

The Psychology of Women's Partner Violence: Characteristics and Cautions

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This article provides an overview of research on women's partner violence as well as the literature that investigates the developmental pathway to women's aggressive behavior. While women are known to commit partner violence toward their male partners, the prevalence and motivations for such behavior is still debated. Evidence that finds gender symmetry is reviewed and alternative literature discussed. Research challenging the conceptualization of women's partner violence as self-defensive is explored. The literature on the veracity of women partner violence offenders' explanations for their aggression is contrasted with the tendency within the literature to treat women's accounts as unproblematic. Alternative explanations for women's aggression are discussed with a focus on personality traits of psychopathology. Implications for interventions are also discussed.

KEYWORDS partner violence, domestic violence, women's aggression, personality disorder

Any scholar who researches the psychology of women quickly realizes that it is a highly politicized arena. One the most contentious topics within this arena is women's use of violence within intimate relationships with men (Straus, 2005; Straus, 2009), with women's mental health coming a close second (Padgett, 1997). In this article, women's use of partner violence (PV) and its relationship to personality and psychopathology will be discussed. While the aim of this article is not controversy, there is an urgent need to advance our understanding of women's PV. This article presents a review of

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the different types of research that can be utilized to enhance our understanding of women's aggression toward their male partners and to illustrate how related research, such as developmental origins of aggression, can be applied to specific types of aggression, such as women's partner violence, to stimulate novel and potentially rewarding avenues for future research. The article adds to the growing call for PV research and policy to be informed by sound and empirically supported research. To this aim, the research on sex similarities in PV prevalence, self-defense and other attributions, developmental research on female aggression, and the relationship between psychopathology and women's PV will be reviewed.

SEX SIMILARITIES IN THE USE OF PARTNER VIOLENCE

Studies using unbiased sampling procedures, including several longitudinal ones (Capaldi, Kim, & Shortt, 2004; Ehrensaft, Moffitt, & Caspi, 2004; Moffitt, Caspi, Rutter, & Silva, 2001; Serbin et al., 2004), found that men and women use similar amounts of physical aggression toward their partners (Archer, 2000; Chermack, Walton, Fuller, & Blow, 2001; Graham, Wells, & Jolley, 2002; Hird, 2000; Katz, Kuffel, & Coblenz, 2002; Ross & Babcock, 2009). The data are dominated by U.S. samples, but similar patterns are also found in Europe (Archer, 2006). Samples from the Western world that find men to be the primary aggressors typically derive from court samples of men convicted of PV and their female victims, self reports from men in treatment for PV, and victim reports from women in refuges (see Archer, 2000). That men are more aggressive in such samples is hardly surprising. What is surprising are the conclusions that authors have drawn from such data, such as "[T]he findings suggest that intimate partner violence is primarily an asymmetrical problem of men's violence to women, and that women's violence does not equate to men's in terms of frequency, severity, and consequences . . ." (Dobash & Dobash, 2004, p. 324). Although such study designs may be appropriate when exploring the dynamics of relationships in which the man is identified as the primary aggressor, research utilizing such a sampling procedure should be rejected by scholars studying sex differences in PV, as they effectively sample on the dependent variable (Felson, 2005), which negates subsequent analysis. With the exception of such studies, gender symmetry in PV is the norm (see Fiebert, 2006, for an annotated bibliography), which has led to an interest in women who perpetrate PV.

SELF-DEFENSE AND ALTERNATIVE EVIDENCE

Feminist theories have typically explained women's PV as defensive and men's aggression as coercive (e.g., Dobash, Dobash, Cavanagh, & Lewis,

1998). Henning, Jones, and Holdford (2003) embraced this approach when they stated, “. . . many, if not most women arrested for intimate partner violence are victims of abuse who may have been acting in self-defense” (p. 841). This has led to calls for partner-violent women to be treated as victims (Hamberger & Potente, 1994). In studies in which men and women involved with the criminal justice system for their use of PV have actually been compared using police reports and validated measures, few differences are found (e.g., Busch & Rosenberg, 2004; Dunning, 2004; McFarlane, Wilson, Malecha, & Lemmey, 2000; McLeod, 1984; Simmons, Lehmann, Cobb, & Fowler, 2005). Evidence for women’s “victim” status usually comes from the female perpetrators’ own reports. Such attributions by male perpetrators would be challenged and probably labeled “minimization” or “victim blaming”; indeed, many authors insist that collateral information from partners is essential in assessing male perpetrators’ reports of their violent behavior (Austin & Dankwort, 1999; Hamberger, 1997). Such caution is rarely exercised when discussing women’s accounts. However, research has found that women’s reports are likely to suffer from similar biases to men’s (Sugarman & Hotaling, 1997). Henning, Jones, and Holdford (2005) found in their sample of women and men convicted of a partner assault that there were no sex differences in self blame for the index offense, but that women blamed their victim significantly more than did men. They also found that both partner-violent women and men showed evidence of socially desirable responding, an effect subsequently replicated by Simmons et al. (2005). Consistent with this finding, Dunning (2002) asked his sample of women in treatment for PV how many had acted violently due to fear. He found that initially 92% of his sample indicated that they had acted in self-defense. Upon elaboration, however, it became apparent that they were responding in a way consistent with the perceived demand characteristics of the situation and were aware that calling their aggression self-defensive was not accurate. This suggests that women’s self reports should be treated with the same caution as men’s.

