

An Exploratory Study of Women as Dominant Aggressors of Physical Violence in Their Intimate Relationships

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In the last 20 years, research has emerged that suggests that women may be violent in intimate relationships. This article describes a qualitative study focusing on women who were classified as dominant aggressors of violence in their intimate relationships. Ten subjects participated in a detailed clinical interview and completed five written measures to examine the factors that led to their later aggression, including sociocultural factors, history of trauma, gender role identification, and intergenerational transmission of violence. Seven major themes emerged, including a history of victimization and trauma, substance abuse, and a history of violence across relationships and situations. These results suggest that the violence committed by dominantly aggressive women may be explained by an integrated conceptual framework of domestic violence.

KEYWORDS *female aggression, domestic violence, dominant aggression, trauma, intergenerational transmission of violence, gender role identification*

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Multiple theories have often been used to explain the occurrence of intimate partner violence (IPV), including various sociocultural factors such as substance abuse (Stuart, Moore, Ramsey, & Kahler, 2003) and a history of violent behavior (Straus & Ramirez, 1999). Additional theories include those that focus on the intergenerational transmission of violence (Langhinrichsen-Rohling Neidig, & Thorn, 1995), trauma (Dutton, Saunders, Starzomski, & Bartholomew, 1994), and gender role identification (Thompson, 1991). However, many of these theories lack empirical support when examining women who have been arrested for IPV. The present study examined these factors as they relate to a particular subset of domestically violent women. Each of the following factors will be discussed in relation to female IPV.

SOCIOCULTURAL FACTORS

Various sociocultural factors may be related to women's use of IPV, including substance abuse and a history of violent behavior. Straus and Ramirez (1999) surveyed students and examined the extent to which those who physically assaulted a partner had a history of criminal activity, including other violent crime and property crime. They found that for both males and females, a history of early onset crime was related to assaulting a partner, but not later crime. Moffitt and Caspi (1999) conducted a longitudinal study examining partner violence among 1,037 men and women in New Zealand who were interviewed at various times from birth to age 21. They found that female perpetrators showed risk factors of harsh family discipline and histories of aggressive behavior. The strongest risk factor for female perpetrators of IPV was a record of physically aggressive delinquency before the age of 15.

Substance abuse may also play a role in women's use of IPV (Sullivan, Cavanaugh, Ufner, Swan, & Snow, 2009). Given that alcohol serves a disinhibitory effect, it is not surprising that several studies have found a link between alcohol abuse and IPV. Caetano, Schafer, and Cunradi (2001) found that 30% to 40% of the men and 27% to 34% of the women who perpetrated violence against their partners were drinking at the time of the event. The relationship between violence and substance abuse may apply to other drugs as well. Stuart et al. (2003) examined the relationship between women who had been court ordered to domestic violence treatment and substance use characteristics. They found that 25% of the women reported symptoms consistent with an alcohol abuse or dependence diagnosis and 25% of the women reported symptoms consistent with a drug-related diagnosis. According to this research, there appears to be a strong relationship between female perpetrators of IPV and current or recent substance abuse or dependence.

INTERGENERATIONAL TRANSMISSION OF VIOLENCE

Another explanation provided for the origins of IPV lies in social learning theory, or the intergenerational transmission of violence theory. This theory suggests that if an individual grows up witnessing violence or as the victim of violence, that individual is predisposed to becoming violent or the victim of violence in his or her own intimate relationships (Widom, 1989). It proposes that children learn about violence through witnessing it between their parents or experiencing it themselves. Some researchers have found that the association between witnessing parental violence and perpetrating partner violence is stronger for males (Marshall & Rose, 1988). Others have found the relationship to be stronger for females (Langhinrichsen-Rohling et al., 1995), and about the same for both males and females (Tontodonato & Crew, 1992).

GENDER ROLE IDENTIFICATION

In the current study, the term “gender role identification” was used to describe various traits and behaviors associated with a particular gender. According to Bem (1981), individuals who identify with a feminine gender role are more likely to endorse that they believe they have a more expressive orientation, or an affective concern for the welfare of others and the harmony of the group. On the other hand, individuals who identify with a masculine gender role are more likely to endorse an instrumental orientation, or a cognitive focus on getting the job done or the problem solved. Some researchers have proposed a “masculinity argument” of male violence (Huselid & Cooper, 1994) that anticipates an interaction between gender and gender role identification. This expectation suggests that physical violence is related to men’s traditional role norms. Therefore men with a strong, traditional masculine orientation are more likely to be more aggressive in dating relationships. Thompson (1991) examined the effect of a masculine gender role orientation on women’s and men’s physical aggression while dating by giving the Bem Sex Role Inventory (BSRI; Bem, 1974) to 352 male and female undergraduate college students. They found that gender role orientation was independently related to IPV in dating relationships.

