

Domestic Violence: A Gender-Inclusive Conception

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John Hamel, LCSW, Private Practice, Pleasant Hill and Greenbrae, CA
angercounseling@aol.com * www.JohnHamel.net

Tonia Nicholls, PhD, Simon Fraser University, Burnaby, British Columbia
tnichola@sfu.ca

A revolution is taking place in the field of domestic violence.

Quietly, without fanfare, a growing body of research is challenging some of the most cherished, long-established assumptions guiding policy and intervention (e.g., Dutton & Nicholls, 2005; Felson, 2002; Kelly, 2003). Under investigation are the central role that female-perpetrated abuse – verbal, emotional and physical - plays in the dynamics of intimate partner relationships; the systemic nature of partner abuse in couples and families; and the limits of ideologically-driven, “one-size-fits-all” treatment approaches.

Contrary to the popular notion that most abuse in intimate relationships reflects patriarchal male privilege, evidence that the bulk of domestic violence reflects abuse by both parties has been amassing for at least two and a half decades. The polarization of the field into the “Gender Camp” (men are the vastly predominant perpetrators and women comprise the considerable majority of victims; patriarchy and male privilege drive domestic violence) (Dobash, Dobash, Wilson, & Daly, 1992; Walker, 1983; Yllo, 1993) and the “Conflict Tactics Camp” (men and women are perpetrators and victims; abuse in intimate relationships reflects diverse causes that frequently interact) has a lengthy infamous history considered at length in many previous relevant publications, and beyond the scope of this chapter (e.g., Dutton & Nicholls, in press; Shupe, Stacey, & Hazelwood, 1987; Steinmetz, 1977-1978; Straus, 1999; Straus & Gelles, 1990).

Research from the “Conflict Tactics Camp” was often met with disbelief, fear, and disregard. Several prominent figures in the field who published the controversial findings were confronted with threats to their physical safety (see Cook, 1997; Shupe et al., 1987) and others neglected to examine or report the data. For example, Kennedy and Dutton (1989) reported the incidence of male perpetrated intimate abuse and it was not until two female colleagues pushed for the publication of all the data that they found that the women perpetrated more abuse than they suffered (Kwong, Bartholomew, & Dutton, 1999). Data on abusive women has been ignored or deliberately suppressed by mainstream academic journals and by such organizations as the Ontario, Canada government and the Kentucky Commission on Women (see Fontes, 2002).

Building upon this well-established history and the new research, the breakthrough book by Linda Mills of New York University, *Insult to injury: Rethinking our responses to intimate abuse* (2003), calls for major changes in public policy. At the same time, organizations such as Stop Abuse for Everyone (www.safe4all.org), the Domestic Abuse Helpline for Men (Hines, Brown, & Dunning, in press), and the Family Violence Treatment and Education Association (www.FAVTEA.com) have emerged, anchored in principles of gender-inclusiveness and empiricism, and individuals at every level of intervention are beginning to question the status quo, open to innovation and new ideas (Adams, 2002; Kilzer, 2005). Perhaps nothing presses

this movement forward more than the dismal evidence for the efficacy of current intervention strategies (Babcock, Green & Robie, 2004).

We join the swelling chorus of voices advocating for a widening scope of research, and the implementation of alternative intervention policies and interventions. Clearly and unequivocally, we are saying that *finding effective ways with which to reduce domestic violence in our communities is more important than adhering to what is politically correct.*

Traditional Views

Public information brochures disseminated by battered women's shelters and victim advocacy organizations, as well as papers from most established academic researchers, have typically framed intimate partner violence as a gender issue, and assert that men are overwhelmingly the perpetrators and women overwhelmingly the victims. For years, the claim has commonly been made that male-perpetrated domestic violence accounts for 95% of intimate partner abuse (e.g., Hamberger & Potente, 1995). When more comparable rates between the genders are acknowledged, the significance and impact of female-perpetrated abuse is minimized, understood as either defensive or situational in nature, an isolated expression of frustration in communicating with an unsympathetic partner, in contrast to the presumably intentional, pervasive and generally controlling behaviors exhibited by men (Henning, 2003; Johnson, 2005). In the most extreme manifestations of this sentiment (Dobash, Dobash, Wilson & Daly, 1992; Walker, 1983; Yllo, 1993), men wield greater power simply by virtue of their gender:

The willingness to use force is coupled with a set of beliefs and standards regarding the appropriate hierarchical relationship between men and women in the family and rightful authority of husbands over wives. Thus, all men see themselves as controllers of women, and because they are socialized into the use of violence they are potential aggressors against their wives (Dobash & Dobash, 1979, p. 24).

