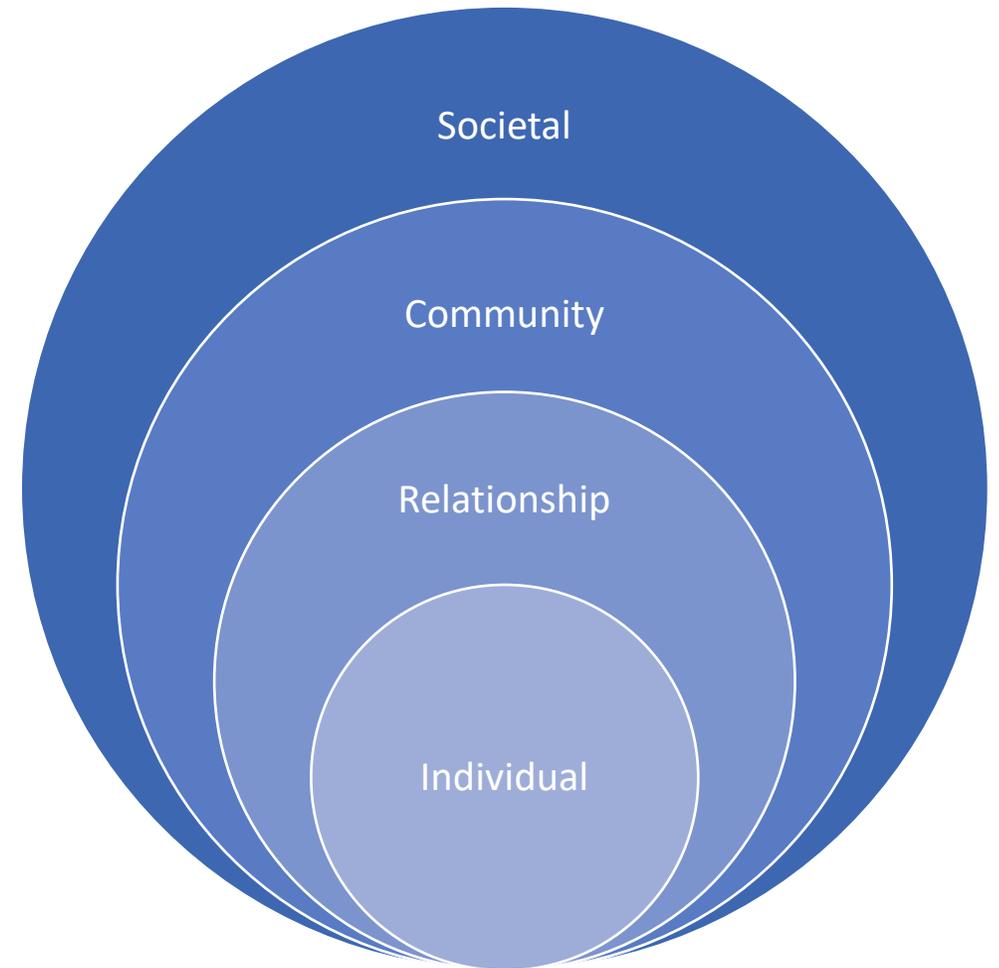
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**Individual:** includes biological and personal history factors that may increase the likelihood that an individual will become a victim or perpetrator of violence.

**Relationship:** includes factors that increase or reduce the risk of being a victim or perpetrator as a result of interpersonal relationships.

**Community:** refers to the community contexts in which social relationships are embedded – such as schools, workplaces and neighbourhoods.

**Societal:** includes society level factors such as gender inequality, religious or cultural belief systems, societal norms and economic or social policies.



# Considering Mental Illness and IPV

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- Symptoms of mental illness might directly increase risk (e.g. irritability during mania or suspiciousness and hostility in Psychosis) (Oram et al 2013)
- Association between IPV and Psychopathology. IPV is more common among participants with axis 1 diagnoses than those with only matched substance use diagnosis. Association particularly noted between Bipolar and Post Traumatic Stress Disorder (PTSD) (Crane et al 2014)
- Substance use disorders are primary diagnosis with highest relative risk among all studied disorders for risk of IPV perpetration (Yu et al, 2019)
- Schizophrenia spectrum disorders showed higher risk of IPV perpetration than general population controls. However, individuals with these disorders did not show higher risk than siblings without a diagnosis (Yu et al 2019)

# Considering Mental Illness and IPV

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- Jealousy and aggression has been linked to violence against a partner (Soyka & Schmidt, 2011)
- Delusional jealousy or feelings of persecution may be salient to IPV perpetration (Kropp & Hart, 2015)
- Major mental disorder is likely a causal factor that leads to impulsive or irrational decisions to act violently towards an intimate partner (Kropp & Hart, 2015)
- Mental disorder can also have an impact on risk by undermining effective risk management (can impact with individual's motivation to participate in treatment) (Kropp & Hart, 2015)
- Although men and women with psychiatric disorders have an increased risk of having ever been physically violent towards a partner, the risk of having ever been a victim from a partner is more pronounced (Oram et al 2013)

