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Intimate Partner Violence: Innovations in Theory to Inform Clinical Practice, Policy, and Research

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Abstract: Intimate partner violence (IPV) and intergenerational transmission of IPV in families are destructive social issues in need of considerable attention. Knowledge of the multi-level, complex causes, and consequences of IPV in the United States has increased significantly over the last two decades. Given these gains in learning, the authors' aim here is to highlight recent critical and emerging theoretical perspectives on IPV. Frameworks included for application are intersectionality theory, historical trauma and decolonization, human rights, constructivist self-development theory, the posttraumatic growth paradigm, and adverse childhood experiences. This discussion will help to illuminate the dynamics of IPV that are actionable by practitioners using frameworks that promote cultural sensitivity, inclusion, and strengths-based practice with diverse populations. The authors discuss the scope of IPV while focusing on critical vulnerable people and exploring issues of relative privilege and oppression. Next, the authors review the historical body of theory informing understandings of IPV, and emerging theoretical frameworks on IPV. We offer conclusions throughout as they relate to the application of highlighted theories to IPV.

Keywords: intimate partner violence; domestic violence; theory; trauma; intersectionality; human rights

1. Introduction

Intimate partner violence (IPV) is a social injustice and significant public health issue in the United States that negatively affects individuals, families, and communities systemically and across generations. Over the last several decades, a reflexive process involving IPV narratives of lived experiences, grassroots activism, policymaking, program and service development, research, and education has built the US service systems that are in place today. While some gaps have closed in addressing the systemic effects of IPV, the problem has not abated. The authors of this paper aim to participate in this process by providing a focused review of and reflection on, emerging theoretical perspectives on IPV that hold promise to address the problem. Specifically, the authors aim to provide practitioners and those in clinical training with a unique theoretical analysis of IPV that results in implications for practice, policy, and research.

1.1. The Importance and Role of Theory for Practice

A theory provides the foundation for understanding human behavior in the social environment and underlies actions taken by practitioners to engage, assess, intervene, and evaluate practice. Core social work values, including service, value for the dignity of every individual, the importance of human relationships, self-determination, and professional integrity, further guide practice (National

Association of Social Workers 2016). These values undergird the promotion of social, economic, gender, and racial justice. Given the importance of theory to practice across levels and fields, it is crucial to continually develop this theoretical base in a manner that is consistent with the social justice goals of the social work profession and to adapt to changing contexts in the environment. It is our aim here to shed light on emergent frameworks for IVP practice. Drawing from interdisciplinary work in sociology, psychology, public health, medicine, gender studies, and the social work literature, we overview the literature on theoretical perspectives that have informed IPV understandings. Overviewed next are theoretical frameworks that offer new IPV considerations including, intersectionality theory, historical trauma and decolonization, human rights, constructivist self-development theory, the posttraumatic growth paradigm, and adverse childhood events (ACEs). We acknowledge these emergent frameworks are underutilized and warrant more inclusion in research, practice, research, and education. Table 1 provides an introduction to key concepts helpful to the organization, conceptualization, and application of theory to IPV research, practice, and policy.

Table 1. Key Concepts.

Prevalence	Despite increasing bodies of literature and overall public awareness, nearly half of both women and men report experiencing at least one form of intimate partner violence in their personal histories.
Differential Impact	Intimate partner violence disproportionately impacts women, racial and sexual minorities, particularly regarding physical and sexual violence and the effects thereof.
Historical Theories & IPV	Multiple theories have been used to explain the phenomenon of IPV. Over time, psychological, sociological, and biological theories have influenced the ways people conceptualize IPV, however feminist frameworks have most likely had the largest impact on IPV conceptualization over the past several decades.
New Theoretical Developments	Most recently, theories of intersectionality and human rights have proven useful in explaining the complicated and individualized nature of IPV. Additionally, theories associated with adverse childhood experiences and the intergenerational transmission of violence, among others, have shaped the context of how people conceptualize the development of IPV.
Posttraumatic Growth & Impact on post IPV life	Theories of posttraumatic growth and constructivist self-development have been used to conceptualize how people can move forward in a healthy way after experiencing IPV. Additionally, these types of theories had shed light on the difficulty associated with sustaining healthy relationships and a positive family environment after experiencing IPV.

