Female Perpetrators of Intimate Partner Violence

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Abstract

Female perpetration of intimate partner violence went unrecognized in the early decades of domestic violence research. After family violence survey data revealed its frequency, a body of work examining the nature of women's partner aggression has slowly accumulated. This chapter offers a description of the development of this body of research and summarizes the more robust findings. These include descriptions of the characteristics of aggressive women, such as demographics, mental health and substance abuse histories, parenting status, attachment styles, and education and employment. Gender comparisons have been a prominent focus across topics such as psychological and sexual

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aggression, motivations for aggression, risk factors, injuries, fear of partner, and coercion. An important consideration is that many female perpetrators who come to the attention of legal and protective authorities have a dual status as both perpetrators and victims, often beginning with victimization in childhood. This emerging picture can be further informed by research findings from related fields, such as those focusing on trauma and recovery, couples research, and intervention with domestic violence victims. The chapter concludes with a review of selected known treatments and prevention initiatives, and recommendations for further investigation and intervention.

Keywords

female · gender · perpetrator · partner · intimate · aggression · violence · victimization · treatment

Introduction

Intimate partner violence (IPV) is a multi-faceted issue, and unlike other forms of violence, the victim and perpetrator have had and, in many cases, continue to have a relationship, in spite of the violence that permeates their lives. IPV is a sensitive topic in general, fraught with controversies related to measurement, definitions and terminology, prevalence, typologies, and ideologies. Particularly controversial is the issue of female-perpetrated IPV. Since the mid-1970s, a robust body of research has established that men and women are equally as likely or that women are even more likely than men to be perpetrators of intimate partner violence (Archer 2000). However, regardless of this compelling evidence, there has been a reluctance to acknowledge that women commit criminal acts of violence against their intimate partners. Some activists and researchers argue that funding allocated to shelters for battered women or services provided to women will be reduced if female IPV against men is acknowledged as a serious social problem (Straus 2006). As a consequence, when compared to male-perpetrated IPV, knowledge and theorizing on female-perpetrated IPV is limited, which undermines the development of appropriate services, interventions, and policies that can better address IPV in general.

History of the Research and Controversy

Overview. The literature on male-perpetrated IPV is well developed and has a long history that documents and links the abuse of women by men to the socio-political system. Intimate partner violence is commonly viewed as a problem of male violence toward women. Research on female violence can be categorized into two perspectives, the violence-against-women standpoint and the family violence

perspective (Dobash and Dobash 2004). On the one hand, the violence-against-women standpoint claims gender asymmetry in IPV and positions women as the primary victims of male-perpetrated violence. This perspective argues that IPV is a result of the patriarchal ideology where men maintain power and control, broadly structured to perpetuate gender inequality. On the other hand, family violence researchers claim gender symmetry or slightly more female-perpetrated violence (Archer 2000). In this view all family members contribute to the balance of family relations and can be held responsible for violence within its structure. More broadly, social and cultural norms define the acceptance and socialization of violence that can affect all individuals in the family. Women, therefore, are seen as capable of violence as men, and violence is viewed as a human problem rather than gendered.

Gradual emergence of the reality of female-perpetrated IPV. Feminism is partially responsible for the social, economic, and cultural shift that has transformed many women's lives, particularly in the developed world. The politicization of the women's movement has resulted in rapid social change, and feminist scholars have been fundamental to the transformation in attitudes and progress regarding male violence against women. This social change was integral to IPV being moved from the private sphere to being considered a public issue with criminal consequences. Moreover, a shelter movement was created alongside intervention, policy, and funds to offer services in order to meet the particular needs of "battered women." Paradoxically, an inadvertent consequence of the women's movement of the late 1980s and the creation of laws and policies related to IPV, such as mandatory arrest, has been the significant rise in arrest and prosecution of women for IPV (Buttell and Starr 2013).

While some feminist scholars acknowledge that women are capable of IPV, they also maintain that gender should be central to any study of female-perpetrated IPV and refer to patriarchy as the underlying cause (DeKeseredy 2011). Feminist theory posits that men ostensibly maintain social, economic and political power over women and that these structural inequalities preserve male power and dominance. This hierarchical structure is mirrored in their intimate relationships, and men's violence is explained as a strategy used to maintain a sense of control and dominance within their heterosexual relationships (Hines and Douglas 2010). However, studies show that men who resort to violence toward their female intimates experience a lack of power and control in their relationships (Bates et al. 2018). Men's experiences with violent women suggest that, like men, women *do* resort to controlling and coercive behaviors, in addition to using physical violence.

Women's perpetration of IPV problematizes the conventional construction of victim/perpetrator of IPV and disrupts the simplistic notion of women as passive and vulnerable victims of male violence. Cultural beliefs based on gendered stereotypes constitute the basis for difference and inequality and shape discourse. Moreover, the social arenas where these gendered cultural beliefs are played out are of significance and profoundly structure our understanding of IPV. The small but growing literature on IPV in same sex female couples may further complicate the concept of IPV as necessarily gendered.

Development of the Literature

Since the 1970s empirical research and literature acknowledging female-perpetrated IPV and their male victims has gradually emerged. One of the first articles to contest the widely accepted paradigm that IPV is predominantly male violence against women was *The Battered Husband* (Steinmetz 1978), which was based on the scant empirical data available at the time. With her argument that the most underreported crime was husband beating rather than wife beating, Steinmetz's article piqued a heated and polemical debate that continues to prevail in the discipline.

The publication of a further paradigm-shifting article "Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys" by Straus and Gelles in 1986 created a storm. Their principal conclusions revealed a significant finding about IPV in American families, that "in marked contrast to the behavior of women outside the family, women are about as violent within the family as men" (Straus and Gelles 1986, p. 470), suggesting that the perpetration of IPV is gender neutral in nature. Additionally, over the 10-year period, while there was a decrease in male violence against women in the United States, female-perpetrated violence had risen.