HISTORY OF TRAUMA

Recently, many researchers have suggested that individuals who have a significant trauma history experience difficulty modulating their anger, which may be manifested in their use of violence in intimate relationships. Therefore they are more likely to behave in an angry and violent manner

with their partner. Trauma theory was initially explored using veterans with combat-related posttraumatic stress disorder (PTSD). Chemtob, Hamada, Roitblat, and Muraoka (1994) found an association between anger and combat-related PTSD in veterans.

Various explanations have been suggested to relate to women's anger responses, including the notion that, as children, they were taught it is unsafe or unacceptable for women to express angry feelings. As a result, their anger responses build up and are often expressed inappropriately. Scott and Day (1996) examined the relationship between abuse-related symptoms and style of anger expression for female survivors of childhood incest. They found that adult female survivors of childhood incest who suppress their anger report significantly more symptoms on a measure of inwardly directed anger than do survivors who appropriately express their angry feelings. It is suggested that victims of abuse, sexual trauma in this particular instance, learned that it was dangerous to express anger toward their perpetrator or those who were supposed to protect them. Given findings such as these, it is important to understand the trauma history of women who are dominant aggressors, that is, those who have expressed their anger outward, rather than inward.

TYPES OF FEMALE VIOLENCE IN INTIMATE RELATIONSHIPS

While there are many theories that may be used to explain women's use of violence in intimate relationships, very little research has been done to date focusing solely on the context, motivation, and typologies of violent female offenders. In their groundbreaking work, Swan and Snow (2002) differentiated three types of female offenders: (a) women as victims, (b) women as aggressors, and (c) bidirectional violence. Victims were classified as women who primarily used violence as a form of self-defense or retaliation against their more violent partner. Bidirectional violence occurs in relationships where both partners are violent with one another. In the third category, labeled "women as aggressors," a woman was classified as the dominant aggressor in the relationship if she committed more acts of severe violence and coercive control than her partner committed against her. Furthermore, the acts of violence by these women cannot fit the previously defined criteria of self-defense. In other words, she was the significant aggressor of relationship violence and did not act primarily in self-defense (Swan & Snow, 2002).

Studies have indicated that dominant aggression by women in intimate relationships is a relatively rare phenomenon. Swan and Snow (2002) found that only 13 of 104 participants, or 12% of the women in their studies, could be defined as the dominant aggressor, based on their own self-report of aggressive acts in the previous 6-month period. From these results, they distinguished two subtypes of female dominant aggressors. Type A aggressors

were the women who committed more of all types of partner violence than her partner committed against her, including moderate violence and emotional abuse; this type accounted for 7% of their sample. Type B aggressors were the women who committed greater levels of severe violence and coercion, but the partner committed more moderate violence and emotional abuse; this type accounted for the remaining 5% of their sample. Female aggressors (both Type A and B) committed an average of 64 more abusive behaviors than their male partners in the previous 6-month period. However, the results in this study were not corroborated by the male victim's reports, so it is difficult to determine if women were actually more abusive than their male counterparts, if they were more likely to report their own use of abusive behaviors, or if they were more likely to perceive their own behavior as abusive.

Using the same sample, Swan and Snow (2003) expanded on their previous research by examining the relationship between the female offender's typology and various behavioral and psychological indicators, including anxiety, depression, and PTSD. They found that "abused aggressors" (their term for dominant aggressors who also display a significant victim history) were more likely to have experienced traumatic childhood abuse than other types of female offenders. Furthermore, abused aggressors reported the lowest level of control over their anger. They also reported that they were more likely to inflict injury on their partner and use violence as a form of power and control over their partners. These women displayed greater levels of overall anxiety, depression, and PTSD symptoms than members of the other categories. Finally, women in the abused aggressor type were usually the first to use violence with their partner overall whenever violence occurred in the relationship. While these results are limited due to the small sample size ($n = 13$), they indicate that women who serve as the dominant aggressors of IPV in their relationships present with a variety of unique psychological and behavioral issues that should be explored more deeply in research.

While many theorists have proposed possible explanations for the incidence of female violence, very few researchers have explored the experiences of women who are classified as dominant aggressors of physical violence in their intimate relationships. The present study examined the factors that led to the participant's later aggression, including sociocultural factors, history of trauma, gender role identification, and intergenerational transmission of violence.