1.2. Intimate Partner Violence: Current Conceptualizations

IPV is a pattern of coercive behaviors that uses power and control by one partner against another and may include many different forms of exploitation and abuse, including physical, emotional, sexual, reproductive, and economic (Black et al. 2011; Danis and Bhandari 2010). Historically, several challenges have impacted researchers' ability to quantify IPV experiences within the United States. Legal definitions of IPV criminal offenses vary by State. A variety of entities for different purposes track IPV data, including child welfare, criminal investigation and prosecution, civil protection orders, use of health care services by victims, and utilization of shelter services. To address this, the Centers for Disease Control and Prevention (CDC) issued uniform IPV definitions and a common language for research that takes into account teen dating violence, and same-sex couples and transgender individuals (Breiding et al. 2015).

1.3. IPV Problem Scope

Findings from the *National Intimate Partner and Sexual Violence Survey* (Smith et al. 2018) reveal that nearly half of both women and men reported experiencing at least one form of psychological aggression (i.e., insults, coercive control, etc.) by a partner over their lifetime. Further, 36% of women and 21% of men will experience a form of IPV in their lifetime. Twenty people per minute or ten million individuals annually are victims of physical violence. Annually, 6,000,000 Americans stalk their intimate partners.

The study further revealed that 71% of females and 55.8% of male victims first experience IPV before the age of 25 (Smith et al. 2017).

1.4. Women and IPV

Women shoulder the disproportionate effects of IPV, with an estimated 6 million female victims each year in the United States (Smith et al. 2018). Of these assaults, 28.1% resulted in the need for medical care at an average cost of $548 per assault (Chrisler and Ferguson 2006). In terms of physical partner violence alone, the lifetime prevalence among U.S. women is 36.4%, or over 43.6 million women affected. According to the survey results, physical violence has a prevalence of 31% for women during their lifetime. Annually, 1.5 million women experience sexual assault perpetrated by their intimate partners (Smith et al. 2018).

1.5. Indigenous Women and IPV

Indigenous women in the U.S. are at a higher risk for stalking, rape, other sexual violence, and physical violence by an intimate partner in comparison to Black, Latina, and White women (Smith et al. 2017). More than four in five American Indian and Alaska Native women (84.3%) have experienced violence in their lifetime (Rosay 2010). When compared to other races, this percentage is the highest. Unlike most other populations where IPV and other forms of violence are usually intra-racial, evidence suggests that American Indian and Alaska Native women are more likely to be assaulted by someone who is of non-Native descent. Compounding the impact for indigenous women have been jurisdictional issues that erect barriers for IPV protection, prosecution, and prevention. The Violence Against Women Act (VAWA) addressed these gaps in the 2013 reauthorization, and support now included pilot programs in tribal courts.

1.6. Same-Sex Couples and IPV

Tjaden and Thoennes (2000) indicate that IPV also impacts same-sex couples, revealing that 21.5% of men and 35.4% of women living with a same-sex partner experienced IPV during their lifetime, compared with 7.1% and 20.4% for men and women, respectively, who cohabitate as opposite-sex couples. The *National Intimate Partner and Sexual Violence Survey*, released in 2013 with new analysis revealing victimization by sexual orientation, showed that the lifetime prevalence of rape, physical violence, or stalking by an intimate partner was 43.8% for lesbians, 61.1% for bisexual women, and 35% for heterosexual women (Black et al. 2011). It also indicated that 26% of gay men, 37.3% of bisexual men, and 29% of heterosexual men report the same. While research on the experiences of transgender individuals remains limited, studies have indicated that members of this population are at higher risk not only for IPV but also systemic and systematic barriers, including institutional discrimination when seeking services (National Coalition of Anti-Violence Programs [NCAVP] 2013).

1.7. Children and IPV

The *Juvenile Justice Bulletin* report on children's exposure to intimate partner and family violence indicates five million children, or one in 15, witnessed IPV (Hamby et al. 2010b). McDonald et al. (2006) estimate that 15 million children annually witness IPV. Of the reported cases, one million of these children witnessed severe abuse, defined as beating, kicking, and choking; additionally, 4.3 million children experienced various forms of psychological or emotional violence. The impact for children who witness IPV are both immediate and long-term, negatively affecting a myriad of mental and physical health outcomes, and often resulting in the intergenerational transmission of violence (Dube et al. 2002; Anda et al. 2006). Yates et al. (2003) found that exposure to IPV in preschool predicted problem behavior at 16 for both sexes. Russell et al. (2010) detail how frequent exposure (more than ten times) to IPV as a child corresponds to college-age clinical depression. Hamby et al. (2010a) report from a national survey of youth that more than half of those who become victims of statutory rape or sexual misconduct witnessed IPV as children.