The most significant contribution to the understanding of women's IPV and support of gender symmetry is Archer's (2000) article entitled "Sex Differences in Aggression between Heterosexual Partners: A Meta-Analytic Review." In an attempt to reconcile the two contradictory viewpoints that derive from violence-against-women and family violence research, Archer (2000) compared rates of perpetration of IPV by gender in over 82 studies. Archer found that while men were more likely to produce injury, women were slightly more likely to initiate violence and report using violence more frequently than men. In addition, the National Violence Against Women Survey revealed that during the previous 12 months, about 1.3 million women and 835,000 men were physically assaulted by an intimate partner in the United States (Tjaden 2000).

Despite similar rates of perpetration of IPV by women and men, society, policy, and research focus on and construct men as perpetrators and women as victims of IPV. With social and cultural norms that prohibit men's violence against women, there is a greater tolerance for women's violence against men. Gendered norms portray women as passive, emotionally sensitive, vulnerable, and nurturing, while men exemplify power, dominance, and control (Dutton and Nicholls 2005). Although male victims of IPV do sustain injury less frequently than female victims, research shows that they do experience injury at high rates (D'Inverno et al. 2019), which can be very severe and life-threatening. Data from the US Department of Justice (BJS 2013) suggest that women ostensibly make up for any difference in size and stature through their use of objects and weapons to inflict injury. This is reflected in the latest BJS (2013) statistics showing that between 2002 and 2011, 8% of male victims of IPV were shot at, stabbed, or hit with a weapon compared with 4% of females. Despite some studies finding that women's use of IPV is primarily in response to a partner's abusive behavior, the reasons and motivations will likely

vary. There is a need for further studies that can address context in female-perpetrated IPV and contribute to the specific support needs and treatment requirements associated with this population.

While women's perpetration of IPV remains heavily debated, less is understood about psychological and sexual violence, and stalking by women. Psychological abuse is more difficult to quantify than physical violence and victims of IPV claim that psychological abuse has more devastating consequences (Gelles and Straus 1988). Nearly 90% of adults in intimate partner relationships report experiencing some form of psychological abuse (McHugh et al. 2013). With this in view, research also reveals that heterosexual men are more likely to experience psychological abuse than physical abuse by their female intimates (McHugh et al. 2013).

Sexual aggression is believed to be uncommon in women, and although the rates are higher for men, some studies do reveal that both women and men engage in sexually coercive behavior (Hines and Saudino 2003). A study of university students conducted by Gàmez-Guadix et al. (2011) found that 27% of the men and 20% of the women verbally coerced sex in the previous 12 months. More significantly, 2.4% of the male students and 1.8% of the female students physically forced sex during that period, suggesting that this type of violence requires further inquiry.

Stalking is reported as primarily perpetrated by women against men. Tjaden (2000) reported that 62.5% of men experienced stalking compared with 33.2% of women. The research suggests that polyvictimization is inherent to IPV and all forms of abuse should be considered. However, gender affects the ways in which the impact and severity of IPV are internalized, suggesting that female victims are more fearful and suffer more long-term symptoms as a result (Hamby and Grych 2013). The role of electronic devices and social media in partner abuse, and stalking and harassment in particular, is a newer and rapidly evolving domain for investigation.

While studies of IPV reveal few gender differences in the rates of perpetration (Archer 2000), victim reports of intimate partner homicide (IPH) indicate that women overwhelmingly represent the majority of victims. Despite an overall reduction in the number of IPHs between 2002 and 2011, women are over ten times more likely than men to be victims of IPH (BJS 2013). The primary risk factor in IPH for both sexes is a prior history of IPV. Men are believed to have engaged in long-term and sustained, extreme physical and sexual violence against their female partners preceding the event (Dobash et al. 2007). Consequently discourse on women who kill their male intimates contextualizes their behavior as a result of "battered woman syndrome" or as in self-defense (Walker 2009). Battered woman syndrome continues to influence social and cultural understandings of IPV and functions to accommodate traditional notions of femininity (Ferraro 2003). Women are not a homogenous group, and as a consequence, assumptions concerning gender norms that remain unsupported by data will impact effective policy, prevention, and treatment programs for IPV in general.

Key debates. Since the early decades of domestic violence research that revealed the frequency of female-perpetrated IPV, there is a critical body of work examining this important social problem. However, there are a number of key debates and

nuances related to this topic that impact not only the knowledge and meaning given to women as perpetrators but also the institutional response guiding intervention and services.

Entrenchment in the field. Despite the current and increasing body of evidence suggesting that women are as likely, or more likely, to engage in violence against an intimate partner, female-perpetrated IPV is dismissed as less serious or injurious than male violence against women. Perpetuating the notion that female-perpetrated IPV is primarily motivated by self-defense and elicits less fear from and injury to their male victims has resulted in shaping the institutional response from law enforcement, judicial bodies, intervention, and the societal perception of who constitutes the victims and perpetrators of IPV (Powney and Graham-Kevan 2019). Consequently current theories, research, and intervention fail to challenge the gendered perspective or reflect the empirical evidence that reveals gender symmetry in the perpetration of IPV. A more gender-inclusive and gender-neutral approach is required that can focus on the similarities between male- and female perpetrated IPV and address some of the underlying causes covered in the following discussion.

Conflict Tactics Scale, methods, and sampling. Most quantitative studies that survey community or general population samples of IPV employ the Conflict Tactics Scale (CTS). Straus developed the CTS in the 1970s and used it to measure gender differences in IPV and its severity by cataloguing the list of acts used by a couple over a specific period of time (Straus 2005). The language used in the CTS normalizes the use of violence and is non-judgmental. Critics of the CTS argue that it only measures the "number of acts," leading to false assumptions of gender symmetry in IPV (Dobash and Dobash 2004). The questions on the first version of the CTS did not provide for injury. Therefore, regardless of the context, both a playful slap and being slapped and knocked down by a more powerful male could be classified as severe acts of violence according to the CTS (Dutton and Nicholls 2005). In response to this critique, Straus developed the CTS2 (Straus et al. 1996), adding questions relevant to the level of injury, sexual assault, verbal abuse, and coercion. However, in spite of the continued debate on the failure of the CTS2 to capture the context for explaining acts of violence, even its most persistent critics agree that the CTS2 does demonstrate a standard of consistency and it remains the primary method of inquiry used by most quantitative researchers within the field of IPV.