METHOD

Participants

Ten heterosexual women who were court ordered to attend treatment for domestic violence offenders participated in this research. The study was

limited to heterosexual women who had committed violence against their male partners, since findings from previous research (Bernhard, 2000) have suggested that the perpetration and experience of violence varies between heterosexual and lesbian women. In particular, lesbian women reported experiencing greater degrees of nonsexual violence. A total of 138 women were screened prior to their court-ordered treatment group; 12 women met the inclusion criteria and were invited to participate in the study. One participant later declined participation and another could not be reached to reschedule her interview, resulting in 10 interview participants. The average age of the participants was 32 years and their length of attendance at the treatment program ranged from 7 weeks to completion of the program (52 weeks). None of the women had ever been homeless. Table 1 provides a listing of the participants' assigned code numbers, ages, race, income, number of weeks in treatment, marital status, number of children, whether or not they were still with the partner with whom they committed the violent act, and a brief history of the arresting incident. The ethnicity and annual income were extremely varied. In seven cases, the participant was arrested for perpetrating violence against a current partner. In three cases, the participant was arrested for perpetrating violence against a former partner. According to self-reports, all but one of the participants had been violent with their partners within the past 15 months. For one participant, there was a 4-year lag between her last reported violent incident and the interview due to her serving time in prison for the offense.

In order to be selected to participate in the study, the participants needed to qualify as the dominant aggressor of physical violence in their heterosexual intimate relationship. In order to be considered a dominant aggressor, potential participants met the following criteria: (a) the police report identified the individual as the dominant aggressor or equivalent, (b) more extensive injuries were sustained by the other partner, (c) the presence of fear in the partner of the aggressor at the time of arrest (based on participant self-report), and (d) a history of similar behavior with this partner or other partners in the past. These criteria were assessed by a self-report measure created by the researcher termed the Partner Aggression Style Screening Questionnaire (PAASQ). The PAASQ is a two-page, paper-and-pencil screener developed by the researchers in an attempt to operationalize the definition of dominant aggressor. It was used to determine if a woman could be classified as the dominant aggressor of IPV in her relationship according to the definition of dominant aggressor defined previously. It contained questions assessing the following factors: initiation of violence; commission of various violent acts; fear; and pattern of violent acts, including the commission of violence on more than one occasion with more than one partner.

TABLE 1 Demographic Information of the Participants

ID no.	Age	Ethnicity/ race	Annual income	Weeks in treatment	Marital status	No. of children	With partner?	Description of violent episode
P1	40	Caucasian	Less than \$9,999	7	Single/committed	1	Yes	Throwing things, slapping him
P2	22	Caucasian	\$10,000–\$19,999	9	Single	0	No	Kicked and bit him
P3	50	African American	\$10,000–\$19,999	14	Single/committed	2	Yes	Threw hot grease and oil on him; convicted of attempted murder
P4	25	Caucasian	\$10,000–\$19,999	42	Single/committed	0; pregnant	Yes	Throwing things at him in public
P5	32	Hispanic	\$40,000–\$49,999	19	Married	1	Yes	Threw ceramic mugs at him
P6	23	African American	\$10,000–\$19,999	52	Divorced	0	No	Violation of restraining order; numerous incidents of throwing things and hitting him with objects
P7	34	Hispanic	\$30,000–\$39,999	10	Married	3	Yes	Threw wine glass, shards cut his chest
P8	39	Caucasian	\$20,000–\$29,999	21	Single/committed	2	Yes	Broke elbow, throwing things at him
P9	33	Hispanic	\$40,000–\$49,999	49	Married	0	Yes	Slapped and scratched
P10	27	Mixed Race	\$50,000–\$74,999	51	Single	0	No	Broke a bottle on his head

Procedure

The researcher approached batterer intervention programs in the San Diego County area and invited group members to complete the PAASQ. Women who fit all of the criteria were classified as the dominant aggressor and asked to participate in the research study. All individuals were provided with candy as an incentive to complete the screening measure. Individuals were notified immediately if they met the criteria to participate in the study. If they agreed, they were scheduled for a 3-hour block of time to meet with the researcher for the interview and completion of measures.

