



Australian Government

Australian Institute of Criminology

Trends & issues in crime and criminal justice

ISSN 1836-2206 (Online) | ISBN 978 1 922478 13 9 (Online)

No. 626 May 2021

Abstract | A key assumption in the domestic violence literature is that abuse escalates in severity and frequency over time. However, very little is known about how violence and abuse unfolds within intimate relationships and there is no consensus on how escalation should be defined or how prevalent it is.

A narrative review of the literature identified two primary definitions of escalation: a pattern of increasingly frequent and/or severe violent incidents, or the occurrence of specific violent acts (ie outcomes). Escalation appears to be limited to serious or prolific offenders rather than characterising all abusive relationships. However, disparities in prevalence estimates between those provided by victim-survivors and recorded incident data highlight the difficulty of measuring this aspect of abusive relationships.

How does domestic violence escalate over time?

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One of the assumptions underpinning common narratives about domestic violence is that, once violence starts, it increases in severity and frequency over time (Aldarondo 1996). In the early 1980s family violence researcher Mildred Pagelow stated: 'one of the few things about which almost all researchers agree is that batterings escalate in frequency and intensity' (1981: 45). This statement has been repeated by numerous authors since then, many of whom have suggested that escalation is characteristic of most, if not all, violent relationships (Sabri et al. 2014).

Improving the ways in which we respond to domestic violence requires developing evidence about the nature of the violence and abuse that is occurring and how it changes over time (Aldarondo 1996). However, as a starting point, there appears to be a lack of understanding about what escalation is, how it should be defined and measured and to what extent it is actually characteristic of abusive relationships (Barnham, Barnes & Sherman 2017).

This lack of specificity is noteworthy considering the presence or absence of escalation has an important role in risk assessment processes used by frontline responders (such as the police) and responses that are subsequently put in place (Dowling & Morgan 2019; Trujillo & Ross 2008). For example, commonly used risk assessment tools such as the Danger Assessment and the Domestic Abuse, Stalking and Honour Based Violence Tool (DASH) include items that ask victim–survivors whether the violence has been escalating (Campbell et al. 2003; Turner, Medina & Brown 2019). However, studies have shown that police, even when unprompted by a risk assessment tool, prioritise evidence of escalation over other factors when assessing domestic violence reoffending risk (Robinson, Pinchevsky & Guthrie 2018). This is despite a lack of clarity about whether victim–survivor accounts of escalation predict either the prevalence or severity of further harm (Dowling & Morgan 2019; Turner, Medina & Brown 2019).

Despite the lack of certainty around what accounts of escalation are measuring, this dimension of abuse in relationships is often prioritised in decision-making processes used by frontline responders. As such, there is an obvious need to consolidate current research looking at the escalation of abuse within intimate relationships.

Aim and method

This study involved a narrative review of Australian and international literature exploring escalation within current and former abusive intimate relationships. The review aimed to answer the following research questions:

- What is escalation (ie how has it been defined)?
- How has escalation been measured?
- Is escalation the ‘norm’ in abusive intimate relationships?

Searches were conducted in several databases of peer-reviewed and grey literature, including ProQuest, PubMed, Ovid, Scopus, CINCH, Google Scholar and Violence and Abuse Abstracts using keyword terms. Following an initial scoping exercise, the decision was made to not conduct a rapid evidence assessment or systematic review of the literature because of the lack of consistency in how escalation has been referred to and examined in the literature. Instead, articles were identified using broad search parameters, and additional articles sourced by reviewing the reference lists of relevant identified articles. Search terms included: domestic violence, family and domestic violence, domestic terrorism, intimate partner violence, intimate partner homicide, femicide, assault, sexual assault, threats, coercion, intimidation, verbal abuse, abduction, stalking, economic abuse, emotional abuse, family violence order, escalation, increase, rise, growth. Studies were included if they had a conceptual focus on measuring, theorising, defining or recounting escalation of violence in intimate partner relationships. No date range was specified and only publications available in English were reviewed. A combination of qualitative, quantitative and mixed methods analyses was included.

Findings

What is escalation?

The review identified two primary definitions of escalation: escalation as a pattern of increasingly frequent and/or severe violent and abusive behaviours and incidents over time, and escalation as an outcome.