The disparity in the perpetration of IPV by gender can also be considered a result of sampling differences. Studies using quantitative data from crime statistic surveys that draw from shelter samples, police-reported cases of domestic violence, and hospitals produce a divergent picture of IPV from studies that survey community samples. The former normally bias results toward male-perpetrated IPV with women as primary victims, while the latter use the CTS as a measure and reveals gender symmetry in IPV (Kimmel 2010). Kimmel challenges the validity of data from studies using the CTS and suggests that community samples and crime victim reports measure two very different behaviors. On the one hand you have community samples where, "violence as an *expression* of family conflict" reflects a significant number of women who identify as perpetrators of IPV; on the other hand, you have

crime victimization studies where "violence that is *instrumental* in the maintenance of control—the more systematic, persistent, and injurious type of violence," a domain dominated by male perpetrators and female victims (Kimmel 2010, p. 118). Consequently, samples that derive from shelters in particular will unquestionably reveal IPV as a male-perpetrated act, thus reinforcing the position that IPV is deeply gendered.

Typologies. Female perpetrators of IPV are a heterogeneous population. Several typologies have emerged in order not only to explain women's use of IPV against their male partners but also to explain the emerging data. The most widely acknowledged typology, created by Michael Johnson (1995), attempted to resolve the conflicting results and debate surrounding the two dominant perspectives for understanding women's use of violence: feminism, and the family violence perspective. Johnson (1995) maintained that IPV is not a unitary phenomenon; very distinct populations were being studied and should therefore be evaluated differently. Johnson's original typology categorized male-perpetrated IPV into two main types, intimate terrorism and situational couple's violence, but was later expanded to include violent resistance, mutual violent control, and separation-instigated violence. Although other typologies of male perpetrators have been identified, such as Holtzworth-Munroe and Stuart's (1994) typology, which categorized three types of IPV and fifteen sub-types, Johnson's typology remains the most influential (Langhinrichsen-Rohling 2010).

Intimate terrorism is a pattern of coercion and control where physical violence is but one facet of the controlling behaviors that can instill fear and social isolation. These controlling behaviors and violence are likely to escalate over time and, according to Johnson (1995), are almost exclusively perpetrated by men. Conversely, situational couple's violence entails a conflict or argument that escalates into low-level violence and is normally associated with gender symmetry. In this case, the couple will resort to violence as a means of controlling a specific situation. Johnson also included a third category – violent resistance – that consists of a defensive response to severe violence and which some theorists use to explain female-perpetrated IPV (Johnson and Ferraro 2000). Mutual violent control consists of both partners engaging in violence and control tactics. Separation-instigated violence reflects the violence that can occur as a couple is separating or divorcing and is a response to the experience and feelings associated with separation. On the one hand, Johnson's typology reveals the complexities and dynamic nature of IPV, emphasizing that it is not a one-size-fits-all issue. On the other hand, the consequences of common couples violence are minimized, despite the fact that the violence can in some cases escalate over time with deleterious outcomes (Espinoza and Warner 2016).

In an effort to develop a typology of abusive women, Babcock et al.'s (2003) study identified two distinct groups: women who were generally violent (GV) and those women who were violent toward their partner only (PO). It was hypothesized that violence would manifest itself differently in these two groups. The GV female perpetrator would be motivated by power and control while the PO women would use violence reactively and therefore use violence primarily in self-defense. The

study revealed that the GV women were considerably more violent in all respects and more likely to use instrumental violence to control their partners. Additionally, GV women were also more likely to have experienced an aggressive mother, suggesting that they were likely socialized within a culture where female violence was considered acceptable. In contrast, another model of female perpetrated IPV endeavored to contextualize women's violence. In studying women's motivations for their aggression, Swan and Snow (2002) found four sub-types, all of which privileged women's victimization. Indeed, this latter study reflects the broader understanding of IPV. However, evidence-based typologies of female perpetrators of IPV and data that includes "both perpetration and victimization from male and female samples, rather than solely victimization" can inform treatment protocol and provide a greater understanding of IPV in general (Espinoza and Warner 2016, p. 963).

Definitions. Within the field of IPV, the labels ascribed to perpetrators and victims, batterer and battered wife, for example, reflect a fundamental ideological perspective. Battering has been more broadly defined as a pattern of violence that can include physical violence, threats, intimidation, and coercive control (McHugh et al. 2005). Straus (1999) compared "battering" to the more narrow definition used in family violence which relies solely on acts of physical violence. He argued that these two definitions elicit different social and political implications and reflect distinct agendas. How IPV is defined can impact not only the ways in which female perpetrated IPV is theorized and researched but also the ways they inform intervention strategies and models used by law enforcement, judicial bodies, and service providers (McHugh et al. 2005).

Motivations for IPV. Several studies have found that women's motives for violence ranged from demanding attention and expressing anger and jealousy, to punishing the abuser and self-defense (Dasgupta 2002; Lambo 2019; Stuart et al. 2006b; Swan and Snow 2006). A qualitative and longitudinal study of 980 participants in Dunedin, New Zealand (Ehrensaft et al. 2004) also showed that mutual violence involved more women-to-man abuse, and the more severe forms of IPV were not primarily male perpetrated, but involved both men and women at equal rates. Similarly, in Lambo's (2019) qualitative study of female perpetrators who were mandated to attend support group meetings, 13 of the 25 participants could be considered intimate terrorists. Their sustained and controlling pattern of abuse included verbal, emotional, financial, and physical abuse of a non-violent partner. One of the participants in this study claimed that her partner had sustained injuries during their fights and remained fearful of her. She said, "When I raise my hand, my current boyfriend flinches. That's how bad I'd abuse them. I'm like - really? You're flinching? He's like, but you hit me all the time. But sometimes I just threaten him." Although female victims of IPV are more likely to be injured and experience greater fear and trauma symptoms as a result of IPV (Archer 2000), the results of this study highlight how women are also capable of inflicting emotional or physical harm on their intimate partners.