At the appointed time, the first author met with the participant and had her complete the informed consent, written measures, and interview. Each participant completed the following measures: BSRI (Bem, 1974), Detailed Assessment of Posttraumatic Stress (DAPS; Briere, 2001), Drug Abuse Screening Test (DAST; Skinner, 1983), and the Michigan Alcoholism Screening Test (MAST; Selzer, 1971). After completing the written measures, the researcher conducted the semistructured interview. The interview questions concerned the participants' experiences of abuse as a child, adolescent, or in previous intimate relationships; history of violent behavior both within and outside of intimate relationships; description of the arresting incident; history of drug and alcohol abuse; criminal history; and their own understanding of why they have used violence and aggression. The interview questions were based on themes suggested by the literature on women's use of violence in intimate relationships and on female gender socialization, as well as information from clinical experience with women who are perpetrators of IPV. The interview lasted approximately 2 hours.

Measures

BEM SEX ROLE INVENTORY

The BSRI (Bem, 1974) is a 60-item paper-and-pencil self-report measure designed for conducting empirical research on psychological androgyny. The BSRI contains 60 distinct personality trait descriptors. Twenty of the descriptors are stereotypically feminine (e.g., affectionate, gentle, understanding, sensitive to the needs of others), 20 are stereotypically masculine (e.g., ambitious, self-reliant, independent, assertive), and 20 are filler items. The participant was asked to indicate on a 7-point scale how well each of the 60 characteristics described her. The items were scored on independent dimensions of masculinity and femininity, as well as androgyny and undifferentiated classifications. Those who rated high on masculinity and femininity were described as "androgynous." Those scoring low on masculinity and femininity were "undifferentiated." Those high on masculinity and low on femininity were "masculine," and those high on femininity and low on masculinity were "feminine." In the current study, the BSRI was used to explore if the participants identified more strongly with a masculine, androgynous, undifferentiated, or feminine gender role.

DETAILED ASSESSMENT OF POSTTRAUMATIC STRESS

The DAPS (Briere, 2001) is a measure designed to assess trauma exposure and posttraumatic stress in individuals who have a history of exposure to one or more events that can be considered traumatic. The inventory contains 104 statements that an individual can mark in one of five categories: “in the last day,” “more than a day ago, but in the last month,” “between 1 and 3 months ago,” “more than 3 months ago, but in the last year,” or “a year ago or longer.” The DAPS has two validity scales and 11 clinical scales. It includes three PTSD symptom clusters (reexperiencing, avoidance, hyperarousal) and three associated features of PTSD (dissociation, substance abuse, suicidality) related to a particular trauma event. Two validity scales identify overreporting and underreporting of psychological symptoms. The results on the DAPS generate a tentative diagnosis of PTSD or acute stress disorder (ASD).

In the current study, the DAPS was used to provide information on the level of posttraumatic symptoms experienced by each participant. This information was used in conjunction with the semistructured interview to provide an overall picture of each participant and her responses to previous victimization.

MICHIGAN ALCOHOLISM SCREENING TEST

The MAST (Selzer, 1971) is a 24-item self-report measure designed to detect alcoholism in a population that frequently denies problems with alcohol. The respondent is asked to answer yes or no to each statement as it applies to them. The items on the MAST were selected on the basis of review of several other approaches to investigating alcohol abuse. A few items were developed to be sufficiently neutral so that people who are reluctant to see themselves as problem drinkers may reveal their alcoholic symptoms. Items regarding amounts of alcohol consumed were not included because that information is notoriously unreliable. Four points indicates possible alcoholism and five points or more is indicative of alcoholism (Selzer, 1971).

In the current study, the MAST was used to provide a measure of each participant's level of alcohol abuse in the past 12 months. This information was used in conjunction with the semistructured interview to provide an overall picture of the individual's use of alcohol and the role that use played in their perpetration of IPV.

DRUG ABUSE SCREENING TEST

The DAST (Skinner, 1983) is a 28-item instrument that yields a quantitative index of the range of problems associated with misuse of prescription drugs and illegal drug use. The questions on the DAST are based on items comprising

the MAST. Thus the DAST also has some items that are neutral enough to accurately assess for substance use despite the fact that this population tends to be defensive and deny problems associated with substance use. Individuals scoring five or more points are very likely to be substance abusers or substance dependent.

In the current study, the DAST provided a measure of each participant's level of drug abuse problems in the past 12 months. This information was used in conjunction with the semistructured interview to provide an overall picture of the individual's use of substances and the role that use played in their perpetration of IPV.

