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Effects of Court-Issued Restricted Contact Orders on Perceived Social Support of Individuals Involved in Sexually Violent Offenses

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ABSTRACT

Due to their nature, court-issued restricted contact orders (consisting of orders that prohibit or limit contact between two or more persons) cause individuals named in such orders to experience disruption in their established social networks. The empirical literature highlights the disruptive element in social support networks as well as the harmful psychological outcomes for individuals who have been threatened or violated in intimate partner violence (IPV), domestic violence (DV), or sexual violence (SV) [1-3]. Another disruptive outcome of IPV, DV, and SV includes restricted court orders (RCOs). These orders that limit contact and communication between those who have offended and those who have been offended are thus, disruptive to social support networks especially when the parties involved are family members or otherwise intimately connected others. This disruption in social support may prevent needed resources for healing for those who have been offended by violence and those who have committed violent offenses. No literature exists that examines the potentially disruptive effects RCOs may have on the necessary social support systems (and changes in levels of perceived social support) of individuals who have violently offended or have been violently offended. This paper aims to add to the literature on the question of social support disruption in such cases, and to provide recommendations to mitigate support system interference for named parties in RCOs.

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Several types of civil court allegations and criminal convictions can result in court-issued orders to limit or prevent contact between individuals accused or convicted of violence (IACV) and individuals who have been threatened or violated (ITV) by violent offenses. Many names are used to identify such orders including designations such as no contact orders (typically related to criminal charges), civil protective orders, civil protection orders, apprehended violence orders, peace bonds, and restraining orders [4]. In the United States, the use of such categorical identifiers varies by state and county, however, the intention of each order is the same: to limit or prohibit contact between ITV and IACV. Throughout this work, the term restricted contact order (RCO) will be used to denote any such court-imposed order that limits contact or communication between the named parties, regardless of status of offense conviction or identity of the initial requestor of the RCO.

A few common criminal legal charge categories that result in RCOs are intimate partner violence [1,3,4]. While all three types of violence can occur between family members or otherwise intimately connected others, sexual violence can also occur between complete strangers. Exposure to these types of violence has been associated with common mental health conditions including, among others, depression, anxiety disorders, suicidal behavior, and substance abuse [5-8]. In addition to physical and psychological injuries incurred by those involved in IPV, DV, or SV, subsequent interactions with forensic systems and the application of RCOs that disrupt family and other social support systems may further intensify deleterious emotional outcomes. According to the theory of emotion-focused family therapy (EFFT), family relationship structure organization is inseparable from emotional experiencing and signaling [9]. Importantly emotion is foundational to relational attachment and to communication processes (Furrow & Palmer, 2019) [9], as attachment bonds are inherently emotional [9]. Understanding this theoretical supposition, when RCOs regarding IPV, DV, or SV involve family members or otherwise intimately connected others, the emotional disruption due to the violence experienced by both those who offend and those who have been offended may be further exacerbated by the rigid court-assigned restrictions placed upon both parties.

In essence, RCOs may further disrupt attachment systems, emotional bonds, and communicative connections within family and other intricately connected support systems in ways not fully understood. These disruptions may tap into deeper patterns of emotional and psychological geography that have not been previously documented in the literature. To this author's knowledge, no current research has investigated the plausibly exacerbated emotional dysfunction IACV and ITV experience due to disruption within family and other support systems after an RCO is administered. This is unfortunate as the RCO is a unique stressor that individuals must negotiate and integrate into daily

functioning as they work toward emotional healing after traumatic violent events [10]. Communities would be wise to acknowledge that well-designed, tailored social support systems can augment healing for both those who have offended and those who have been offended. Such acknowledgment may help to expedite recovery and reduce negative psychological impacts for both parties.

Court-issued RCOs have been granted in increasing volumes throughout the last few decades [2]. Thus, it is urgent that communities and legislative bodies understand how to best support IACV and ITV affected by these orders. From this understanding, policy and mental health recommendations may also further improve contemporary therapeutic jurisprudence, which examines how the legal system impacts mental health outcomes [11,12]. Recovery and healing of both ITV and IACV are most likely to be further supported as forensic and psychology professionals better understand how RCOs may impact changes in ITV and IACV levels of perceived social support.