Convergent evidence against such blanket explanations can be found in research that investigates the nature of PV. For example, some study designs investigate one-sided assaults, the rationale being that where there is only one combatant, self-defense is not a viable explanation. Such studies frequently find that when one sex is the sole perpetrator, it is more likely to be a woman than a man (Anderson, 2002; DeMaris, 1987; Gray & Foshee, 1997; Morse, 1995; O’Leary, Barling, Arias, & Rosenbaum, 1989; Riggs, 1993; Roscoe & Callahan, 1985). Studies of women who have been arrested for PV find that women are equally likely to be the sole aggressor as are male arrestees (Simmons et al., 2005), which does not support Henning et al.’s (2003) assertion quoted above.

Instead of relying on inferences, other approaches have asked women and men why they used PV. Such studies typically find that self-defense is

cited by only a minority of women (Foo & Margolin, 1995; Sommer, 1994), and that the prevalence of self-defense attributions women make are similar to men's (Carrado, George, Loxam, Jones, & Templar, 1996; Harned, 2001). In clinical populations, such as perpetrator programs for men and women's refuge samples, women do describe their aggression as sometimes being self-defensive but they also use descriptions that are more consistent with retaliation, retribution, and vigilantism (Dasgupta, 1999; Dobash & Dobash, 1984, 2004; Dunning, 2002; Felson, 2002). These studies suggest that women's PV cannot be explained as purely defensive, even in samples of highly victimized women. The reasons women and men give for their own PV are many and include control, anger, jealousy, and a lack of commitment from their partner (Carrado et al., 1996; Dasgupta, 1999; Fiebert & Gonzalez, 1997; Harned, 2001; Henning et al., 2005).

Interestingly, women in nonselected samples appear to be similar to men in their attributions and beliefs about their own PV. Research suggests that physical aggression toward a male victim is associated with instrumental beliefs in women (Archer & Graham-Kevan, 2003; Archer & Haigh, 1997a, 1997b; Campbell, Muncer, & Odber, 1997), and that men and women do not differ in their instrumentality when the type of violence is PV (Archer & Haigh, 1999). Behavioral measures of instrumentality such as controlling behavior also show that men and women are similar, and the relationship between using PV and controlling behaviors holds for men *and* women (e.g., Caldwell, Swan, Allen, Sullivan, & Snow, in press; Graham-Kevan & Archer, 2005a, 2008; Molitor, 1995; Rouse, 1990; Stets, 1988; Stets & Pirog-Good, 1990; Walley-Jean & Swan, in press). There are generally no sex differences in controlling behavior when sampling is unbiased (e.g., Hamby & Sugarman, 1999; Statistics Canada, 2000; Stets, 1991), and they are an important predictor of physical aggression for both sexes (e.g., Follingstad, Bradley, Helff, & Laughlin, 2002; Graham-Kevan & Archer, 2008; White, Merrill, & Koss, 2001). This is in contrast to the work of Michael Johnson, who proposed that highly controlling aggressors (termed "intimate terrorists") were almost universally men, whereas those who use lower levels of control in conjunction with PV were equally likely to be men or women (Johnson, 1995). Although his proposition has enjoyed some empirical support (e.g., Graham-Kevan & Archer, 2003a, 2003b; Johnson, 1999; Johnson & Leone, 2005), this support has been contingent on sampling methods that greatly increase the likelihood of sampling victimized women and highly aggressive men. When men and women are sampled in the same way, the difference between the proportion of men and women classified as intimate terrorists is greatly reduced (e.g., LaRoche, 2008) or disappears entirely (e.g., Bates & Graham-Kevan, in press; Graham-Kevan & Archer, 2005b). If women's PV cannot be explained as simply arising from purely defensive motivations, then there is a need to explore what factors may help to explain women's use of aggression toward their male intimates.