2. Overview of Theoretical Perspectives on Intimate Partner Violence

Theoretical perspectives for IPV-related research and intervention may be sociological, psychological, or biological. A review of the literature reveals the application of ecological and systems theories, social learning theory (Barnes et al. 2013; Cochran et al. 2011), social disorganization theory, personality theories, self-control theory, family violence theory, exchange/social control theories, and resource theory (Dixon and Graham-Kevan 2011; Lawson 2012). Barnes et al. (2013) applied social learning theory and the role of inherent genetic factors to understand the intergenerational nature of IPV and highlight the complex interaction of nature and nurture. In her discussion of sociological perspectives on IPV, Lawson (2012) underscores the importance of theory as a pathway for framing IPV as not an individual-level problem, but as a function of social stratification of structures. She further discusses ecological theories aimed at understanding IPV in the family context with an eye to the role of conflict in the manifestation of violence.

Approaching IPV from biological, social, or psychological sciences provides several theoretical perspectives. In their review of biological and psychological theories applied to the problem of IPV, Ali and Naylor (2013a) discuss the impact of head injury, as well as attachment theory, and the role of anger, self-esteem, communication skills, and substance abuse in the etiology of IPV. In a companion review, Ali and Naylor (2013b) also provide an overview of feminist, social, and ecological theories on IPV causation. They highlight the cycle of violence, learned helplessness, battered women syndrome, patriarchy, and power, as well as social learning theory, resource theory, and the nested ecological framework central to person-in-environment models. Eriksson and Mazerolle (2013) propose general strain theory as a framework for understanding domestic homicide, underscoring the role of stress and coping. While many theories focus on individual factors leading to IPV, Blumenstein and Jasinski (2015) applied social disorganization theory based on the idea that factors such as concentrated social disadvantage, population heterogeneity, and residential instability impact violent behaviors. The theory of planned behavior features a public health perspective and aims to help predict abusive behaviors (Betts et al. 2011).

Arguably most instrumental in shaping the current understanding of IPV is feminist theory. The feminist framework allows for illumination of the impact of gender roles and gender-based inequality across issues. Bell and Naugle (2008), among others, directly attribute the phenomenon of violence against women to the patriarchy that enforces male supremacy and control. The feminist perspective has underpinned scholarly, grassroots, and practice professional efforts to understand and respond to IPV. The legacy of feminist efforts in this arena continues to be an indispensable framework for IPV. Feminist scholars' important contributions include concepts such as the cycle of violence, learned helplessness, the battered woman's syndrome, dynamics of power and control, male control theory, social control social disorganization, bystander theory, self-determination theory, and the role of patriarchy (Ali and Naylor 2013a). A significant turn in feminist theory occurred through the work of Black feminist writers with the introduction of intersectionality (Collins 2000; Crenshaw 1991).

3. Into the Future: Critical and Innovative Theories to Inform IPV-Related Practice and Research, Which Is Explored in More Detail Next

3.1. Intersectionality Theory

Intersectionality theory provides both a theory and a mechanism for change by revealing complex systemic oppression (i.e., racism, heterosexism, sexism, cisgenderism). Emergent from, and a response to the mainstream, mostly White feminism, Black feminists called attention to their relative invisibility within the movement. Crenshaw (1991) distinguishes the lived experiences of violence against women of color from White women as a function of race, class, and other social categories (i.e., gender identity, sexual orientation, immigration/citizenship status, etc.) Crenshaw's intersectionality theory contends that social hierarchies systematically and unfairly marginalize some members of society while granting other members unfair advantage (Crenshaw 1991). In applying this perspective to the