Several of the participants in Lambo's study described their feelings of anger – "my blood just boiled" or "I go from 0-10 in a heartbeat. I start clenching my fists

then I start hitting." Another of the most violent female perpetrators who had a history of multiple arrests for IPV explained how during an altercation with her male partner, "I punched him so hard once that I have fractured my hand from punching him on the back of the head" (Lambo 2019, pp. 106, 113). Anger, control and jealousy can be linked to motivation in respect to women's perpetration of IPV, suggesting that as a predictor and mediator of IPV, they require further investigation and inclusion in treatment protocol for IPV. In terms of treatment, it has been argued that "there is little doubt that prior victimization and trauma" is relevant for male as well as for female abusers, but that "treating women's symptoms resulting from victimization experiences exclusively is likely to be insufficient strategy for reducing women's use of aggression" (Dutton et al. 2005, p. 21). Currently, the capacity for female perpetrators of IPV to coercively control their intimate partners has gone largely unrecognized by existing treatment and prevention programs.

Many of the studies related to women who use violence in their intimate relationships report that the primary justification for their behavior is self-defense or retaliation. Self-defense, as it is legally defined, is the use of reasonable force where there is imminent danger or fear for life. In most cases this does not competently explain women's use of violence, particularly in instances when there might not be an "imminent" threat (Dasgupta 2002). Retaliation, on the other hand, can be an act of revenge due to a number of reasons and has significant legal consequences (Hamby 2009). There exists an overlap between the definitions of self-defense and retaliation that has important implications for intervention and legal consequences (Boxall et al. 2020). Some researchers also highlight the significance and impact of trauma with women who have a history of abuse, resulting in hypervigilance and heightened threat perception (Dowd and Leisring 2008; Boxall et al. 2020).

Johnson and Ferraro (2000) addressed the challenges in differentiating between violence that is retaliatory and violence carried out in self-defense by categorizing this pattern of events as "violent resistance." Violent resistance addresses the victim/offender phenomenon and is more commonly a response by women than men (Johnson and Ferraro 2000). Indeed, Seamans et al. (2007) found that most of their sample had been victims of violence in previous relationships, suggesting that some women, after experiencing violence as victims, then become aggressors in their subsequent relationships.

A comprehensive literature review of 75 studies on women and men's motivations for IPV failed to uncover support for self-defense as a motive for women engaging in violence against their intimate partners (Langhinrichsen-Rohling et al. 2012). While self-defense is indeed a valid justification for women's perpetration of IPV, there is a body of research that shows self-defense is but one of many reasons cited for women resorting to violence toward their male intimates. Rather, similar to men, motivations for women's aggression are multiple and overlapping (Conradi et al. 2012). Moreover, studies reveal that there is little difference by gender in relation to motivations for IPV (Powney and Graham-Kevan 2019).

Victim/perpetrator overlap – childhood trauma. Although female perpetrators of IPV are a heterogeneous group, a history of trauma is a common characteristic.

Dowd and Leisring (2008) argued that posttraumatic stress could be fundamental to understanding female-perpetrated IPV. Women's seemingly unprovoked violence when they are not in imminent danger can therefore be explained by conceptualizing a victim's hyper-vigilance that precipitates a more reactive response to stressful situations as a result of their abuse (Miller 2005). Childhood trauma remains a key factor in IPV. Many studies with female perpetrators have reported that anywhere between 30% and 70% of their sample had experienced childhood trauma (Swan et al. 2008).

In a groundbreaking longitudinal quantitative study conducted with over 500 participants to determine the impact of child abuse and childhood exposure to parental violence, Ehrensaft et al. (2003) discovered that in addition to the increase in the potential for intimate relationship dysfunction and violence, more specifically, a mother's violence functions as a framework to explain a women's own use of physical aggression. Similarly, Fite et al. (2008) argued that witnessing IPV or experiencing violence could impact both perpetrators and victims of IPV since violent conflict resolution is considered an acceptable response. A comprehensive quantitative study of the long-term impact of witnessing IPV in a sample of youths up to the age of 17 years revealed that half of those who were victims of dating violence and statutory rape or sexual misconduct also had a history of witnessing IPV (Hamby et al. 2010).

Empirical studies consistently reveal that children from violent families are more likely to experience intergenerational transmission of violence as either victims or abusers in their adult relationships (Ehrensaft et al. 2003; Stith et al. 2000). For those children who experience or witness violence in their family of origin, violence and coercion become the norm and a learned method of communication between intimates. This underlines the need for a broader and more gender-neutral understanding of IPV and the long-term impact of exposure to violence for both women and men.

Arrest policies. An inadvertent consequence of the feminist movement of the late 1980s has been the creation of laws and policies related to IPV that precipitated a significant rise in arrest and prosecution of women for IPV (Buttell and Starr 2013). Mandatory and pro-arrest policies for IPV vary between dual arrest and primary aggressor arrest in different jurisdictions in the United States. Despite primary aggressor policies being proposed as a countermeasure to reduce the number of women arrested for IPV (Muftić et al. 2007), in many cases, it has resulted in the arrest of both parties. Although dual arrest does resolve the problem in assessing the primary aggressor it can also result in a non-violent partner being arrested and mandated to attend an intervention program for violent offenders (Hirschel and Buzawa 2002). A further ramification of dual arrest is the broader impact on children when they are removed from the home when both parents are arrested for IPV, a policy that can complicate child custody issues (Miller 2005).

Gender stereotypes can also impact police and other institutional interventions. A recent quantitative study of gendered perceptions of IPV contends that gender stereotypes privilege the male perpetrator and female victim construct

(Bates et al. 2018). In another recent qualitative study with 25 women mandated to attend support groups for female perpetrators of IPV, a participant who was extremely violent in all her intimate relationships, and whose current non-violent partner had sustained injuries that included a broken jaw, explained “They never even looked at me. I’m small and I never say anything so I get away with a lot. They never assume I would do anything. I just keep quiet” (Lambo 2019, p. 162). Social and cultural norms prohibit men’s violence against women. Straus refers to the cultural norm permitting women to assault men under certain circumstances as “slapping the cad” and suggests that “this presents an implicit model of assault as a morally and correct behavior to millions of women” (2005, p. 66). These concerns reveal the problem in identifying the perpetrator or victim of IPV and underscore the complicated nature of arrest policies.