The first definition can be described as the more traditional conceptualisation of this phenomenon. This approach defines escalation through the temporal lens. From this perspective, escalation is clearly indicated by a pattern of increasing frequency and/or severity of violence over time (or a reduction in the length of time between events). This remains the most common definition used in the literature. For example, the Queensland Domestic and Family Violence Death Review and Advisory Board defines escalation in the context of the Intimate Partner Homicide Lethality Risk Factor Form as when ‘the abuse/maltreatment (physical; psychological; emotional; sexual; etc.) inflicted upon the victim by the perpetrator was increasing in frequency and/or severity’ (2018: 129). This aligns with definitions of other intimate partner homicide (IPH) risk assessment tools such as the widely used Danger Assessment (Campbell et al. 2007).

In contrast to characterisation by timing and frequency of events, the second conceptualisation sees escalation as an outcome—the occurrence of specific violent behaviours—that can occur whether or not violence has been increasing in frequency or severity. The behaviours most commonly discussed in the literature are non-fatal strangulation (NFS, also referred to as choking or throttling), and IPH.

How has escalation been measured, and is it the norm?

Escalation as a pattern of behaviour

Definitions of domestic abuse or violence against women range from narrow and specific to broad and holistic (DeKeseredy & Schwartz 2011; Walby & Towers 2018). Similarly, there is no one approach to data collection that can feasibly measure the reality or experience of domestic and family violence. Importantly, different forms of data collection can yield contrasting findings regarding the impact, nature and prevalence of abuse. Research examining qualitative and clinical data can lead to conclusions about the frequency and severity of abuse that differ significantly from those of studies examining quantitative data and official statistics (Braaf & Meyering 2013).

Most of the research that has looked at changes in the frequency or severity of offending has analysed longitudinal data. Longitudinal research involves collecting the same information from the same people on two or more occasions over a defined period of time. The primary benefit of longitudinal data is that we can look at changes that occur at the individual level and also at trends for groups of people (Curran & Bauer 2011).

Information about patterns of domestic violence has been collected through interviews with victims and offenders using validated tools such as the Conflict Tactics Scale (CTS; Caetano et al. 2005), the Maltreatment Inventory (O’Leary & Smith Slep 2003) or the Domestic Violence Inventory (DVI; Vickerman & Margolin 2008). Alternatively, researchers have used administrative information collected by police for recorded domestic violence incidents (Dowling, Boxall & Morgan 2021; Kerr, Whyte & Strang 2017) or asked victim–survivors to provide a point in time assessment as to whether the violence has been increasing in severity and/or frequency (see, for example, Turner, Medina & Brown 2019; Walker 1984).

There are benefits and drawbacks associated with the use of administrative data and validated questionnaires such as the CTS. Benefits include their ability to limit recall bias and social desirability bias, identify the presence of abusive behaviours/actions even when victims do not recognise them as such, and measure violence that is not reported to the police. However, the CTS has been criticised for framing domestic violence as resulting from an argument or a ‘bad mood’, rather than as the instrumental and systematic effort of one person to control another. Further, as coercive control involves the micro-regulation of victim–survivors’ lives (Stark 2007), albeit frequently in a context of threatened violence and intimidation, these behaviours are less likely to be reported to the police, or even be identified by victims as abusive (Stark 2012). As such, frequently used methods for examining patterns of behaviours experienced by victim–survivors may not detect coercive control.

Escalation as an increase in the frequency of violence

Most studies that looked at escalation as a pattern of behaviour over time focused on changes in the number and timing of domestic violence events and behaviours. There is a lack of research analysing escalation in domestic violence in Australia and an over-reliance on research findings from the United States informing the evidence base. If escalation is the norm, patterns of domestic violence offending within relationships should exhibit the hypothetical trend represented in Figure 1—as the duration of the relationship increases, the violence becomes more frequent and the time between incidents decreases.