problem of male violence against women, Crenshaw offered a much more nuanced, inclusive, and informed lens for understanding the varied lived experience of IPV and the multiple subordinations experienced by women of color. Her work also addresses the unique dynamics of IPV for groups such as homeless women and immigrant women and the need for shelters and support programming to critically appraise their work with these complexities in mind. Intersectionality provides a critical and unique lens through which to view the realities of vulnerable and oppressed people concerning issues such as IPV that move beyond mainstream hegemonic knowledge. Building on that work, Gillum (2019) explores the interrelatedness of race, poverty, and IPV. By demonstrating the realities of the disproportionate impact of IPV in Black communities in both developed and developing countries, she brings to light the unique vulnerabilities rooted in race and class. The dynamics of poverty and race interact with IPV such that powerlessness, isolation, and stress become mutually reinforcing (Goodman et al. 2009). This knowledge highlights the importance of contextualized interventions for low-income women exposed to IPV.

An understanding of the intersection of race and class is important to the response to IPV. The intersectional dimensions of IPV are also clear when applied to the experiences of gender and sexual minority (SGM) individuals. In 2015, the CDC published updated guidelines for defining and collecting data on IPV, which included new insights relevant for work with same-sex and transgender people. For example, methods of coercion and control exist that are unique to the SGM population exist, such as threatening to out the partner at work or withholding prescribed hormones from an individual transitioning gender (Breiding et al. 2015). The use of coercive threats is also significant for HIV-impacted individuals through threats of outing or withholding of HIV medication (National Coalition of Anti-Violence Programs [NCAVP] 2013). The ability to define, research, and discuss IPV in terms that recognize the unique vulnerabilities and experiences of diverse, unique groups is central to sensitive and effective prevention and intervention. Intersectionality has emerged as an important vehicle for enhancing culturally sensitive and relevant teaching and practice, and in attending to social inequalities and their impact on research (May 2015; Murphy et al. 2009).

Intersectionality, in regards to IPV, complicates the matter even further when exploring help-seeking behaviors and access to assistance. Using this lens allows for a deconstruction of the complexities of the intersections of gender, race, and ability, in addition to sexual orientation, immigration status, accent, and socioeconomic status. Cramer and Plummer (2009) examined the application of intersectionality theory as related to gender, race, and disability. Their findings bring a new perspective to outdated assumptions of universalism in IPV by illustrating the complexity and uniqueness of women's IPV experiences. The conclusions underscore limitations in existing knowledge frames and service models rooted in the lack of attention to human diversity. Intersectionality's influence on the 2013 version of VAWA is evident, with immigrants, LGBTQ+, and Indigenous people added. This landmark legislation reflects the evolution of thinking about IPV and the impact of intersectionality theory.

3.2. Human Rights

Human Rights is an applicable lens that holds a set of goals in an international context and offers solid grounding for the promotion of social justice in all practice areas with particular importance for policy practice. A Human Rights framework has the advantage of addressing those essential rights as associated with being born rather than based on a hierarchy of need or worth. Among the United Nations documents explaining the nature of human rights is *The Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW), adopted in 1979 by the UN General Assembly. Often viewed as an international bill of rights for women, it addresses violence against women as a human rights violation exacerbating the subordination of women and girls globally. While challenges abound in realizing the spirit and aims of CEDAW in the U.S. (Morgaine 2006), it remains a useful framework for moving forward education, research, and practice. The connections made in CEDAW between political rights and participation, economic opportunity, bodily integrity, and reproductive

rights, freedom from violence, and autonomy for women are highly relevant and useful to promoting a holistic, politicized understanding of IPV (UN General Assembly 1979). These connections are critical to the aims of defending the vulnerable, challenging injustice, honoring human diversity, promoting self-determination, valuing human dignity and relationships, and recognizing the complex nature of the human experience. CEDAW tenants, and other human rights documents, provide a framework to understand better the causes, consequences, and remedies for IPV.

3.3. Acknowledging Historical Trauma and Decolonizing IPV Knowledge and Response

The concept of historical trauma aids in understanding IPV among indigenous people. The lens of historical trauma allows us to view trauma across time, not only as it exists in the life of an individual, but for a targeted group, at the family level, which accumulates in genetic DNA. Josephy (1991) summarized a vast amount of European and American historical sources to demonstrate the violence that began with colonization and continued throughout the development of the United States, with females as key targets for social control through sexual violence. Brave Heart (1998) described the impact of this historical, collective group violence generationally as historical trauma. For Native American women in the U.S., this means viewing the individual and family experience of IPV against a backdrop of centuries of violence, degradation, and genocide perpetrated upon women's bodies. Clinical work, policy advocacy, organizational and program planning, as well as research and education, will not respond to the experiences, needs, and strengths of indigenous women without consideration of historical trauma and its impact on individuals and families.