Gender and IPV. There are also numerous empirical studies revealing women as primary aggressors, often using violence against non-violent partners. As discussed previously, gendered justifications for IPV have resulted in women’s perpetration of severe and deleterious IPV being excused as self-defense or retaliation against a violent male partner (Stuart et al. 2006b). Hence, binary notions of gender that purport male strength and dominance alongside women’s weakness as a reason for denying women’s violence often go unchallenged (Bates et al. 2018). Moreover, theories of power and control related to the treatment and prevention of IPV sustain traditional constructs such as male perpetrators and female victims of IPV (Pence and Paymar 1993; Wagers 2015). Notably, Wagers (2015) has addressed the power differential in intimate relationships and the link to IPV that can explain both male- and female-perpetrated violence. Wagers argues that women can also have access to power and control in their intimate relationships through two levels of power: external (social) power factors derived from gender, class, age and physical strength, and internal (personal) power that derives from a sense of self, identity, and self-esteem. The latter can, according to Wagers (2015), have more of an impact on who maintains the power within an intimate relationship. This notion of power is gender inclusive.

The following studies interrogate stereotypical notions of gender and provide an empirical basis for understanding IPV from a more gender-neutral perspective. Hines and Douglas (2010) compared a community sample to abused men who had sought assistance from a help line. While the community sample was representative of common couple’s violence, the men from the help line experienced violence by their female partner in keeping with intimate terrorism. A more recent National Intimate Partner and Sexual Violence survey conducted by the Centers for Disease Control and Prevention (2017) found that 29.1% of women and 28.8% of men in the United States sustained severe injury by an intimate partner over their lifetime. In Canada, Laroche (2005) found that when he tested Johnson’s typology with results from the 1999 Canadian General Social Survey (GSS), this study revealed not only gender symmetry in the perpetration of IPV but also intimate terrorism by women. Although women did receive more injuries during conflict, 56% of the female victims and 34% of the male victims experienced the severe and traumatic impact of intimate terrorism (Laroche 2005, p. 14).

Cross-cultural perspectives. Examining cross-cultural data in order to understand global trends in female-perpetrated IPV in more diverse cultural and social contexts can extend our knowledge of how gender and social and political change mediate women's use of violence in their intimate relationships. Cross-cultural evidence of female-perpetrated IPV is acknowledged in anthropological and ethnographic texts that engage more with the cultural meaning of women's strategies of resistance and power. Burbank's (1987) and Levinson's (1989) cross-cultural studies of IPV in over 300 societies provided evidence of female violence and aggression in all world regions. Levinson (1989) argued that women's victim or perpetrator status was directly linked to the cultural beliefs associated with gender and status. In essence, women's empowerment was linked to higher numbers of female perpetrators and male victims of IPV.

Other studies have shown similar results. For example, rapid social change in gender relations was cited as one of the primary explanations for the 100% rise in female violence against men reported in Rio de Janeiro, Brazil, in 2003 (Hautzinger 2007). Dawson and Straus (2011) conducted an analysis of the university students in 32 nations worldwide that participated in the International Dating Violence Study. While men continued to dominate violent crime, this study suggests that, globally, gender equality correlates with similar rates of offending by men and women. Archer's (2006) meta-analysis of cross-cultural differences in men and women's partner aggression suggests a close link between social and cultural tolerance for men's aggression.

In those societies where there were more marked structural inequalities, women's victimization was more prevalent. However, a recent survey found that female-perpetrated IPV has increased by more than 150% in Kenya with half a million men being victimized by their female partners as a result of the increase in women's social status (O'Hara 2012). Data from Nigeria and Kenya that reveal the sharp rise in the number of women engaging in IPV question theories of women's IPV that are based solely on notions of patriarchy. Women are a heterogeneous group; therefore, explanations for female perpetrated IPV that rely on sex differences can be contradictory, indicating a need for further empirical research that is both nuanced and gender neutral.

Same sex couples. While the discussion above has focused on research on IPV in heterosexual couples, the study of IPV in the LGBTQ communities is sparse but growing in its sophistication. Specifically referencing same sex female couples, a recent literature review looked at relevant studies that included self-identified lesbians (Badenes-Ribera et al. 2016). Its findings detailed a number of definitional and methodological difficulties, exacerbated by the stigma suffered by these women, which greatly complicates the design and execution of this research. While the incidence of IPV varied widely across the studies reviewed, especially across various forms of violence, all forms were present in the samples studied. The authors noted that efforts to provide advocacy, intervention, and prevention need to take into account the unique factors of heterosexism and homophobia, as they affect the design of research and the lived experience of the women themselves.

Related Fields of Study

Attachment. Studies that explore adult attachment styles have made a contribution to understanding an individual's orientation to an intimate romantic relationship, particularly under conditions of stress and conflict (e.g., Gormley 2005). Attachment theory states that early interactions with caregivers are instrumental in the formation of internal working models of self and other, which carry both emotional valence and positive or negative expectation of self and other (Bowlby 1979). Some research does address the relationship between insecure attachment styles and personality disorders (antisocial and borderline) commonly associated with male perpetration of IPV in order to inform the structure of treatment (e.g., Mauricio et al. 2007). Likewise, Orcutt et al. (2005) investigated attachment styles of college-aged female perpetrators and found that those high in anxious attachment and low in avoidant attachment were more likely to perpetrate aggression. Others have looked at the combinations of attachment patterns found in couples who engage in IPV to understand problematic dynamics, such as "mispairing" attachment styles that repeatedly result in conflict. The underlying issue with the avoidant/anxious pairing appears to be a mismatch in the partners' needs for intimacy and distance, which can become a useful focus in treatment (Doumas et al. 2008).