Figure 1: Hypothesised model of escalating number of domestic violence events and behaviours (individual-level trajectory)



Note: Dataset created by the authors for illustrative purposes—the data do not relate to any real events, offenders/victims or offences

There is consistent evidence that escalation over time is characteristic of some violent relationships, particularly where the offender is persistent and engages in serious behaviours (Barnham, Barnes & Sherman 2017; Bland & Ariel 2015; Dowling, Boxall & Morgan 2021; Follingstad et al. 1992; Kerr, Whyte & Strang 2017; Mele 2009; Messing et al. 2018; Swartout, Cook & White 2012). However, even among prolific offenders, there is little evidence that offending frequency increases steadily over time (see Figure 1). Rather, two studies that examined domestic violence offending from its onset—that is, the start of the reported violence—identified that domestic violence criminal trajectories for many offenders were characterised by an initial period of escalation which peaked and then stabilised (Dowling, Boxall & Morgan 2021; Follingstad et al. 1992).

Further, the answer to the question of whether the pattern of increasingly frequent domestic violence incidents is common or typical of abusive relationships appears to depend largely on the data being used. When the focus is on the number and timing of events or behaviours occurring during identified observation periods, escalation appears to be the exception, not the rule. This is consistent across studies that analysed police administrative data (Bland & Ariel 2015; Dowling, Boxall & Morgan 2021), as well as self-report data (ie surveys/questionnaires such as the CTS) from victim-survivors or offenders (Lawrence & Bradbury 2007; O’Leary & Smith Slep 2003; Shortt et al. 2012; Vickerman & Margolin 2008).

However, when victim–survivors were asked to provide their own assessment and expand on their experience through in-depth qualitative interviews, a different picture emerged (Boxall, Morgan & Brown 2020; Follingstad et al. 1992; Messing et al. 2018; Walker 1984). Half of women (57%) who participated in Messing and colleagues’ (2018) study said that the violence had escalated in frequency over the 12-month period before they came into contact with the police for domestic violence. These rates are comparable with those of other studies that similarly recruited women through police agencies or domestic violence shelters (Follingstad et al. 1992; Walker 1984).

Taken together, these findings indicate that prevalence estimates of escalation (as defined by increasing frequency of incidents) depend on the measure being used. It is possible that assessments made by victim–survivors better account for *all* acts of violence, rather than only those reported to the police. This may include both non-physical behaviours and coercive control. However, it is also possible that these assessments are based on or influenced by the cumulative effect of the abusive behaviours, rather than simply reflecting an increase in the frequency of particular behaviours during the observation period.

Escalation as an increase in the severity of violence

Relative to frequency, fewer studies have looked at changes in the severity of domestic violence over time. One of the main reasons for this is perhaps conceptual: how do we assign a hierarchy of harm to domestic violence behaviours? The literature has dealt with this question largely by limiting analyses to physical violence and differentiating between mild, moderate and severe forms of violence based on the likelihood of the act resulting in injury or death (see, for example, Aldarondo 1996; Caetano et al. 2005; Connelly et al. 2006; Follingstad et al. 1992; Stark 2012; Weisz, Tolman & Saunders 2000; Woffordt, Mihalic & Menard 1994). Lenore Walker’s Batterer Quotient similarly used injuries as a means of attributing severity to the incidents (scored out of 100; Walker 1984).

In recent years, some researchers have measured escalation in severity by applying the Cambridge Harm Index (Sherman, Neyroud & Neyroud 2016) to recorded crime data. The Cambridge Harm Index estimates the harm associated with individual criminal acts by benchmarking them against the relevant sentencing guidelines for that jurisdiction (Barnham, Barnes & Sherman 2017; Bland & Ariel 2015; Kerr, Whyte & Strang 2017). As such, homicide is the most ‘harmful’ crime because it is associated with the longest sentences. This index has been used to measure escalation in abusive relationships by summing the ‘harm scores’ associated with domestic violence incidents that occur within a defined observation period, and mapping this over time (Barnham, Barnes & Sherman 2017).

Critically, both of the measures of severity of harm outlined above exclude non-physical forms of domestic violence, such as coercive control. This is despite research showing that, for many women, emotional abuse and coercive control have long-lasting and significant impacts (eg Salter et al. 2020).