Analysis of Data

The interview data were formally analyzed using Maykut and Morehouse's (1994) "constant comparative method" in order to identify some of the themes present in lives and relationships of women who are identified as dominant aggressors in IPV. Each interview was transcribed and the data were then scanned several times using a line-by-line analysis, paying attention to recurrent and important key words or phrases used by the participants. Each one of these ideas and concepts was coded as a "unit of meaning." Each unit of meaning was compared to all other units of meaning. Themes and concepts that overlapped with one another were combined. One prominent idea (word/phrase) was selected and written on an index card. This word/phrase became the first provisional category. If a second data card also fit the first category, the researcher reread the first data card and compared it to the second. If the second card "looked like" or "felt like" the meaning of the first card, it was included under the first provisional category. If the data card did not fit the first provisional category, it was placed under another provisional category. If a data card was found that did not fit under any of the provisional categories, a new category was created and named. After six to eight cards accumulated in a category, a rule of inclusion was written to serve as the basis for including (or excluding) subsequent data cards in the category. This rule of inclusion was written as a prepositional statement and was intended to convey the meaning contained in the data cards included under a category name. Additional data cards that satisfied the rules were included and those that did not were categorized elsewhere. Data analysis continued until all data cards were categorized into a substantive category and overlap was reduced. The researcher analyzed relationships and patterns across the provisional categories, identifying salient themes (see Table 2).

In order to provide independent validation of the themes mentioned, three persons not involved in the present research each reviewed the same two manuscripts and analyzed them for units of meaning. They provided the researcher with a list of the units of meaning they found, who then

TABLE 2 Major Themes Discussed by Participants.

Theme no.	Theme name	Subtheme no.	Subtheme name	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	
1	History of victimization	1a	Physical abuse by parent/caregiver	X		X	X		X			X	X	
		1b	Exposed to domestic violence in childhood	X				X	X	X			X	X
		1c	Victim of domestic violence in past relationship	X	X	X					X			
2	Gender role identification	1d	Met criteria for PTSD on DAPS	X	X					X	X			
		2a	Identified with masculine gender traits in interview	X	X	X	X	X	X	X	X	X		X
		2b	Identified with masculine gender role on BSRI			X				X	X	X		X
		3a	Substance abuse in family of origin	X		X		X	X	X	X	X		X
3	Problems related to substance abuse	3b	Participant history of substance abuse			X	X	X	X	X	X		X	
		3c	Intoxicated at time of offense			X	X		X	X	X		X	
		3d	Met criteria for alcoholism on MAST		X		X			X	X		X	
		3e	Met criteria for drug abuse on DAST		X	X	X				X	X		X
4	Reported emotional abuse by partner													
5	Viewed self as dominant in relationship		X	X	X	X	X	X	X	X		X		
6	History of violent behavior across situations		X	X		X		X	X	X		X		
7	Personal belief of inherent aggressiveness		X		X	X	X	X	X	X	X	X	X	

compared that list to the units of meaning previously found by the researcher. If the units were not on the list of those found by the researcher, they were added. A total of 10 units of meaning were added to the first interview and 7 units were added to the second interview. A total of 11 units of meaning were added to the overall list of units of meaning. The overall list of units of meaning and two additional interviews were then given to three additional persons not involved in the research. These three people examined each unit of meaning and noted whether the unit of meaning was evident in the manuscript. The consistency or agreement between the researcher and outside readers was 92% for the first interview and 92% for the second interview. Conclusions regarding the research questions were drawn from the themes extrapolated during the data analysis combined with a qualitative review of the participants' answers on each of the measures.

RESULTS

Emergent Themes

HISTORY OF VICTIMIZATION

All 10 women described being victimized in their past. Victimization primarily occurred in three forms: (a) physical abuse as a child; (b) exposure to domestic violence between parents or caregivers; and (c) being the victim of domestic violence by a former partner. Six women described incidents of physical abuse by a parent or caregiver as a child. These responses ranged from a single incident of physical abuse to a long history of physical abuse by a caregiver.

Seven of the women discussed exposure to domestic violence between their parents or caregivers as a child. One woman discussed her exposure to her mother's violence and indicated that she believed that this is where she learned to be violent. Others indicated that they "jumped in" to protect their mother from the physical violence. Five of the women reported that they had previously been a victim of domestic violence. Three of the five women stated that they had previously been victimized by the same partner on which they perpetrated their violence. However, none of their partners had been violent within the prior 2-year period. These women indicated that they often used their partner's violence against him, believing that he would never do it again.