Intimate Partner Violence, Domestic Violence, and Sexual Violence

Intimate partner violence (IPV) is aggression or abuse experienced in a romantic relationship; it can occur with both former and current romantic partners [13]. Domestic violence (DV) is an older term, the meaning of which is encompassed in the definition of IPV. Though DV is less commonly used in the current literature, the prevalence of its historical use necessitates that it be included in this work's literature review. Sexual violence (SV) is any sexual activity that is not accompanied by freely given consent [14]. As of 2019, an ongoing national survey held by the National Intimate Partner and Sexual Violence Survey (NISVS) has found that 23 to 37% of women and 13 to 30% of men have experienced sexual violence, physical violence, stalking, or severe physical violence by an intimate partner [7]. These figures reveal the prevalence of IPV, DV, and SV, and call for heightened attention to the potential widespread societal harm. Noting the pervasiveness of these issues increases the urgent need to increase understanding of negative impacts resulting from IPV, DV, and SV, and to determine if deleterious, unintended consequences also result from court-issued RCOs. If research finds that RCOs negatively affect individuals' levels of perceived social support, legal and psychological professions would be wise to gain a clear understanding of the necessary system supports and psychological interventions that offer improved outcomes for individuals affected by RCOs.

Effects on Social Support Systems of Individuals Affected by RCOs due to IPV, DV, and SV

An important line of inquiry is how RCOs may affect changes in levels of perceived social support (derived by social support systems) of individuals who have been threatened or violated (ITV) and individuals accused or convicted of violence (IACV). An extensive literature review yielded no results to explain any empirically based effects of RCOs on these support systems. This is concerning as RCOs are granted in increasing numbers [2]. If found to negatively impact change in PSS levels and disrupt social support systems, these factors may cause additional barriers to the support structures both ITV and IACV need to achieve healing and recovery after violent offenses have occurred.

Psychological Health Impacts for Individuals Affected by RCOs due to IPV, DV, and SV

Much research regarding ITV experiences after IPV, DV, and SV has found associations between these phenomena and diminished mental health. Compared to those individuals who have not been affected by IPV, ITV experience a greater likelihood of experiencing depression, post-traumatic stress disorder (PTSD), substance use, suicide, and anxiety [2,6,7]. Several studies and meta-analyses regarding SV have also found mixed support for diminished mental health; such inconclusive results are due partially to the study designs' varied methods as well as some methodological weaknesses found in the research [6,15,16]. Unfortunately, a search for literature regarding correlations between violent offending and mental health impacts IACV experience post-violence-perpetration yielded no studies to inform how those who have offended may be psychologically harmed by their violent offenses.

Perceived Social Support for IACV and ITV Before and After RCOs

Research has shown that following trauma exposure, like that experienced in violent incidents, social exclusion is an important risk factor regarding the development and exacerbation of PTSD [17,18]. Unfortunately, trauma survivors experience victim blaming and often find the need to marshal additional resources to navigate offered yet troubling "detrimental support" [17]. Additional research has demonstrated that empathy from significant others and perceived social provisions can serve as protective factors against stress for many populations including crime victims, war veterans, and fire survivors, [18-21]. This research is useful in hypothesizing how safeguarding and improving perceived social support levels following violent incidents may support all trauma survivors in avoiding developing effective coping strategies and engaging in risky health behaviors such as consuming excess alcohol [22].

Perceived social support (PSS), as defined by Zimet and colleagues [23], is a self-reported, subjective measure of one's assessment of the adequacy of their experienced social support [23]. As measured by the Multidimensional Scale of Perceived Social Support, PSS assesses three distinct dimensions of social support: family, friends, and unspecified significant others [23]. A few examples of items assessing family support include "My family really tries to help me" and "My family is willing to help me make decisions." Two items from the friends subscale of MSPSS include "I have friends with whom I can share my joys and sorrows" and "I can talk about my problems with my friends." Examples from the unspecified significant other subscale include "There is a special person who is around when I am in need" and "I have a special person who is a real source of comfort to me."

Association between PSS Levels, Anxiety, and Depression

Interestingly, research by the MSPSS authors and others found that increased levels of perceived social support (PSS) are associated with lower levels of anxiety and depression symptoms [24-26]. The study by Tonsing and colleagues (2012) investigated this correlation in Urdu (n = 148) and Nepali (n = 153) populations living in Hong Kong, and the research by Martsenkovskyi and colleagues (2022) found similar outcomes among a cross-sectional sample of healthcare workers in Ukraine [24]. As no studies were found for individuals impacted by RCOs, this study will be the first, to the authors' knowledge, that examines a potential correlation between PSS levels and levels of self-reported anxiety and depression as assessed by the Depression Anxiety Stress Scales-21 (DASS-21) in individuals who have experienced an RCO.