# Considering Personality Disorder and IPV

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## **DSM-IV Definition:**

- An enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas: cognition, affectivity, interpersonal functioning, and impulse control
- The enduring pattern is inflexible and pervasive across a broad range of personal and social situations
- The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning
- The pattern is stable and of long duration and its onset can be traced back at least to adolescence or early adulthood
- The enduring pattern is not better explained as a manifestation or consequence of another mental disorder
- The enduring pattern is not attributable to the physiological effects of a substance or another medical condition

# Considering Personality Disorder and IPV

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## 3 P's:

**P**roblematic

**P**ersistent

**P**ervasive

# Considering Personality Disorder and IPV

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Specification of trait domain qualifiers:

Negative affectivity, Detachment, Dissociality, Disinhibition, Anankastia, Borderline

# Considering Personality Disorder and IPV

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- Meta analysis exploring categorical (DSM-5) Personality Disorder diagnoses and perpetration of IPV found that in general, Personality Disorders were significantly and positively correlated to total IPV perpetration except for histrionic and Obsessive Compulsive Personality Disorder (OCPD)
- Strongest effect size for antisocial PD, followed by Borderline PD, Paranoid PD, and Schizotypal PD
- Avoidant and Dependent Personality Disorder most strongly associated with victimization of IPV

# Antisocial Personality Disorder and IPV

- Associated with an increased likelihood of general offending, violence, and to a lesser extent, sexual offending
- People diagnosed with ASPD may have failed to internalize a social conscience, which might otherwise inhibit social behaviour
- They may have a tendency towards acting out aggressively when faced with inner conflict (such as feelings of frustration, anxiety, or helplessness)
- They may experience others as threatening and therefore possess a strong need for dominance
- They may be highly impulsive
- Substance misuse is common and when combined with antisocial traits, risk of harm increases

# Emotionally Unstable/Borderline Personality Disorder and IPV

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- Reactive acts of aggression to perceived interpersonal difficulties, such as abandonment/rejection
- Impulsive acts of recklessness as a means of emotion regulation
- Individuals meeting the criteria for BPD were more likely to commit seriously violent and aggressive acts of IPV (Jackson, Sippel, Mota, Whalen, & Schumacher, 2015)
- Examination of specific mechanisms for this relationship found that emotional processing biases (e.g. interpreting a partner's ambiguous facial expression as negative), anxious attachment, and interactional alcohol and drug use, served to increase the risk of severity and frequency of IPV perpetration

# Other Personality Disorders and IPV

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## Paranoid Personality Disorder

- Aggression could be due to perceiving others as threatening, disloyal, or dangerous
- Preventative action against a perceived threat (could be violence)
- Violence could escalate from arguments about a partner's fidelity

## Schizotypal

- Some paranoia and suspiciousness could increase the likelihood of conflict in a relationship

## Narcissistic Personality Disorder

- Physical IPV most highly correlated with narcissistic PD ([Collison & Lynam 2022](#))
- May feel entitled to exploit others. When sense of superiority is threatened, maybe prone to feelings of shame and rage

# Other Personality Disorders and IPV

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## Dependent Personality Disorder

- Violence might be due to fear of abandonment or experience of jealousy
- Significant relations between dependent personality traits and IPV perpetration among men (Kane & Bornstein 2016)
- Dependent PD less consistently related to IPV perpetration. This is consistent with traits of dependent PD – difficulty expressing disagreement with others because of fear of loss of support and going to excessive lengths to obtain nurturance from others. However, it may be that in some cases, this insecurity combined with difficulty expressing disagreement could result in handling conflict in unhealthy and potentially aggressive ways (Collison & Lynam 2021)

# Other Personality Disorder and IPV

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## Schizoid Personality Disorder:

- Most individuals with Schizoid PD never come into contact with the CJS. Offences are often unpredictable, may be related to their lack of empathy for others
- Significantly and positively related to total, physical, and psychological IPV perpetration. Emotional coldness or detachment may result in a dysfunctional set of strategies for handling conflict with an intimate partner

## Avoidant Personality Disorder

- Possible hypersensitivity to threat and rejection, which may represent an emotional reactivity that could be related to escalation of violence in a conflict

# Summary

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A range of theories can help us to explain and understand intimate partner violence:

- Sociological and political explanations
- Attachment theory
- General aggression model
- I cubed model
- Ecological model

Diagnoses of mental health problems and personality disorder can also be linked to perpetration of IPV

# Helplines

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Find help and support at:

<https://www.nhs.uk/live-well/getting-help-for-domestic-violence/>

<https://www.gov.uk/guidance/domestic-abuse-how-to-get-help>

## Chadwick Lodge & Eaglestone View medium and low secure services in Milton Keynes

The medium and low secure services provide specialist treatment programmes for patients who have been detained under the Mental Health Act 1983 (amended 2007) and have a history of offending behaviour.

- Eclectic model of care
- Personality Disorder & Mental Illness trauma pathways for male patients
- Full secure pathway



For further information about this service or to make a referral, please contact Sophia Jaques on 07387417022 or email [sophia.jaques@elysiumhealthcare.co.uk](mailto:sophia.jaques@elysiumhealthcare.co.uk).