The hypothesised model for escalation as a pattern in which the severity of violence increases over time looks very similar to that hypothesised in Figure 1, with the offender engaging in more and more extreme forms of violence (eg assault with weapon, strangulation). There is evidence that physical forms of domestic violence increase in severity over time in some relationships. However, studies that support this finding are largely limited to:

- those that measured severity by examining transitions between categories of offending (mild, moderate and severe; Aldarondo 1996; Caetano et al. 2005; Connelly et al. 2006; Follingstad et al. 1992; Weisz, Tolman & Saunders 2000; Woffordt, Mihalic & Menard 1994); and
- those that examined a small group of serious or prolific offenders (Aldarondo 1996; Caetano et al. 2005; Connelly et al. 2006; Kerr, Whyte & Strang 2017; Woffordt, Mihalic & Menard 1994).

Notably, two of the three identified studies that used the Cambridge Harm Index found no consistent pattern of escalation in severity of violence over time (Barnham, Barnes & Sherman 2017; Bland & Ariel 2015).

Escalation as episodic with frequency and severity fluctuating over time

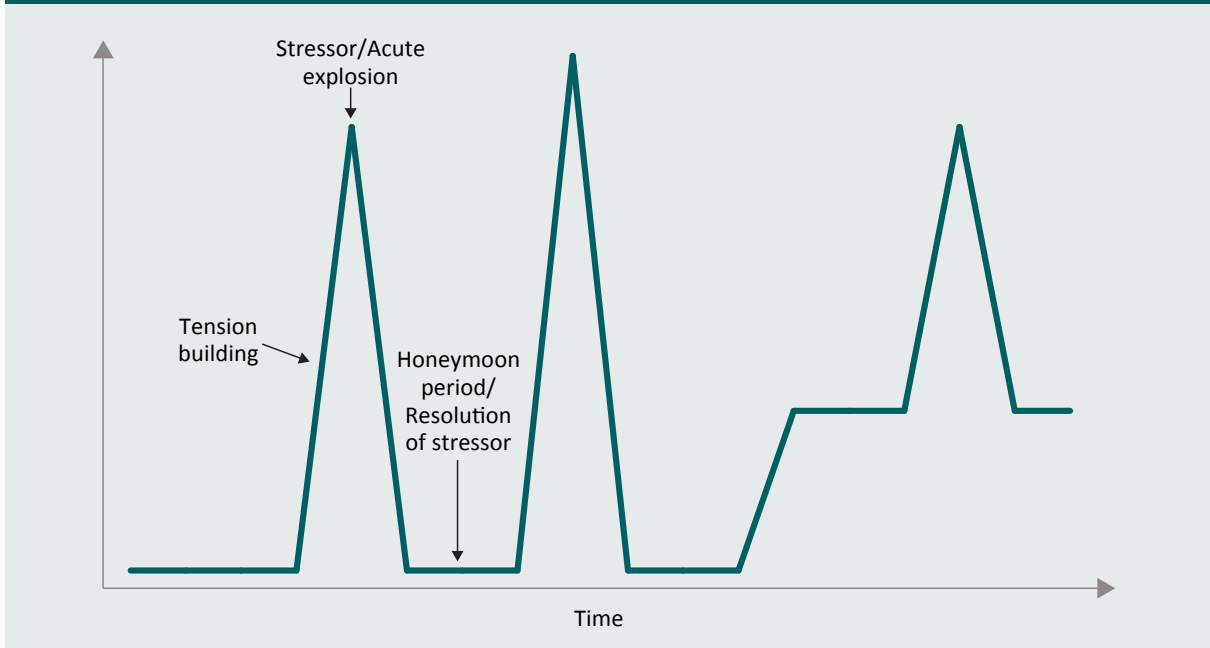
A growing body of research has started to challenge traditional understandings of criminal offending as involving steadily increasing numbers of behaviours or events over time (Bassuk, Dawson & Huntington 2006; Bushway & Tahamont 2016; Piquero et al. 2006). Studies of patterns of criminal behaviour over time have typically used count data, such as the number of events or behaviours, or developed 'scores' that are averaged out over particular time periods (eg monthly or yearly intervals). By averaging scores or counts over an observation period, smoother curves are created and offending during each observation period appears to be constant, as fluctuations within the observation period are lost (Piquero et al. 2006). However, it is increasingly apparent that, for some offenders, involvement in crime, including domestic violence, may be more episodic in nature, with crime escalating at particular times (or events) and in particular places (Bushway & Tahamont 2016). Certainly, many of the risk factors associated with the onset and recurrence of domestic violence that have been identified in the literature are time-sensitive or limited:

- individual factors—loss of employment, increasing levels of alcohol/drug use (or withdrawal), mental state and mood (Morgan & Boxall 2020; Roberts et al. 2011);
- relationship factors—financial stress, pregnancy, contact with police for domestic violence, and separation/divorce (Boxall et al. 2018; Cascardi & Vivian 1995; Morgan & Boxall 2020); and
- environmental/situational factors—natural disasters (eg flood and bushfires), conditions associated with the COVID-19 pandemic (eg social isolation), and events (eg football grand finals, the Melbourne Cup; Boxall, Morgan & Brown 2020; Parkinson & Zara 2013).

As such, escalation models may not look like a smooth upward trajectory, as hypothesised in Figure 1. Instead, it may look more like the zigzag shown in Figure 2—characterised by peaks and troughs. Peaks may coincide with the onset of a particular stressor, and troughs may occur when the stressor is resolved, the offender adapts to the change in circumstances, or the offender attempts to desist. This model is certainly consistent with Lenore Walker's cycle of violence, which suggests that violence within relationships involves three stages: increasing tension, where the abuser becomes increasingly irritable and hostile; explosion into violence, which can last for days or weeks; and contrition, where the abuser de-escalates into periods of relative calm and non-violence (Walker 1984).

Very little research has examined episodic criminal career trajectory models of domestic violence offenders. Certainly, the methods of analysis necessary to do so are complex. Having said this, several studies show evidence that domestic violence offending patterns do fluctuate over time (Bassuk, Dawson & Huntington 2006; Bowen et al. 2005; Morgan & Boxall 2020; Vickerman & Margolin 2008; Walker 1984). Bowen and colleagues' (2005) analysis of five waves of the Avon Longitudinal Study of Parents and Children identified that, for some women, the violence stopped at certain points, and then recommenced before stopping again. Further, 15 percent of women surveyed by Follingstad and colleagues (1992) said that the physical violence fluctuated over time rather than following a stable pattern of escalation or de-escalation.

Figure 2: Hypothesised model for escalation as episodic and in response to stressors (individual-level trajectory)



Note: Dataset created by the authors for illustrative purposes—data do not relate to any real events, offenders/victims or offences

Escalation as an outcome

A large body of research has conceptualised escalation as an event or outcome—typically NFS or IPH. Often occurring in the context of increasing frequency and severity of abusive behaviours, escalation outcomes may be the culmination of these patterns, or in the case of NFS may signpost a change in the trajectory of the violence whereby IPH is significantly more likely to occur.

Escalation as non-fatal strangulation

Historically, NFS has been subsumed into broader categories of 'serious' physical domestic violence, meaning that the prevalence of this behaviour within abusive relationships has been overlooked (Connelly et al. 2006; Mechanic, Weaver & Resick 2008; Sabri et al. 2014). However, the significant harms associated with NFS and its links to IPH mean that it is increasingly being studied as a distinct category of behaviour (Pritchard, Reckdenwald & Nordham 2017).

Consistent with research that has defined escalation as a pattern of behaviour, NFS has been measured using both longitudinal and cross-sectional data. Cross-sectional studies have typically focused on determining the prevalence of NFS as a historical behaviour within relationships (Mcquown et al. 2016), or as a cause of death among IPH victims (Australian Domestic and Family Violence Death Review Network 2018; Bricknell 2020). Longitudinal studies have explored the role of strangulation as a risk factor for IPH (Messing et al. 2018).

The prevalence of NFS within abusive relationships is difficult to determine, with estimates varying depending on the definition of NFS used and the samples examined. Estimates generated from police report data suggest that seven to 10 percent of domestic violence victim–survivors have experienced NFS (Messing et al. 2018; Turner, Medina & Brown 2019). Critically, these figures increase significantly when samples are limited to women who present to medical facilities for treatment after a domestic violence related assault (Mcquown et al. 2016) or those involved in incidents of attempted or completed homicide (Glass et al. 2008). For example, a seminal study conducted by Glass and colleagues (2008) identified that almost half (43–45%) of women whose partners had attempted to murder them (or completed the act) had experienced NFS in the past. What this suggests is that NFS is more common in relationships marked by serious or severe levels of abuse and violence. This is broadly consistent with research examining escalation as a pattern of behaviour over time.