The literature [24,25,26] suggests that the same results may be found for additional populations, including those that experience RCOs. While an individual's levels of PSS, anxiety, and depression may experience varied impacts due to such orders, research has

not yet revealed how these impacts unfold after the legal system administers RCOs. Social support has been hypothesized to support health maintenance by promoting healthy behaviors, like those necessary in recovering psychologically from violent events [23]. Understanding how changes in PSS are impacted by RCOs for both IACV and ITV may substantially contribute to systemic approaches that improve psychological and emotional health outcomes for those impacted by RCOs.

Theoretical Frameworks Supporting Hypothesis Formulation

Though theoretically driven research has provided significant evidence of the negative psychological outcomes for those who experience DV, IPV, and SV [27-30], to the 'authors' knowledge, no current research explores the effects of customarily administered RCOs on the changes in perceived social support experienced by individuals accused or convicted of violence (IACV) and individuals who have been threatened or violated (ITV). Interestingly and directly related to this issue, research has demonstrated that RCOs are not always effective as a significant percentage are violated, and such violations often do not result in further legal address or intervention [3,31,32].

Regardless of the efficacy of RCOs in preventing repeat violence, such court-issued orders may cause ITV, IACV, and their respective family and support system members to feel constrained, awkward, or unsure about how to interact and communicate respectfully and inclusively without violating the order. It follows that both legal and stigmatic concerns may contribute to deleterious emotional, psychological, and social support effects experienced by both IACV and ITV. Work regarding the aggressive, automatic administration of court-issued RCOs to address IPV, DV, and SV, with or without the consent of the violated individual, suggests that the autonomy of the very individuals harmed (ITV) may be overridden even while the RCO may demonstrate overall impotence [33]. Research to learn more about this serious concern may be best informed by first investigating the literature regarding social exchange theory and attachment theory, to support developing pertinent and testable hypotheses for this future research.

Social Exchange Theory (Thibault and Kelley)

Social exchange theory has been extensively cited and connects to the theory of interdependence posited by Thibault and Kelley [34]. Social exchange theory asserts that relationships may develop or deteriorate due to an evolving social-exchange process, which may be conceptualized as evaluating exchange costs and benefits between partners and between partnership members and others [35]. From the social exchange theory, Thibault and Kelley influenced current thinking about relationship evaluation, including incorporating concepts of dependence and attraction which imply that variabilities observed in individuals' relationship decisions and behaviors become increasingly complex [34].

In social exchange theory, Thibault and Kelley [36]. explained that early exchanges between two or more members of a social support system impact future relationship interactions and that the dyad will likely only continue association if the outcomes experienced and inferred appear to be adequate to the individual's expectations. As individuals continue to evaluate anticipated outcomes, they identify at least two criteria or standards by which they may perform outcome evaluations. The first of these is the comparison level, a criterion by which an individual determines how satisfactory the relationship is, or how attractive they find the relationships. The comparison level is used as the person considers the costs and rewards of a given relationship and then compares these factors against what they feel they deserve. If outcomes tend to fall above the comparison level, the relationship would be viewed as favorable, attractive, or satisfying; if the inverse were true, the person would likely view the relationship as relatively unattractive.

The second standard is referred to as the comparison level for alternatives; this standard is used by an individual in determining if they will stay or leave a relationship [36] The comparison level for alternatives is essentially the lowest outcome level an individual will accept when considering additional available alternative opportunities to a current relationship. To illustrate this second standard, consider an individual in a relationship with a friend who seems to be offering the individual less attention and consideration than the individual believes they deserve. According to this theory, the individual will perceive the outcomes of this particular friendship to determine if they reach what the individual perceives as the current reward-cost status of available alternatives (the comparison level for available alternatives, e.g., friendships with available others). If the outcomes are insufficient as compared to alternatives, the individual is likely to leave the current friendship under consideration. In addition to both the comparison level and the comparison level for alternatives, another important element to consider is the salience of each outcome under consideration. Those outcomes that carry more importance to the individual and applicability to the given circumstance and relationship will likely be afforded greater weight in the calculus the individual performs in consideration of the worth of continuing the relationship.