Since a history of victimization is somewhat related to PTSD, participants' scores on the DAPS were first used to determine if they were experiencing symptoms of PTSD. In addition, their profiles were examined to see if there were any general trends compared to the other participants in the study. The data obtained from the DAPS suggested that 4 of the 10 participants

met the diagnostic criteria for PTSD. It is possible that two of the protocols may not be valid due to inflated negative bias scores, or an attempt to present oneself as especially symptomatic. However, even those who did not meet the criteria appeared to be experiencing some psychological distress related to traumatic experiences in their lives. While many women did not meet the criteria for PTSD, they had experienced significant levels of trauma, and often shared how that trauma affected their current level of functioning.

IDENTIFICATION WITH MASCULINE GENDER TRAITS

Nine of the 10 women indicated that they often got along better with boys than girls in childhood, adulthood, or both. On the BSRI, their overall scores for masculinity and femininity were computed and compared to the median in the population. Five of the participants more closely identified with a masculine gender role; three of the participants closely identified with an undifferentiated gender role; and only one participant closely identified with an androgynous or feminine gender role.

PROBLEMS RELATED TO SUBSTANCE ABUSE

All 10 of the women indicated that substance abuse had played a significant role in their lives that often led to their own violence or violence within their family of origin. Eight of the 10 women indicated that one or both of their parents were substance abusers (e.g., alcohol, illegal drugs, or prescription medication). Seven of the 10 women discussed the abuse of alcohol or drugs in their interview. Four of these 10 women indicated that they were using alcohol or drugs at the time of the offense. All four of these women believed that their use of substances played a role in their violence. However, while some understood that they were still responsible for their actions, one participant dismissed her violence due to her drunkenness, stating that it would not happen again.

For the MAST and DAST, a total number of positive responses were computed and those scores were compared to those in the general population to determine whether the participant had a problem with drugs or alcohol. On the MAST, five of the women had scores in the range that indicates alcoholism. Two of the participants had scores that suggested that the participant may currently have a problem with alcoholism. Three of the participants had scores indicating that they do not have problems with alcohol. On the DAST, only one participant scored higher than a 5 (indicative of drug abuse) on the DAST. No other participants had scores indicative of a drug problem on the DAST.

While many of the participants indicated that they did not believe their substance abuse was a problem, all of these particular participants had

inflated scores on the MAST or DAST, which suggests that they had issues with substance abuse at the time of assessment. Alternatively, one participant admitted to daily use of marijuana in the interview, although she did not endorse that on the DAST. Furthermore, another participant reported an extensive personal and criminal history related to her use of drugs, which played a direct role in her violent incident. However, she had been clean and sober for 4 years at the time of the interview, so her previous history of drug use was not reported on the DAST, which focuses on drug use in the previous 12 months.

EMOTIONAL ABUSE BY PARTNER AS MOTIVATION FOR VIOLENCE

Seven of the 10 women indicated that they believed their physical aggression against their partner was somewhat justified because of the emotional abuse they received from him. While all of these women were classified as dominant aggressors of physical violence, many of them described feelings of victimization due to their partner's emotional abuse.

VIEW OF THEMSELVES AS DOMINANT IN THE RELATIONSHIP

Eight of the 10 women viewed themselves as the dominant partner in their relationship. They viewed their partners as weak and in need of protection. They reported that they often felt their job was to stand up for their partner and protect him from others who might take advantage of him. Many women indicated that they had always viewed their partner as weak and that their partner had been abused in previous relationships.

HISTORY OF VIOLENT BEHAVIOR

Seven of the 10 women indicated that they had a history of initiating violence across situations with a different variety of people, not only with their partners. Examples of such violence included fighting extensively with their siblings, fights in bars while intoxicated, or fights in public places with strangers.

PERSONAL BELIEF OF INNATE AGGRESSIVENESS

When asked about the reasons for their violence and aggression, 9 of the 10 women viewed their aggression and violence as one of the characteristics of their personality. Many indicated that they had been aggressive their whole lives across a variety of situations and were often seen as the aggressive and violent child within their families of origin.

DISCUSSION

The current research study provided information on a previously neglected group of women—those who have been classified as dominant aggressors of physical violence in their intimate relationships. The findings suggested that these women often believed their violence was justified based on their partner's actions. A set of seven themes emerged from the participants' responses. The themes suggested that many of these women have shared experiences and behaviors that may play a role in their aggressive and violent behavior. These themes supported some of the principles and tenets of various theoretical perspectives and previous research findings, including trauma theory, the intergenerational transmission of violence theory, gender role identification theory, and various sociocultural factors.