Emotion regulation, the early developmental environment, and trauma. Closely related to attachment theory are the bodies of work on psychoneurobiological early development and the interpersonal process of emotion regulation (e.g., Schore 2003) as an effort to inform our understanding of social and emotional development. Both have relevance for the health of emotional functioning within families and couples, and therefore on problematic emotional escalation and conflict. Fruzzetti and Iverson (2006) suggest three major components contributing to emotion dysregulation: vulnerability to negative emotion; deficient emotion-relevant skills; and problematic responses from others. Deficits in emotion regulation and related behavior are major targets in IPV intervention, as exemplified by the "time out technique," challenging cognitive distortions, and relaxation training, all common elements of interventions with a Cognitive Behavioral Therapy (CBT) orientation (e.g., Rosenbaum and Leisring 2001). An emotion regulation focus can also be used in family and couples treatment (e.g., emotion-focused couples therapy) to help clients identify the escalation process and learn more constructive avenues for communication and problem-solving (e.g., Goldman and Greenberg 2006). Finally, trauma-related symptoms are a major contributor to emotion dysregulation, and therapies such as Dialectical Behavior Therapy (DBT) (e.g., Linehan 2015) include skills training to assist clients with ameliorating the regulation deficits to build more stable emotional functioning. Central to these bodies of work are the organizing function of emotion in individual motivation and agency and the importance of safe connection with significant others. These concepts are useful in understanding and addressing deficits in the interpersonal functioning of female perpetrators in their relationships with partners and children.

Risk markers and risk assessment. As is true generally of IPV research on women who use aggression and abuse against their intimate partners, the investigation of

risk factors and risk assessments for specific use with female offenders is scarce and lagging significantly behind those for men. While identifying causal risk factors would inform treatment strategies to reduce the likelihood of re-assault, the necessary longitudinal data demonstrating the impact of reducing identified risks is not yet available (Bowen and Mackay 2019). Thus the data we currently have to inform intervention and prevention efforts is less direct.

The Danger Assessment (DA) (Campbell et al. 2009), which was developed to assess a woman's risk for being fatally assaulted, is worthy of consideration, given the dual status of many women as both perpetrator and victim of domestic violence. In addition, it has been studied with samples of same sex female couples. In a study exploring an adaptation of the DA for use with same sex female couples, predictors of re-assault included increase in physical violence, abuser's continual jealousy or possessiveness, living together, threat or use of a firearm by the abuser, alcoholism or substance abuse by the abuser, stalking by the abuser, failure to be taken seriously when the victim sought help, victim's fear of reinforcing negative stereotypes, and secrecy of the abuse (Glass et al. 2008).

Other commonly used assessment instruments such as the Spousal Assault Risk Survey (SARA) (Kropp et al. 1999) were primarily designed for and utilized with male offenders in forensic settings to measure dynamic factors that could raise or lower the risk of reassault. Some of the studies that investigated the validity of these measures have been based on samples that included a small minority of female subjects (Hilton and Eke 2017), but thus far the SARA has not been adequately tested for predictive accuracy with female perpetrators (Helmus and Bourgon 2011). Prior IPV victimization may be a primary predictor for some samples of women (Taft et al. 2016b).

A review of studies looking at risk factors for IPV perpetration from childhood through adulthood suggests that overall, risk factors for male versus female perpetration are more similar than they are different. Some of the more robust proximal risks for both genders are younger age, unemployment and low income, minority group status, and high levels of stress due to acculturation and work/financial problems, association with aggressive peers, high relationship discord, and relationship separation. Depressive symptoms, low self-esteem, and alcohol abuse may be stronger risk factors for female perpetration than for males (Capaldi et al. 2012). Exposure to domestic violence has been shown to increase the risk of a variety of negative developmental and health outcomes and adverse events for witnessing children (e.g., Holt et al. 2008), as well as increase the likelihood of the witnessing child to perpetrate or to be victimized in their own adult relationships (Ehrensaft et al. 2003).

There are other characteristics of female perpetrators that, while they have not been shown to be causal risk factors for aggression, are frequently found in this population. In a study that used the Millon Clinical Multiaxial Inventory-III (MCMI-II) to assess personality functioning (Simmons et al. 2005), women who were court mandated to treatment had elevated scores indicating histrionic, narcissistic, and compulsive personality traits and profiles suggesting the presence of personality disorders. Another study investigating psychopathology in a similar sample found elevations in a number of areas: posttraumatic stress disorder, panic disorder,

generalized anxiety disorder, depression, substance abuse disorders, borderline personality disorder, and antisocial personality disorder (Stuart et al. 2006a). Analyses indicated a strong relationship between posttraumatic stress disorder, generalized anxiety disorder and depression, and the women's own victimization by their partners. Parenting stress is a variable that has been studied in the context of mothers identified as IPV victims, but not as perpetrators (e.g., Renner and Boeh-Studt 2013). Presumably many partner aggressive women are actively parenting and experiencing stress in that role, but we know little about that aspect of the women's functioning or what its relationship is to perpetration dynamics.

A clinical assessment for women referred for IPV intervention should include a standard psychological evaluation, with special attention to aggression, victimization, and legal histories. Collateral input, including that from her partner, if available and appropriate, can be helpful. More in-depth evaluation of issues that could interfere with treatment may be required, such as active psychosis, addiction, severe posttraumatic stress disorder, low cognitive ability or substantial traumatic brain injury, and language barriers. It should be noted that protective issues might arise if child abuse or neglect is disclosed in the course of the evaluation. Child maltreatment is prevalent in domestically violent households. The limits of confidentiality should be made clear at the beginning of the evaluation for this reason (see Jouriles et al. 2008, for further guidance).

Treatment. Due to changes in arrest policies several decades ago, women increasingly became involved in the legal system and protective services due to domestically violent behavior. Mandated treatment, similar to what is done with male offenders, was more frequently invoked as a disposition, and the need for appropriate interventions became more apparent.