When reflecting on available alternatives, individuals may consider alternate dyads, having no group or partner, or entertaining more complex relationships [36]. Carrying this understanding one step further, as individuals are able to self-produce desirable rewards and carry them to future relationships, the comparison level for alternatives may increase to the degree an individual is able to produce attractive rewards in isolation. A useful extrapolation from this theory follows that if individual A's desired outcomes cause individual B's costs of producing the outcomes to increase such that individual B's corresponding outcomes fall below their comparison level for alternatives, individual A's desired associated outcomes will likely be eliminated for relationship to survive. The more closely and positively related both dyad members' outcomes remain, or the more interdependently related these outcomes and partner behaviors are, the relationship may be more viable and long-lasting [36].

Regarding interdependence Cropanzo and Mitchell [37] explained that reciprocal interdependence, an important element of social exchange theory, emphasizes the contingent nature of interpersonal transactions. Reciprocal interdependence necessitates that if one dyad member provides a benefit, the other dyad member should respond in a similar fashion; importantly, explicit bargaining is absent in this process, which encourages collaboration and reduces risks. Research in this field has continued to explore exchange sequence patterns [36,38]. with general findings and field evidence largely aligning [39,40].

In summation, the viability of a relationship is determined by all possible outcomes of interactions between involved individuals; the process whereby each person is aware of, explores, and samples the alternative possibilities; and whether the outcomes experienced jointly surpass each person's comparison level of alternatives. While the current state of the field hypothesizes six different types of resources such as love, status, money, goods, information, and services [41] are likely important to consider, it remains instructive to identify specific exchange rules and norms

for each type of resource, which task is not yet fully accomplished [37].

From an examination of the social exchange theory, one may hypothesize that when individuals are affected by interpersonal violence resulting in a court-issued RCO, unintended consequences, such as reduced or strained communication, may occur between the ITV and IACV and their respective support systems. These injurious consequences may become further exacerbated if both the IACV and ITV are family members or otherwise intimately connected others, as the IACV and ITV social support systems would be interrelated. As RCOs are designed to prevent communication and contact between ITV and IACV, communication between ITV and IACV and their social support system members may also become precarious and unviable. Per social exchange theory, for support system members, this circumstance would likely engender perceptions of increased costs and reduced benefits in sustaining the relationship due to lingering emotional upset and/or concerns regarding allegiance to the ITV and/or IACV. Concerningly, if this occurs and PSS is reduced, increasingly harmful emotional and psychological symptoms may develop for affected ITV and IACV.

Attachment Theory (Bowlby)

Attachment theory [42-45] is another framework that may inform well-supported hypotheses regarding the impacts of RCOs. Attachment theory suggests that attachment is a drive to perform behaviors that result in gaining proximity to another individual believed to have superior skills in coping with discomfort in the world [45]. This theory suggests that inadequate maternal care and experiences that adversely impact personality development can cause acute distress for young children, especially as they experience feelings of separation from those to whom they are attached [46]. While a foundational premise of the theory is that humans have the propensity to form and maintain attachments (affectional bonds), the stability and quality of these relationships to attachment figures relate to one's well-being and emotional health throughout an individual's lifetime [45,46,47].

In attachment theory, attachment behaviors are those that result in an individual gaining or maintaining proximity to another identified individual (attachment figure) who has superior coping skills; such close proximity provides reassurance and feelings of security, as long as the attachment figure is both responsive and available to support the attached individual [45,46]. Importantly in the study of this question, the need for proximity to attachment figures and the opportunity to access them in acutely stressful situations persists throughout one's lifelong development. Additionally, as humans enter adulthood, they become more adept at seeking proximity and achieving communication with support system members external to the family; seeking support and protection from all attachment figures (familial and otherwise) continues in times of loss, danger, or threat [46].

Attachment behaviors are first witnessed in infancy but persist throughout lifetime development and become more prominent in emergency situations. Secure attachment facilitates adaptive identity development and mental models, which in turn, facilitate healthy personality development and interpersonal relationship development [48]. Much research supports the proposition that attachment formed in early parental relationships develops into adult attachments [46] often in committed romantic relationships [49] as well as through select friends, certain family members, therapists, or pets [50-53].