Trauma Theory

The findings supported principles of trauma theory when examining participants' history of victimization, such as being physically abused by a parent or caregiver as a child, reported emotional abuse by their partner, and previous domestic violence in the current or past relationships where they were classified as the victim. The participants shared that their experiences of trauma and abuse played a significant role in the way in which they coped with stressful events, including emotional abuse from their partner. Many stated that they never learned to express their feelings in an assertive way because they felt emotionally detached from others and had difficulty forming close relationships. These findings are consistent with findings from male offenders of IPV. Recently, researchers have begun to address the individual issues among male perpetrators of IPV and found that their history of trauma, shaming, and insecure attachment form a triad that constitutes a powerful trauma source (Dutton, 1999). Evidence from the current study suggests that traumatic events may have a similar influence on women who use violence in their intimate relationships, given the significant amount of trauma experienced by many of the participants in the current study.

Further, the women interviewed for the current study closely resembled Swan and Snow's (2003) subtype of abused aggressors. In their study, they found that abused aggressors experienced a high degree of traumatic childhood abuse, reported the lowest level of control over their anger, and used violence as a form of power and control over their partners. These women displayed greater levels of overall anxiety, depression, and PTSD symptoms than those who were classified as victims or in mixed-violence relationships. Clearly, a history of trauma, when combined with other factors, plays a powerful role in the potential use of physical aggression among these women.

Intergenerational Transmission of Violence

The intergenerational transmission of violence theory was evident in the number of women who were exposed to domestic violence in their family of origin. Many of the women reported that they often watched or were exposed to the effects of abuse their mother endured at the hands of their father or stepfather and they made a conscious decision never to be victimized in a similar way. One participant reportedly saw her mother as the initiator of violence. In that situation, it is possible that she identified with the aggressor and decided not to become a victim, just as her mother decided not to become a victim.

There exists very little research on women who are violent in their intimate relationships in general and even less on the relationship between female exposure to domestic violence as children and later becoming dominant aggressors. Most of the research has focused on women repeating the pattern set by their mothers and becoming the victim of violence by their partner. The results from the current study support the findings of Foshee, Bauman, and Linder (1999), who examined the relationship between exposure to family violence and adolescent dating violence. They found that, for females in particular, having an aggressive response style to conflict was positively related to witnessing parental violence and receiving physical violence from their mother.

Gender Role Identification

Perhaps one of the most striking findings of the current study is that 9 of the 10 women stated that they had traditionally gotten along better with males than females in childhood or adulthood and were identified with masculine gender traits. While five of the women were found to identify with masculine gender traits on the BSRI, only one of the women identified with feminine gender traits. These findings strongly contradict the societal norm suggesting that women are more likely to identify with feminine gender traits while males are more likely to identify with masculine gender traits. In addition, three of the women were classified as low on both masculine and feminine traits, while one classified as androgynous, which is relatively rare in the general population. It is possible that the women who qualified as either undifferentiated or androgynous are experiencing difficulty identifying themselves with any particular gender role. That is, they fit criteria for both masculine and feminine traits equally. Since 9 of the 10 women in the current study did not closely identify with feminine gender traits, the women in the current study have defied the societal norm suggesting that women should be feminine.

The results of the current study support those by Thompson (1991), who found that gender role identification was independently related to who

inflicts and sustains physical aggression while dating for both men and women. He suggested that sex and gender role were categorically different and may be mutually exclusive for many individuals. For the women in the current study, that appears to be the case. Furthermore, the current results offer support to the study by Campbell, Mackenzie, and Robinson (1987), who examined incarcerated female offenders. They found that women who identified with a masculine gender role in terms of aggressiveness, assertiveness, and dominance were more likely to be serving time for violent offenses. While no prior research has examined identification with masculine gender traits of female perpetrators of IPV, the current study suggests that there may very well exist a relationship between those women who are the predominant aggressors of IPV and their gender identification.

Sociocultural Factors

Various shared sociocultural factors were also present in this sample of women, including a history of violent behavior, substance abuse either within themselves or their family of origin, personal belief about their own inherent aggressiveness, and view of themselves as dominant in the relationship. Only 4 of the 10 women indicated that they had an early criminal history, including running away, stealing a car, drug use, and destruction of property. While there does not appear to be a major trend among these women of committing criminal acts, there does appear to be a history of aggression and committing violent acts, such as getting into fights in bars or parking lots or fighting with other children at school when they were younger. It is possible that these women adopted a coping strategy for dealing with conflict early in their childhood that included engaging in physical fights either to protect themselves or others. It is suggested that they continued these coping strategies into adulthood and used physical violence as a method of communicating with partners or others when they did not feel heard and did not feel that their needs were being met. In addition, these women reported that they felt more dominant in the relationship than their partner, providing further support that their personal individual factors played a role in their justification of physical violence against their "weaker" partner.