Escalation as homicide

Intimate partner homicide is often described as the most severe outcome, or climax, in the continuum of domestic violence (Monckton Smith 2020; Zara et al. 2019). Globally, one in seven homicides and at least a third of all female homicides are perpetrated by an intimate partner (Stöckl et al. 2013). In Australia, IPH comprises approximately 25 percent of all homicide incidents, with one woman being killed every week and one man being killed every month by a current or former partner (Bricknell 2020).

The majority of IPH incidents in Australia involve a male killing a female current or former partner (80%) whom they had been abusing prior to the event (93%; Australian Domestic and Family Violence Death Review Network 2018). Consistent with other forms of homicide, rates of IPH have trended downwards over time (Australian Bureau of Statistics 2018; Bricknell 2020). What this indicates is that, relative to the abuse and violence that one in four women report experiencing in their lifetime in Australia, only a very small number are killed by their partners.

Intersection between domains of escalation

Some domains of escalation co-occur with or ‘predict’ other forms. Several studies have found that increasing frequency and severity of domestic violence often occur alongside NFS (Messing et al. 2018; Nicolaidis et al. 2003). For example, a recent study conducted by Messing and colleagues (2018) re-analysed data collected as part of the Oklahoma Lethality Assessment Study. They identified that women who reported they had been strangled on multiple occasions had twice the odds of reporting that the violence had escalated in frequency and severity over the past 12 months than women who said that they had been strangled once or never. This research highlights that some victim–survivors experience multiple forms of violence and abuse and escalation events and patterns over the course of their relationships (Walker 1984).

NFS and patterns of increasing severity and frequency of violence have also been linked to IPH. Several studies analysing events leading up to homicide found that the frequency and severity of violence increases substantially prior to a homicide event in many situations (Monckton Smith 2020; Nicolaidis et al. 2003; Sheehan et al. 2015; Zara et al. 2019). Analysing data from the Counting Dead Women database in the United Kingdom, Monckton Smith (2020) identified an eight-stage 'pathway' to IPH events involving female victims. The stages are pre-relationship, early relationship, relationship, trigger event, escalation, change in thinking, planning and homicide. In this context, the escalation stage was defined as an increase in the frequency, severity or variety of abuse, control or stalking, and was preceded by a trigger event such as the relationship ending. Behaviours that may be present during the escalation stage included begging, crying, threats of violence, suicide threats, and stalking, which is commonly cited as an acute predictor of IPH (Monckton Smith 2020).

While few homicide victims are killed by strangulation (Australian Domestic and Family Violence Death Review Network 2018; Bricknell 2020), in cases of IPH, NFS has been identified as an important indicator of lethality risk (Block et al. 2000; Campbell et al. 2007; Carcach & James 1998; Glass et al. 2008; Spencer & Stith 2020). Using law enforcement data and interviews with proxy respondents (survivors of attempted IPH and other victims of domestic abuse), Glass and colleagues (2008) estimated that prior NFS increases the risk of attempted homicide by over six times and a completed homicide by more than seven times. A recent meta-analysis of 17 studies found that relationships involving NFS had seven times the odds of resulting in the murder of the female partner than relationships where NFS had not occurred (Spencer & Stith 2018). This is why IPH risk assessment tools such as the Danger Assessment and the Spousal Assault Risk Assessment include questions about NFS as well as increasing frequency and severity of violence in the relationship (Spencer & Stith 2018).

Discussion

Regardless of whether patterns or outcomes were the focus of the research, overall the literature indicates that escalation is present in many abusive relationships but it is not characteristic of all of them. Instead, escalation appears to be more common when the violence is ongoing and serious. Two important factors associated with IPH are increasing frequency of incidents and NFS. Johnson's (2010) typology provides a useful lens for explaining this finding. He argues that escalation is characteristic of patriarchal (intimate) terrorists—offenders whose violence is motivated by a desire to control and dominate their partners. In these relationships, 'if his partner resists his control, he may escalate the level of violence until she is subdued... even if she submits, he may be motivated...by a need to display that control' (Johnson 1995: 287). In contrast, common couple violence is caused by day-to-day conflict within the relationship, and so escalates for short periods and then resolves (Johnson 2010). Critically, Johnson argues that patriarchal terrorists account for approximately one in four perpetrators of domestic violence, while perpetrators of common couple violence account for half (Johnson 2010).