The field has largely not yet responded to the call for decolonization of research, education, and practice. Only a few studies acknowledge the continued colonized nature of service and policy impacting IPV work. In the introduction to her revolutionary work examining this history, Smith (2005) writes that:

> The remedies for addressing sexual and domestic violence utilized by the antiviolence movement have proven to be generally inadequate for addressing the problems of gender violence in general, but particularly for addressing violence against women of color. The problem is not simply an issue of providing multicultural services to survivors of violence. Rather, the analysis of and strategies for addressing gender violence have failed to address the manner in which gender violence is not simply a tool of patriarchal control, but also serves as a tool of racism and colonialism. That is, colonial relationships are themselves gendered and sexualized. (1)

Doing this work requires collaboration and an intentional partnership with indigenous people in order to understand the phenomenon within the context of their lives, and from their own perspectives. Hernández-Wolfe (2011) explored "borderland epistemology" (p. 293) and the need to decolonize mental health by deconstructing systems of power and privilege imposed upon indigenous peoples. Further, decolonization of mental health means acting on the values of cultural humility and cultural equity in our approaches to assessing, intervening with, and evaluating practice (Hernández-Wolfe 2011). This suggests existing models of intervention, developed, standardized, and evaluated outside of indigenous communities, have the potential to serve as extensions of colonization and oppression.

Intervention and research on IPV with colonized populations may exacerbate rather than alleviate problems. Trout et al. (2018) highlight the harm done not only by the historical trauma experienced by indigenous and other cultural groups but of the use of service strategies that only recapitulate those harms. To root those systems of care in empirical inquiry as well as in a critical and decolonizing stance, researchers must respond in kind (Smith 2013). Commitment to an intersectional approach and honoring the cultural traditions and tragedies of diverse groups is critical to sound, effective, and sensitive IPV prevention. In the absence of these frameworks, the lived experiences of diverse people will remain largely invisible, with social justice aims unrealized.

3.4. Applications of the Adverse Childhood Experiences Perspective to IPV

The ongoing examination of trauma throughout the lifespan influences IPV research, policy, and practice. The Adverse Childhood Experiences (ACEs) study was significant in establishing the connection between social and behavioral causes of poor adult health outcomes rooted in adverse childhood experiences. ACEs lead to social, emotional, and cognitive impairments that, in turn, precipitate risk-taking behaviors, early disease onset, and social problems (Brown et al. 2009; Felitti et al. 1998). As risk factors for poor health outcomes are cumulative over time, the importance of understanding these pathways is evident. The salience of adverse childhood experiences to adult health behaviors and outcomes is apparent (Anda et al. 2008; Dube et al. 2002; Lamers-Winkelman et al. 2012). ACEs related research points to both the importance of trauma-focused interventions for adult survivors as well as an early intervention for children.

Exposure or witnessing IPV during childhood is one of the ten significant early childhood traumatic events. Young children (birth–five years) are at the highest risk of exposure to adverse events (Ippen et al. 2011; Lieberman et al. 2011). Exposure for children may result in the development of mood and anxiety disorders (McLaughlin et al. 2010), developmental disruptions, distorted cognitive schemas, behavior and learning problems, obesity, and other health problems (Burke et al. 2011; Dube et al. 2002). Children exposed to IPV commonly experience other adverse events such as substance abuse, mental illness, incarcerated family members, and other forms of abuse and neglect (Turner et al. 2010). This phenomenon is known as co-occurring adverse experiences of poly-victimization. For example, Summers (2006) noted that poverty and racial discrimination increase children's vulnerability to other risks. Children are more likely to witness intimate partner violence when it occurs in the home and are more likely to experience multiple forms of abuse or neglect when living in a violent home (Cohen and Mannarino 2008; Dube et al. 2002; Lamers-Winkelman et al. 2012). Whitfield et al. (2003) revealed that exposure to all three events (physical abuse, sexual abuse, and witnessing IPV) increases IPV adult perpetration or victimization risk two-fold.