WOMEN'S VIOLENCE: THE EMPIRICAL EVIDENCE

The risk factors that have been identified in the literature for later aggressive behavior are generally shared by both girls and boys. More important for the study of women's PV, these risk factors appear to predict both general and partner aggression (Moffitt, Krueger, Caspi, & Fagan, 2000; Tremblay et al., 2004). Risk factors that have been identified include low intelligence, impulsivity, fearlessness, a general lack of empathy, and negative emotionality. Those who use aggression as adults are extremely likely to have a long history of oppositional and aggressive behavior beginning very early in life (Conradi, Geffner, Hamberger, & Lawson, *in press*; Hay, 2005).

Early Risk Factors for Aggression

Although many studies investigating the development of aggressive behavior and predictors of adult personality disorders do not include female participants, there are sufficient exceptions for consistent trends to be identified. Tremblay and colleagues (2004) investigated ante- and postnatal risk factors for the development of aggressive behavior using developmental trajectories. They found that risk factors for being on the high aggression trajectory in middle childhood are present before birth (e.g., mother's antisocial behavior, young motherhood, low income, and smoking during pregnancy) or within the first two years of life (mothers' coercive parenting behavior and family dysfunction). Children whose mothers had high levels of antisocial behavior and began childbearing early in life were 11 times more likely to be on this trajectory than children without these two risk factors (controlling for all other predictors such as SES and gender). Similar results were found by Moffitt et al. (2001). What these studies tell us is that adolescent girls' (and boys') antisocial behavior usually can be predicted by factors present either before birth or within the first two years of life and that such traits are stable across childhood (Broidy et al., 2003).

Conduct disorder is a constellation of problematic behaviors manifested in childhood that are reliable predictors of adult women's aggression problems and personality disorder (Burnett & Newman, 2005). Twin studies have found that there are both genetic and environmental contributions to conduct-disordered behavior (Slutske et al., 1997; Slutske, Heath, Madden, Bucholz, Statham, & Martin, 2002). In particular, negative emotionality and behavioral undercontrol have been found to be important predictors, with the latter showing a substantial genetic influence (Slutske et al., 2002). Côté, Tremblay, Nagin, Zoccolillo, and Vitaro (2002) found that the combination of a girl's high hyperactivity and low helpfulness at age six increased the odds of subsequent conduct disorder in adolescence 4.6 times (in contrast to boys, whose conduct disorder was primarily predicted by hyperactivity alone). Côté et al. (2002) suggested that girls' (and boys') childhood

behavioral problems “. . . are likely to be the continuation of a preschool development associated with difficult temperament, neurodevelopmental deficits, poor emotional regulation, poor executive functioning, and poor socialization practices” (p. 1092). Findings from longitudinal studies that measured adolescent (14 years) to adult (27 years) aggression have found that women’s (and men’s) use of aggression is relatively stable (Pulkkinen & Pitkänen, 1993). Kukko and Pulkkinen (2005) extended this investigation and found that aggression was stable for women from ages 8 to 42. Interestingly, all types of aggression measured by Pulkkinen and Pitkänen (verbal, physical, indirect, self-defensive, and proactive) were found to be correlated with externalizing problems, hyperactivity-impulsivity, and inattentiveness, which suggests that different types of aggressive behavior are not developmentally distinct and are likely to co-occur. This is relevant to adult women’s use of PV because these same risk factors have been found to predict this as well. Moffitt et al. (2001) found that conduct problems were a strong predictor of women’s use of PV at age 21. However, adolescent conduct problems also predicted PV victimization at 21 years. These data may therefore be interpreted as showing that girls with conduct problems pair up with abusive men and then use PV in self-defense. What is both unusual and refreshing with Moffitt et al.’s analysis, however, is rather than accept this assumption, they instead tested it. What they found was that adolescent conduct problems not only predicted pairing up with a similarly antisocial partner but also independently predicted the woman’s PV As Moffitt et al. stated, “. . . pre-existing characteristics such as approval of the use of violence, excessive jealousy and suspiciousness, a tendency to experience intense and rapid negative emotions, poor behavioral control, predicted which...women were to engage in violent behavior towards their partners” (p. 65). These partner-violent women were also 4.4 times more likely than nonpartner-violent women to assault nonfamily members. A follow-up analysis at 24–26 years old found consistent results (Ehrensaft, Cohen, & Johnson, 2006). Similar results have been found in other longitudinal studies (e.g., Giordano, Millhoin, Cernokovich, Pugh, & Rudolph, 1999). Findings from longitudinal studies represent the most rigorous design for investigating causal relationships. Scholars and practitioners should be cautious of claims that women’s PV can be explained purely in terms of self defense or that the psychopathology of women involved in PV is in some way “different” to that reliably documented to be present in men who assault their partners.