Some researchers have argued this typology captures the continuum of violence in domestic relationships (Love et al. 2018). However, debate continues over the utility of such frameworks for accurately organising and classifying the complex social phenomenon of abusive behaviour in relationships (Boxall, Rosevear & Payne 2015; Capaldi & Kim 2007). In fact, the finding that escalation is primarily limited to serious and prolific offenders was not consistent across all studies. Rather, this review identified two apparently contradictory bodies of evidence. When we map patterns of abusive incidents over time using longitudinal data, escalation is the exception, not the rule. This is consistent across studies that used police report data (Dowling, Boxall & Morgan 2021) and those that collected information directly from victim–survivors about the nature and number of incidents of abuse they had experienced, using the DVI or CTS. However, when we ask victim/survivors—primarily women—to indicate whether overall they think the violence has been escalating in frequency, the majority say it has (Boxall, Morgan & Brown 2020; Follingstad et al. 1992; Messing et al. 2018; Walker 1984).

The simplest explanation is that studies relying on police data do not account for behaviour that is not reported to police. It is, however, more complex than an issue of under-reporting. When we ask victim–survivors about escalation within their relationships, we are measuring other dimensions of escalation that go beyond the number and nature of incidents of abuse and violence. Certainly, current measures of escalation are based on analysing the prevalence and frequency of discrete incidents of detectable violence and abuse. This is consistent with what Stark (2012) refers to as a violent incident model for understanding domestic violence, which underpins current criminal justice responses to domestic violence.

However, abusive behaviours may not always be discrete or detectable, at least when we use police report data or blunt assessment tools such as the CTS or DVI (Stark 2012). For example, victim–survivors talk about their partner’s non-verbal and physical behaviours, such as facial expressions, control and general demeanour, as invoking feelings of distress, stress and fear (Dasgupta 2002; Hill 2019; Stark 2012). Further, some forms of violence and abuse may not have an identifiable beginning or end, but manifest as coercive controlling behaviours that create an atmosphere of oppression, fear and intimidation (Stark 2007, 2012). Similarly, the threat of violence is ever-present in many abusive relationships, and the risk of violence victim–survivors perceive may escalate at certain points even when the abusers’ behaviours remain stable or even de-escalate. Survivors’ resilience may decrease in the context of violence that is inflicted through escalating and systematic removal of access to important economic and structural resources (eg employment or education; Walby & Towers 2018). The impacts of non-physical, coercive controlling and threatened behaviours are very real for victim–survivors, but they are difficult to ‘count’ and so may be missed when we map trajectories of violence in intimate relationships over time. Because of this measurement bias, the prevalence of escalating violence in intimate relationships may be much higher than is currently known. The development and implementation of reliable measures of coercive control is required to accurately estimate escalating violence within domestic violence relationships.

Victim–survivor assessments of whether the abusive behaviours are escalating may be related to the cumulative impact of the violence and abuse on them and their family. Research has identified that the duration of exposure to violence predicts a range of negative outcomes, including the development of traumatic stress disorder, depression and anxiety (Margolin et al. 2010; Smith, Mills & Taliaferro 2001). Even when patterns of behaviour stay objectively the same, their impact does not. In this way, the impact of the violence and abuse on victim–survivors is both an escalation outcome (deteriorating health and wellbeing), but also a factor that influences perceptions of the trajectories of violence within relationships.

Conclusion

The disparity between studies using different data highlights the difficulty in determining whether escalation is in fact characteristic of abusive relationships. More than anything else, what is apparent is that additional research using different data and methods is needed to explore this dimension of abusive relationships and understand what escalation means for victim–survivors.

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General editor, *Trends & issues in crime and criminal justice* series: Dr Rick Brown, Deputy Director, Australian Institute of Criminology. Note: *Trends & issues in crime and criminal justice* papers are peer reviewed. For a complete list and the full text of the papers in the *Trends & issues in crime and criminal justice* series, visit the AIC website at: aic.gov.au

ISSN 1836-2206 (Online)

ISBN 978 1 922478 13 9 (Online)

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