Parenting behaviors impact exposure to IPV, with decreases in positive parenting behaviors and parent–child engagement, noted when parents have historical or current IPV experience. Studies have speculated a *spillover hypothesis* wherein the negative psychological impact associated with IPV for parents manifests within the parent–child relationships (Postmus et al. 2012). Rossman and Rea (2005) report parent stress, inconsistent parenting practices, and a loss of confidence in parenting ability elevate the risk of IPV (Rossman and Rea 2005). Importantly, researchers have also found that parents who have experienced IPV create buffers and safety for their children, have increased awareness of children's needs and empathy for the impact of the violence, and actively apply lessons about healthy relationships (Anderson 2011; Murray et al. 2012; Peled and Gil 2011; Renner 2009).

ACEs are "perpetrated" by a parent or caregiver in the home, so the framework is useful for understanding the intergenerational transmission of violence. Compelling evidence suggests adults with exposure to IPV during childhood are more likely to be a victim of IPV or a perpetrator in their intimate adult relationships (Lesesne and Kennedy 2005). While the intergenerational consequences of ACEs are clear, the underlying process remains largely unexplored (Brown et al. 2009). How violence victimization and perpetration forms, and how to best intervene is unclear. This research could impact the lives of survivors by preventing the host of negative IPV exposure outcomes. There also remains a need to better understand children's resilience to IPV exposure as well as the cumulative negative effects of violent exposure on adult difficulties (Hamby et al. 2010b).

4. Posttraumatic Growth

Intimate partner violence exposure may result in a variety of negative consequences, but they can also stimulate posttraumatic growth. Researchers have found the presence of enhanced potential for meaning-making of life lessons to create a positive future from a troubled past (Anderson 2011; Calhoun and Tedeschi 2001). Posttraumatic growth following childhood exposure to IPV may involve

a strong commitment to avoiding or preventing traumatic exposure as an adult and for one's children rooted in their perspective of what to avoid (Anderson 2011).

From a posttraumatic growth perspective, researchers have also demonstrated that adult women exposed as children to their mothers battering by an intimate partner may emerge with greater knowledge of the impact of trauma and the process of recovery (Anderson 2011). Adults exposed to domestic violence as children can gain significant wisdom and resilience, and a commitment to ending violence by processing disengagement, rumination, and meaning-making. This process of cognitive restructuring, of examining and rebuilding altered and distorted schemas, is key to growth and wellbeing after trauma (Anderson 2011). Exploring posttraumatic growth processes is as important as continuing research into posttraumatic stress and negative health impacts stemming from adverse experiences.

Constructivist Self-Development Theory

Constructivist Self-Development Theory (CSDT) illuminates how traumatic events like exposure to violence during childhood can produce both negative and, at times, positive impacts for the affected individual (Blain et al. 2011; Pearlman 1997; Wright et al. 2009) Consistent with Children's Health Equity Solutions Center's (CHESC) "individual differences" theme, CSDT views differences in children's beliefs, and cognitive schemas about violence alter how exposure to violence manifests in their adult lives. Likewise, paralleling the CHESC's "context matters" theme, CSDT posits that both socioeconomic and temporal contexts of violence exacerbate or minimize the downstream consequences of violence exposure.

Perhaps most valuable is that CSDT provides a framework for assessing and treating trauma responses under the assertion that cognitive schemas form through traumatic exposure. These schemas can be targets for intervention to repair or replace problematic schema contributing to risk-taking, poor decision-making, and disrupted wellbeing. It is constructivist in that it views individuals as building and shaping realities rooted in cognitive processes and shaped by the environment throughout the human life-course. This theoretical lens works to illuminate the processes underlying the trajectories of trauma-exposed children to adulthood and parenting. Five areas underscored by CDST include frame of reference, self-capacities, ego resources, perceptual and memory system, and central psychological needs. An individual's central psychological needs include five key areas: safety, trust, control, esteem, and intimacy (McCann and Pearlman 1992; Pearlman 1997). These concepts are highly applicable to building a person-centered IPV dialog, rooted in the perceptions and lived experiences of diverse individuals.