In addition, many of the women who participated in the current study exhibited problems with substance abuse either in themselves or their family of origin. They reported only using violence against partners who had a history of violence, suggesting that past abuse from a partner may also mediate the effect of alcohol on IPV. Women who were previously victims were not more likely to be intoxicated at the time of the offense. However, it appeared that many of the women who were intoxicated at the time of the offense believed alcohol or drugs lowered their inhibitions, resulting in violence against their partner. These women used substances as

an excuse to be physically aggressive with their partners during conflict rather than being passive.

Integrative Conceptual Framework

The results of the current study suggest that a single model or way of looking at IPV is not sufficient. Researchers, clinicians, and theorists need to adopt an integrative conceptual framework when examining IPV, one that includes trauma theory, the intergenerational transmission of violence, gender roles, and sociocultural factors. According to the women interviewed, they felt that they exerted the power and control in the relationship and viewed their partner as weaker than them. Most of the women interviewed had a significant history of trauma and victimization from either a past partner or in their childhood. They had felt powerless on many occasions, whether it was through the murder of their mother by their stepfather or through long-term sexual abuse. These women made a conscious decision not to be victims again and defeat the oppression that they experienced as children or in past relationships.

Treatment Recommendations

The findings of the current study suggest that women who are classified as dominant aggressors of IPV have unique needs that should be addressed during treatment. Effective treatment for these women may focus on providing a balance of power and control within their intimate relationships and teaching the women to become aware of how they abuse their power when they become violent. Therefore it is very important that treatment programs assess an individual's history of trauma for both male and female offenders and address symptoms of trauma in the treatment. These women clearly experience a disconnect between their thoughts, feelings, and actions and resort to physical aggression when emotionally overwhelmed. A treatment program that teaches women to identify their emotions and appropriate ways of sharing them with their partners is strongly recommended (Goldenson, Spidel, Greaves, & Dutton, 2009).

CONCLUSION

It is proposed that a conceptual framework of domestic violence combining our understanding of trauma theory, the intergenerational transmission of violence, gender role identification, and sociocultural factors will provide a more accurate understanding of women who are dominant aggressors of physical violence in their intimate relationships. Thus a bioecological or biopsychosocial framework is likely more helpful in dealing with these

complex issues and situations. According to the bioecological model of human development, an individual's behavior results from interactions with various systems that interrelate and affect one another. These subsystems include the individual system, family system, sociostructural system, and the sociocultural system (Bronfenbrenner, 1979).

Similarly, a biopsychosocial model includes components of biology, cognitions, and sociocultural factors (Rosenbaum, Geffner, & Benjamin, 1997). Application of either the bioecological or biopsychosocial models to female offenders of IPV allows for an understanding of both the individual and how that particular individual interacts with her environment (Carlson, 1984; Rosenbaum et al., 1997). Given the complex histories and motivations of women in the present study, the importance of an interactive, multidimensional model of human understanding is essential. The current research has provided preliminary, qualitative data on this topic, but more research is warranted. Determining the characteristics, motivations, and perceptions of women who are dominant aggressors of IPV is an essential component for effective treatment and prevention efforts for this population.

This article has indicated that, for the most part, women who are classified as dominant aggressors share a variety of traits, motivations for violence, and familial factors that play a role in their violence. Many of these women possess personality characteristics that make them particularly prone to violence across a variety of situations. It is important to note that most of these women did not view themselves as physically violent, although they had been physically violent with various individuals across a variety of situations. All of the women felt justified in their use of violence and aggression, whether it was because of their partner's emotional abuse or a desire to get their partner's attention. They all viewed their violence and aggression as distinct incidents rather than part of a general trend, although their history clearly indicated otherwise. It is interesting to note that much of the above self-descriptions are similar to what is stated by male IPV offenders (MacLaurin, 2007).

In a qualitative study such as this one, a statistical relationship cannot be drawn between women who can be classified as dominant aggressors in their intimate relationships and factors associated with their use of violence. In addition, the current study does not allow the researcher to compare these participants with other women who have used violence in their intimate relationships, particularly those who are in relationships that are consistently bidirectionally violent and women who use violence in self-defense. However, inferences can be made based on the shared experiences of the participants. The findings indicate that a multifaceted mix of personal characteristics, historical factors, perceptions of others' behavior, and an understanding of oneself combine to create women who are particularly prone to resorting to violence in their intimate relationships.

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