Personality Disorders (PD) and Partner Violence Perpetration

Evidence from cross-sectional and longitudinal studies suggests that like their male counterparts, women who use PV show evidence of personality disorders (PDs). Although some authors have posited that PD may be a

consequence of PV victimization, this is inconsistent with both diagnostic criteria for some disorders (e.g., antisocial PD) and with findings from longitudinal studies (some of which were reviewed above) that found that risk factors such as conduct problems predate the onset of dating relationships and thus cannot be solely a consequence of victimization from boyfriends and husbands (Babcock, Miller, & Siard, 2003; Capaldi et al., 2004; Ehrensaft, Cohen, et al., 2006; Ehrensaft et al., 2004; Giordano et al., 1999; Moffitt et al., 2001; Serbin et al., 2004). Retrospective accounts of mental illness also suggest that this is likely to predate PV victimization (e.g., Cascardi, O'Leary, Lawrence, & Schlee, 1995; Gleason, 1993; Rounsaville, 1978). Such research suggests that preexisting PD traits (in particular Cluster B) leave the recipient vulnerable to experiencing high levels of chronic interpersonal stress (Daley, Hammen, Davila, & Burge, 1998), relationship conflict and abuse (Daley, Burge, & Hammen, 2000; Goldenson, Spidel, Greaves, & Dutton, in press), and marital dissatisfaction (Whisman, 1999). PD in women is not confined to only those who offend against their partner but is also the norm in samples of violent female offenders (e.g., Weizmann-Henelius, Viemerö, & Eronen, 2004). PD, particularly the presence of Axis II disorders such as antisocial PD and borderline PD, may also partially or wholly account for the relationship between depression and PV involvement (Coolidge & Anderson, 2002; Daley et al., 2000).

Ehrensaft, Cohen, et al. (2006) used a longitudinal design to explore the causal relationship between PD and PV. They found that Clusters A and B were both associated with women's (and men's) increased risk of PV being used 10 years later, whereas Cluster C traits appeared to be protective. Interestingly, antisocial PD mediated these relationships. As the authors commented, this suggests that "...individuals who go on to perpetrate partner violence are more stably impulsive, angry, self-centered and experience greater affective instability" (p. 480). Studies that assess PD in PV offenders find that its presence is the norm rather than the exception in female and male perpetrators (e.g., Simmons et al., 2005).

Criminality of Women Perpetrators of Partner Violence

Consistent with the longitudinal and retrospective data suggesting that women involved in PV have a history of antisocial behavior are studies that have investigated the criminality of women arrested for PV. These studies have found that such women (or at least a substantial subgroup of them) frequently have prior criminal convictions not related to partner assaults (Babcock et al., 2003; Busch & Rosenberg, 2004; Henning & Feder, 2004; Moffitt et al., 2001). These women are less likely to have a prior conviction for PV than men; however, it is likely that lower rates of prior PV convictions are at least partly an artifact of criminal justice policy that has traditionally ignored women's aggression to men. Support for this explanation

comes from the statistics that have found that mandatory arrest policies in many states in the United States have resulted in a disproportionate increase in women coming into contact with the criminal justice system (Martin, 1997; State of California, 1999). This suggests that police were previously using their discretion to not arrest women. As population studies suggest that the proportion of PV perpetrators who are women is close to 50% (e.g., Archer, 2006) but that women still typically only constitute approximately 20% of those arrested, it is likely that police will continue to do so (Simmons et al., 2005).

Women “Victims” of Partner Violence

Authors such as Abel (2001), Back, Post, and D’Arcy (1982), and Walker (1991) reported that PV victimization of women can result in the development of psychopathology. However, studies that have investigated the effects of PV victimization have frequently ignored the wealth of studies that have found that most PV is mutual (e.g., Anderson, 2002; Davies, Ralph, & Hawton, 1995; Graham, Plant, & Plant, 2004; Graham-Kevan & Archer, 2003a, 2003b, 2005b; Johnson, 1995). This failure means that conclusions drawn from victimization studies are flawed unless the victim’s own use of PV is controlled for. This may explain why many authors suggest that PV victimization is a risk factor for developing personality disorders, whereas the available evidence suggests that many victims are likely to be both perpetrators of PV and have a history of aggressive behavior that predates the current relationship (see above). Support for the need to assess a women’s involvement in PV both as the victim and the perpetrator comes from studies that compare women “victims” with women “perpetrators.” These studies frequently find a large overlap between the experiences of these two supposedly separate groups and use these findings to suggest that women perpetrators are really as much victim as aggressor (e.g., Abel, 2001). However, the converse is equally likely to be true. Studies have found that some women who identify themselves or are labeled as victims are also aggressors, which is consistent with the research that has actually asked about female victims’ use of aggression (e.g., Dobash & Dobash, 2004; Giles-Sims, 1983; Graham-Kevan & Archer, 2003a, 2005b; Johnson, 1999; Johnson & Leone, 2005). This is also consistent with research that has assessed female victims for PD (e.g., Back et al., 1982; Faulkner, Cogan, Nolder, & Shooter, 1991), although this relationship may be more representative of women who report more than one physically abusive relationship (Coolidge & Anderson, 2002).