5. Future Research

Future empirical studies that advance theoretical frameworks for exploring IPV are necessary. Studies should draw from the methods of a variety of traditions, both qualitative and quantitative. In particular, qualitative research assists in revealing individual narratives of those who successfully navigated living through the trauma of family violence, and developed meaning in life not despite, but because of adversity (Hardesty and Chung 2006). Such inquiry is useful to inform generalizable quantitative studies detailing components of resilience from family violence. Perhaps the data developed could be used for ongoing efforts to measure resilience (Anderson 2011; Langhinrichsen-Rohling 2005). Moreover, research is needed to help quantify and investigate the individualized nature of internalized trauma. Deficit-based studies have served to identify high-risk situations and to improve intervention efforts and could expand by measuring healing, resilience, and growth (Hardesty and Chung 2006). Research in deficit-based models assumes that the scars of trauma are the same for all people or exist in the absence of growth. Practitioners know that not to be the case, and further research is needed to understand how to intervene in traumatic events. Studies that test concepts such as resiliency, empowerment, and hope relative to IPV are promising and critically important to interventions that build upon survivorship (Munoz et al. 2016;

Munoz et al. 2017). Concepts of resilience, hope, and posttraumatic growth are also important when applied at the population level to addressing issues of historical trauma while revealing culturally based strengths and solutions.

6. Conclusions

Each of the theoretical frameworks discussed above provides insights for IPV practice, research, and policy. Practitioners must continue to mold IPV programming across the lifespan that acknowledges and responds to human diversity and differences. Explicitly, students in clinical training require content in how to consume empirical literature systematically and to critically analyze that traumatic event "X" does not always produce a generalizable outcome "Y" among their client base (Addy et al. 2015). Nothing is a more dangerous misuse of practice privilege, than to engage with IPV survivors based on assumptions. The limitations of theory must be omnipresent in training not to provide a false sense of assuredness, particularly for those new to clinical training.

Professional practice relies on theoretical frameworks to inform our understandings of human behavior as well as research-grounded programs and evidence-based interventions. It is imperative, to better serve these populations throughout the lifespan and across multiple intersecting systems of oppression, that practitioners recognize their own personal and professional bias as well as those of theories (Dixon and Graham-Kevan 2011; McMahon and Armstrong 2012). The theoretical perspectives through which we frame the world and the lived experiences of clients served has a direct connection to hope in the lives of the most vulnerable (Lockhart and Danis 2010). As practice advances, practitioners must continue to spend adequate time assessing for the mediators of adversity, the impact of social stratification, and reframing to evaluate experiences of trauma at their intersection with resiliency to maximize theoretical utility. Failure to do so will leave the practitioner with a static view of IPV, rather than a progressive lens that is sensitive to time, culture, and context.

Additionally, those involved in IPV research and practice must continue to develop more nuanced and improved ways to assess for the experiences and effects of IPV in ways both critical and inclusive (Lockhart and Danis 2010). To improve IPV service delivery, a focus on not only client readiness but how violence, oppression, and marginalization exacerbate experiences is needed. Further, the person-in-environment model must be inclusive of the community level and time, as revealed by the historical trauma lens. Table 2 displays summaries of the implications in this area for practice, policy, and research.

Table 2. Practice, Policy and Research Implications.

	Implications for IPV Theories
Practice	Intervention and programming associated with IPV should consider the developments in theories related to intersectionality and posttraumatic growth. Opportunities for survivors to own their personal narratives and be involved in the process of defining their individualized experiences is vital.
Policy	Policy developments should consider the ways IPV is quantified and expand from traditional definitions centered on evidence of physical altercations, to include dynamics associated with psychological and emotional violence. Policies should also consider the evidence related to intergenerational transmission of violence and connections between experiences of household violence across their lifespan.
Research	Additional research is needed to evaluate the incorporation of modern theoretical approaches into intervention programming (ex. content related to experiences of violence across their lifespan). Research is also needed to improve assessment protocols used to identify the presence of violence in relationships and quantify the impact of all types (physical, sexual, emotional, psychological, etc.) of IPV on all members of the family unit.

In conclusion, IPV remains a considerable societal ill and a formidable challenge to professionals, educators, and researchers; this overview of theoretical frames can improve service delivery and inform new and expanded avenues for research.

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