Early interventions for IPV perpetration were designed for male batterers and were conceptualized as re-education programs to address patriarchal privilege and the use of violence and coercion to maintain power and control. The Domestic Abuse Intervention Project model (DAIP), dubbed the Duluth model (Pence and Paymar 1993) is the basis for the most prevalent form of batterer intervention for men. With the influx of referrals for women to intervention programs, providers were confronted with questions about the appropriateness of treating women in mixed gender groups, as well as how to adapt existing treatment models for this population. A further complication was the apparent ineffectiveness of this model of treatment in reducing IPV recidivism (Babcock et al. 2004). In addition many states adopted policies that forbid any alternative to the Duluth model, often prohibiting couples and family approaches, and the consideration of mental health, addiction, and other factors as legitimate foci for interventions. This stymied both treatment innovation and comparative research to identify best practices, and objections to the "one-size-fits-all" approach of the DAIP model group intervention grew in light of the lack of efficacy. In this context, single gender curricula for women began to appear, as well as curricula for men based on more evidence-informed therapeutic strategies. Clinicians and researchers began to explore ways that couple and family interventions could be offered when safe and appropriate (e.g., Stith et al. 2011). While these latter approaches share much in common, such as communication skills, recognizing

cognitive distortions, and self-regulation, each has a guiding philosophy and varying emphases. Although the programs were designed with attention to relevant empirical literature, there is little outcome research to determine efficacy and to guide modifications for treatment of women who engage in IPV.

An early women's treatment program at the University of Massachusetts Medical Center, which began in 1996, was initially based on a batterers therapeutic approach (in contrast to a traditional re-education program) and was guided in its development by the characteristics and needs of the participants. Initial investigations revealed a high rate of histories of adverse childhood experiences and adult victimization, resulting in functioning consistent with complex trauma. Other prevalent issues included mental health problems and problematic substance use. A majority of the women were actively parenting, although some had lost custody of their children. The major components of the program were arranged based on concepts from the Transtheoretical Stages of Change model (Prochaska and Norcross 2001) and thus began with a focus on increasing the participants' awareness of the nature and purpose of emotions and the process of emotional arousal, particularly in interpersonal contexts. Other subsequent areas of focus included the need for an expanded emotional vocabulary; increasing awareness of destabilizing effects of substance abuse, mental illness, and trauma; challenging cognitive distortions and interrupting or avoiding emotional escalation; effective communication skills; healthy relationship characteristics; basic parenting skills and knowledge; safety planning; and stress management (Leisring et al. 2003; Dowd and Leisring 2008). Treatment attrition was a problem, with only 42% of women completing the 20-session group program (Dowd et al. 2005) in one study. A small subsequent outcome study revealed that many women had been homeless for some period of their adult lives and that dropout was most often attributed to lack of child care and transportation, and discomfort with the group format (Dowd et al. 2012). A treatment manual with a very similar curriculum, used in a treatment program in California, has been published (Bowen 2009) by a seasoned IPV clinician who offers an inclusive guide on understanding female-perpetrated IPV and how to provide a group treatment program for women.

The Vista Program (Larance et al. 2019) is a gender- and trauma-informed approach that seeks to intervene with "women who use force" using an ecologically nested framework to address the women's individual intersectional contexts and needs. As a response to the need for programming for women mandated to treatment following changes in arrest laws, it fully embraces the likelihood of the woman's prior victimization and explicitly avoids labeling women's aggression as criminal behavior, instead situating it as an understandable if less viable response to victimization by their partners. The program uses a group curriculum that emphasizes stabilizing and strengthening identity, healing from trauma, and encouraging women to understand their histories, responses, and options. Individual and community advocacy, safety planning and other traditional IPV survivor supports and links to community resources are important components. An adaptation of Vista called Positive (+) SHIFT is a 16-session group and case management program currently under evaluation in Australia (Kertesz et al. 2019). Vista has also been implemented in the US Air Force Family Advocacy Program, China, and the United Kingdom.

Another resource is an explicitly trauma-informed group of approaches to treating IPV in individuals, couples, and groups (Taft et al. 2016b). While the lens for the treatments was in the context of male-perpetrated IPV, the trauma-focused perspective and specific interventions may also be useful in working with women perpetrators and their partners and families. It should be noted that in many jurisdictions, engaging in couples or family therapy may be forbidden while an offender is on probationary status. This may require the more effective therapy to be postponed. Nevertheless, it has been shown that couples therapy for IPV can be safe and moderately effective with couples who exhibit low to moderate common couple violence, with adequate screening and commitment regarding safety issues (e.g., Karakut et al. 2016).

Prevention initiatives: how to break the cycle? Prevention of IPV, and the empirical evaluation of prevention initiatives, have been later developing areas of the field. Stith (2008) describes a way of conceptualizing prevention in the Bonfrenbrenner tradition (Bonfrenbrenner 1979) and subsequently applied to IPV by Dutton (1985), which includes the various levels of prevention (primary, at risk, intervention) and a nested theory of the influences and factors that play a role in the risk of IPV for a particular individual. These include the individual's macrosystem, or overall cultural values and beliefs; the exosystem, or more local social environment and infrastructure; the microsystem, which is the personal environment where the violence is occurring; and the ontogenic level, the individual's own history, values, and beliefs. Her edited volume of papers describes the various prevention opportunities available through public health, medical, and community initiatives.

An example of a primary prevention strategy is the provision of dating violence and sexual assault prevention programming to entire secondary school populations, although in fewer instances they might be offered to targeted potential offenders, which would be a secondary prevention strategy (O'Leary et al. 2006). The general goals of such programs are to educate young people about the issues, advocate for partner equity in dating relationships, encourage help-seeking if needed, and provide information about available resources. Communication skill-building and opportunities for practice are a frequent focus. However, concerns have been raised about the effectiveness of dating violence prevention programs (e.g., Vegi et al. 2013) due to the lag in research identifying causal risk factors, as opposed to correlates. One prevention program, the Green Dot Bystander Intervention, has been investigated for efficacy in college populations. In one study (Coker et al. 2015), the intervention was implemented on one campus, and the outcome was compared to two other campuses without the intervention. Implementation involved three components: the exposure of all incoming students to information about dating violence and the concept, methods, and importance of bystander intervention; a more in-depth training of interested students; and the use of networking to advocate for student involvement. Results indicated lower violence victimization rates for both genders and lower perpetration rates by males in comparison to the non-treatment campuses.