Regarding the application of attachment theory to adult psychological and emotional health, research demonstrates that healthy and secure attachments provide a secure base from which individuals can feel safe to explore new experiences in the world [54]. Links have been observed between secure attachments (romantic type) and improved interpersonal relationship quality; research results noted that expressions of love were accompanied by intimacy, caring, understanding, and supportiveness. In contrast, study participants who experienced avoidant attachment styles retained a fear of intimacy, those with anxious or ambivalent styles demonstrated obsessive tendencies and emotional instability, and participants with insecure attachment styles retained greater loneliness than those with secure attachments. Another study by Hazan and Shaver run a few years later noted that when compared to insecure participants, securely attached participants experienced less anxiety, hostility, depression, and physical illness.

Research also continues to support that committed and lasting relationships lead to happier, healthier lives [55,56]. As a social species, association with one's attachment figures can buffer individuals from the deleterious effects of biological stresses, which may also include coregulation (complex intermingling of psychological states) by which homeostasis may be achieved in securely attached relationships [56]. From a physiological lens, research has begun to show that healthier attachment patterns lead to improved health outcomes. Though additional confirmatory research is needed, a recent study indicated that secure attachment contributed to both better quality of sleep and wound healing [57]. Additional studies demonstrated that secure attachments between couples lead to augmented intimacy when partner disclosure increases [58] and when partner responsiveness and support are provided [59,60]. A recent cross-sectional study (N= 5,645) also found less healthy attachment styles (anxious or avoidant) were associated with a higher prevalence of ulcers, chronic pain, headache, high blood pressure, stroke, and arthritis.

When individuals are threatened with separation from their attachment figures, resulting distress may aggravate the stress effects experienced from other events [57]. Understanding this potential aggravation, the application of attachment theory may suggest that if ITV and IACV depend upon mutual support system members, RCOs may disrupt established communication and interaction patterns that historically provided needed emotional support. If this occurs, there is great potential for deleterious outcomes, as ITV and IACV may experience decreased levels of safety and security, causing both physiological and psychological distress [61-70]. For example, as is often the case, when the IACV is closely associated with the ITV support system (e.g., the IACV is a family member or close friend of the ITV), the ITV, IACV, and both support systems' members may experience internal conflict that strains the communication and proximal support ITV and IACV rely upon for a sense of safety and security. This conflict and the perceived disruptions in the social support offered after the RCO is administered may lead to reduced amounts of PSS experienced by both IACV and ITV. Additionally, IACV may also receive generally negative responses from members of their social support network due to the stigma connected to their exposed criminal behavior [71-86].

Gaps in the Literature

An extensive literature review was conducted to learn about the changes in PSS levels that may occur after RCOs are imposed on individuals accused or convicted of violence (IACV) and individuals who have been threatened or violated (ITV). It was hypothesized that these PSS level impacts would result due to

relationship disruptions that occur after RCOs are administered. However, while many studies have investigated the psychological outcomes of individuals involved in IPV, DV, and SV, none were found that investigated the impacts of RCOs on change in PSS levels for IACV or ITV.

As discussed thus far, both social exchange theory and attachment theory provide solid theoretical concepts from which to build testable hypotheses for possible future research. Social exchange theory suggests that when individuals who experience violence are a named party in an RCO, unintended impacts to support system communication patterns are likely to occur; these impacts may become exacerbated if the support systems include mutual members to both IACV and ITV (e.g., they have family members or friends in common). Social exchange theory suggests that when an RCO is administered, for support system members, this circumstance would likely engender perceptions of increased costs and reduced benefits in sustaining the relationship due to lingering emotional upset and/or concerns regarding allegiance to the ITV and/or IACV. This may contribute to reduced PSS, which could lead to increasingly harmful emotional and psychological outcomes for affected ITV and IACV. Attachment theory also contributes to hypothesis generation for this research question. This theory supports the prediction that PSS is likely reduced due to relationship disruptions resulting from RCOs. No literature was found that provided evidence of the impacts of RCOs on change in PSS levels for IACV or ITV.

Conclusion

The literature gap described above describes the need for further research to understand the impact of RCOs on the perceived social support IACV and ITV experience after a violent event. As RCOs are administered in greater numbers, IACV and ITV impacted by the orders are likely to experience social support disruption which may negatively impact needed healing and recovery. A better understanding of how RCOs impact perceived social support and mental health outcomes (e.g., depression, anxiety) may also encourage better-informed victim advocacy measures for ITV and the healing application of therapeutic jurisprudence [11,12].

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