Women are also referred to as victims if they have a history of victimization in their childhood; however, this label is rarely applied to violent men, even though men in treatment for PV also frequently have childhood abuse histories and exposure to violence (e.g., Dixon & Browne, 2003;

Holtzworth-Munroe & Stuart, 1994). Indeed, there is evidence that prior victimization is a stronger risk factor for men than women (e.g., Bergen, Martin, Richardson, Allison, & Roeger, 2004). Experiencing childhood victimization is so consistently found in violent offenders, including murderers (Lewis, Yeager, Swica, Pincus, & Lewis, 1997), that it forms part of violence risk assessments (e.g., HCR-20; Webster, Douglas, Eaves, & Hart, 1997). However, articles that detail women's past victimization experiences rarely refer to this extensive research area. Typical is the following conclusions: "[T]hese findings suggest that women who are involved in domestic violence situations, whether labeled 'victims' or 'batterers,' have experienced heightened victim-related exposure to violence . . . Although victimization issues are addressed in programs for battered women, they are not covered in the traditional curricula offered to batterers [i.e., men]. This study suggests that curricula for helping women to cope with past victimization might be developed and offered to women in batterer intervention groups" (Abel, 2001, p. 414). An uninformed reader may infer from this that women, unlike men, have additional needs, whereas the literature is clear that men also have these needs, which are recognized in the nonintimate aggression literature (e.g., Bergen et al., 2004), though rarely addressed within PV treatment programs for men.

PD and Women

The role of PD in women's PV represents an extremely important emerging research area. However, researchers and clinicians should be careful when reviewing the empirical evidence, as there are two potential problems. The first concerns sex bias in diagnosis (Ford & Widiger, 1989), with women being significantly less likely than men to be given a diagnosis of antisocial PD and more likely to be diagnosed as histrionic PD, in spite of the presentation being the same. The second concerns feminist therapists who reject the use of PDs such as borderline PD on the ideological grounds that it is a form of characterological blame. These therapists instead suggest the use of post-traumatic stress disorder (PTSD) as a "non-blaming" alternative (Becker, 2000). Both these trends potentially obscure the contribution that PDs such as antisocial and borderline can make to understanding the function aggression serves for the perpetrator, thus successfully treating women's PV. This ultimately does a great disservice to women (and their therapists) who need to understand this behavior in order to be able to benefit from appropriate treatment.

CONCLUSIONS

The research reviewed in this article suggests that women who use physical aggression toward a male partner cannot be routinely excused as victims

fighting back. That such claims are still made in spite of the evidence to the contrary is a cause for concern. It also highlights a tendency within the PV literature toward "special pleading" in regard to women's aggression. This distorts the literature and misinforms practice. Longitudinal studies are probably best placed to inform on predictors and consequences of partner violence involvement, and evidence from them suggests that women and men who are involved as perpetrators and victims may have multiple problems, including suffering from psychopathology. Denying such problems and instead offering a simplistic, ideologically based assessment such as PTSD is not helpful to these women or their victims.

The implications for the diagnosis and treatment of women who perpetrate PV is that there is clear evidence to suggest that partner aggression cannot be understood by self-defensive explanations alone. PV interventions need to be informed by empirical research, including the general violence literature. This research suggests that interventions must address psychological risk factors such as negative emotionality and impulsivity to adequately understand and successfully treat PV. Existing violence programs developed for nonpartner-violence offenders should be investigated with a view to adapting those practices found to be effective for use with PV perpetrators. For policy makers and clinicians, current and future interventions should be judged on whether they offer well-designed programs developed through a thorough review of the empirical research. It is only such programs that can accurately assess the risk and needs of women and men who offend against their intimate partners. Programs that meet these standards of treatment are likely to be effective, whereas those treatments based on political theory unfortunately are not (Babcock, Green, & Robie, 2004; Gilchrist et al., 2003; Jackson et al., 2003).

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