Strength at Home Couples Program (Taft et al. 2016b) is an example of an at-risk, or secondary, prevention initiative that was developed for use with military populations. Couples who self-identify as having relationship concerns or conflict that raises their risk of IPV (but who deny current IPV and current fears) can engage

in a relationship enhancement therapy in a 10-week structured couples group format. Understanding the impact of trauma on the couples' relationships and improvement in communication, social information processing, and conflict resolution skills are the focus. In a randomized clinical trial, 69 male service members (returning active duty or veterans) and their partners were assigned to either the 10-session treatment condition or a supportive couples prevention group condition. Results showed a significantly lower dropout rate for the treatment condition, as well as prevention of physical IPV and large reduction in psychological IPV in the treatment condition at 6- and 12-month follow up (Taft et al. 2016a).

Intervention, or tertiary prevention strategies would include services that are offered with the goal of preventing reoffending behavior. Thus, traditional batterer intervention programs along with evidence-based treatments described above are examples of this level of prevention. More outcome data is needed to determine the efficacy of programming at all levels, in order to make modifications and avoid wasted resources and opportunities.

Summary

IPV is prevalent and pervasive and seen as early as in secondary school dating populations. However, persistent cultural stereotypes of female personality and gender roles continue to act as obstacles to the recognition and understanding of women's perpetration in IPV. Cultural definitions and expectations of gendered behavior affect the lenses of those who study and respond to IPV, including law enforcement, researchers, clinicians, public policy makers, and advocates for various constituencies. One of the biggest sources of confusion has been a sampling issue: studies using representative community samples and studies of clinical populations (e.g., shelter residents, criminal justice samples, ER patients) yield different perspectives on female perpetration and victimization. Women experiencing IPV often have a history of both perpetration and victimization and need services to address both. In addition, the controversy surrounding female-perpetrated IPV has resulted in a lag in provision of victim services to men, recognition of IPV in female same sex relationships, and design and provision of intervention programming for female offenders. In a closely related issue, the development of assessment instruments has largely focused on male perpetrators and may need adjustment to accommodate the lived experience of women in giving us a useful picture of their strengths, deficits, and risk levels for further abuse and/or victimization.

Public policy has had a strong hand in shaping the provision of IPV interventions. Interventions in single gender groups as well as couple and family interventions have been proposed and utilized to varying degrees. However, many states have restricted the modalities permitted, as well as the content of IPV interventions. This has undermined the ability of clinical researchers to design and compare the efficacy of a variety of interventions for both partner aggressive men and women.

Trauma is a central factor in both perpetration and victimization, and adverse childhood experiences are a prominent feature in the histories of families experiencing IPV. Intervening with women, who are often the primary or the only active parent for their children, is an invaluable opportunity to stop the violence, whether they are

victims or perpetrators or both, in order to prevent the intergenerational transmission of family violence.

Recommendations for Future Directions

Assessment. Studies are needed to validate assessment instruments with female populations in order to understand the individual's needs and risk factors. Forensic measures obviously fall into this category when they are primarily validated with male subjects, and there are other domains that would be useful to explore. For example, head injury sequelae have been studied in male batterers (e.g., Rosenbaum et al. 1994), and findings indicate that head injury is a significant risk factor in IPV. It has also been studied as a consequence of IPV in female domestic violence victims (e.g., Valera and Berenbaum 2003) and in general populations (e.g., Mollayeva et al. 2018), but not specifically partner abusive women. Results from these studies all suggest this would be a significant source of data to help provide patient care and to inform the structure of treatment for affected individuals.

Research. Research is needed to assess the efficacy of existing interventions for women who engage in IPV in order to guide treatment development, which should be tailored to the particular population of individuals being served. Minority populations, especially sexual and gender minority groups, are not well represented in the research literature.

Across the field of IPV research, the careful and consistent definition and use of terms, variables, and sampling in the course of executing studies would help us develop a common language and understanding of the phenomena that we study and the theories we develop to explain what we observe. In the study of motivation for female-perpetrated partner aggression, the conflation of self-defense and retaliation and power and control (e.g., Wagers 2015) are examples that have muddied the waters as we try to understand women's aggression.

Identification of causal risk factors for women's perpetration will assist in designing and delivering more effective programming for prevention and treatment interventions.

Community support. Effective retention strategies are needed to help women stay in treatment. This may require a closer look at their hierarchy of needs to help them reduce their chronic stress through better community support. It is possible that treatment for IPV would be more effective if offered within community multiservice agencies where advocates can help women obtain what they need to stabilize themselves and their families through better access to housing, child care, transportation, health care, and financial resources.

Key Points

- Stereotypical views of gender roles and behaviors, as well as sampling differences, contributed to a lag in the recognition of female perpetration of IPV. Thus the research necessary to adequately inform assessment and treatment of this population is less mature in comparison to that relating to male perpetration.

- Women engage in aggressive behavior toward their intimate partners as frequently as men do, mostly in the context of situational conflict and bilateral behaviors. A minority do engage in severe aggression, coercion, and highly controlling tactics. Nevertheless, women suffer more, and more severe, injuries and are more likely to report fear of their partner.
- Partner aggressive women are a heterogeneous group, with varying perpetration and victimization profiles. Taking the context of their perpetration into consideration is important in understanding their motivations for partner violence.
- The prevalence of adverse childhood experiences, subsequent victimization, substance use, mental health problems, and financial stresses are essential factors to consider when providing treatment to improve emotion regulation and relationship skills in this population.
- Assisting women in gaining greater stability in emotional and behavioral functioning may include facilitating their access to additional community financial and social supports and health care, including resources typically made available to survivors of domestic violence, given the dual status of perpetrator and victim that many of these women hold.

Cross-References

► Commonalities and Overlap Between Victims and Offenders
► Correlations Among Childhood Abuse and Family Violence, Prevention, Assessment, and Treatment from a Trauma-Focused Perspective
► Intergenerational Transmission of Intimate Partner Violence: Summary and Current Research on Processes of Transmission
► Intimate Partner Abuse in Lesbian, Gay, Bisexual, Queer, Transgender and Two-Spirit (LGBQ/T and TS) Communities
► Intimate Partner Violence: Terms, Forms, and Typologies
► Male Victims of Female-Perpetrated Intimate Partner Violence: History, Controversy, and the Current State of Research
► Neuropsychological and Psychophysiological Correlates of Intimate Partner Violence
► Treatment of Post-traumatic Stress Disorder in Survivors of Intimate Partner Violence

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