Reflective of these views, public policies have targeted predominantly male offenders for arrest, and mandate same-sex batterer education programs. Women are presumed to be victims, even when they admit to having initiated violence against partners and children (Laframboise, 1998; Stacey, Hazelwood & Shupe, 1994). Not entertained by shelter workers, and a tendency that some advocates are now willing to acknowledge (e.g., Pence, 1999), is "the possibility that a 'battered woman' might have morally contaminating personal characteristics independent of her victimization" (Loseke, 1992, p. 162). Alternative treatment modalities, including couples or family therapy, are expressly forbidden (Austin & Dankwort, 1999). Initially, these laws made some sense. When domestic violence first began to be taken seriously in the 70s and 80s, perpetrators who came to the attention of law enforcement did so because the seriousness of their assaults could no longer be ignored. Many of these cases were not amenable to couples or family therapy. Furthermore, because clinicians in the mental health community lacked appropriate assessment tools and a sufficient understanding about domestic violence dynamics (Aldarondo & Straus, 1994), victims would feel blamed and their safety was compromised (Bograd, 1984). However, since the introduction of mandatory arrest laws in the 1990's, an increasing proportion of offenders are presenting with less pathology and less extensive histories and consequences of abuse (Apsler, Cummins, & Carl, 2002; Gondolf, 1998; Hamel, 2005a).

This, along with the failure of batterer intervention programs (especially those based in feminist sociopolitical ideology) in reducing recidivism among court-mandated clients (Jackson, Feder, Forde, Davis, Maxwell, & Taylor, 2003; Saunders & Hamill, 2003), the emerging literature on systemic factors in partner abuse, and the demand by victims to have a greater say in intervention alternatives, including help with their own anger (Mills, 2003; Shupe et al., 1997), make it clear that current policies are anachronistic and in dire need of revision.

The Gender-Inclusive Approach

The gender-inclusive approach to assessment and intervention represents a significant departure from traditional paradigms. It can be summarized as a set of ten interrelated principles and research findings as described below.

1. **INTERVENTIONS SHOULD BE BASED ON A THOROUGH, UNBIASED ASSESSMENT.**

Under the “one-size-fits-all” same-sex group intervention model mandated in most jurisdictions in the United States, clients are subjected to a cursory intake procedure, often by individuals lacking professional training, and designed primarily to orient the individual to the group process and to sign documents related to legal requirement and victim safety. Other than to obtain the most basic demographic information and screen for the most obvious signs of substance abuse and mental illness, the purpose of these procedures is not really to assess as much as to “enroll.” There is little connection, if any, between the intake’s findings and the treatment offered.

Clinicians in private practice settings or mental health clinics may not be so constrained, but given the pervasiveness of traditional models of assessment and treatment, clinicians are predisposed to focus on a narrow range of domestic phenomena, such as severe, unilateral male-perpetrated battering. In fact, there are different types of domestic violence, characterized by varying degrees of physical and emotion abuse and psychopathology, as well as extent of mutuality (Dutton, 1998; Hamel, 2005b; Holztworth-Munroe & Stuart, 1997; Johnson & Leone, 2005; Johnston & Campbell, 1993). Clinicians should be aware of these distinctions.

2. **ALL TREATMENT MODALITIES AND OPTIONS SHOULD BE CONSIDERED, BASED ON THE FACTS OF THE INDIVIDUAL CASE.**

Clinicians should be free to intervene at all points in the relationship and family system as necessary. “Family therapy,” of course, need not involve all members of the family in the same session, or even in the overall course of treatment. Rather, interventions are made based on the relationships among the family members, the type of abuse, how each member is affected and their role in maintaining the dysfunction. Outcome studies have convincingly demonstrated that couples counseling can be an appropriate treatment choice (Greene & Bogo, 2002; Ziegler & Hiller, 2002), safe and effective, especially when conducted in a structured multi-family group format (Brannen & Rubin, 1996; Dunford, 2000; Fals-Stewart, Kashdan, O’Farrell, & Birchler, 2002; Heyman & Schlee, 2003; O’Leary, Heyman, & Neidig, 1999; Stith, Rosen, & McCollum, 2004). Recent studies suggest that relatively novel approaches such as restorative justice might

also have utility in certain circumstances (Strang & Braithwaite, 2002; Grauwiler & Pezold, this volume).

3. BOTH MEN AND WOMEN CAN BE VICTIMS AND/OR PERPETRATORS, AND EVERYONE IS RESPONSIBLE FOR THEIR BEHAVIOR.

Purported rates of 85% - 95% for male-perpetrated assaults have their basis in samples of battered women, or in crime surveys that inhibit respondents, particularly males, from fully disclosing their victimization (Straus, 1999). More reliable surveys, using the Conflict Tactics Scale (CTS2) (Straus et al., 1996) indicate comparable rates of verbal and physical abuse in intimate relationships regardless of gender (Archer, 2000; Fiebert, 1997; Straus & Gelles, 1990). Critics assert that surveys in which violence is framed as a possible conflict resolution tactic are not credible, because men aggress primarily to dominate their partners (DeKeseredy, 2002; Kimmel, 2002). Research, however, indicates that these questionnaires facilitate disclosure and thus *increase* reported rates of violence (Archer, 1999). “There is no evidence,” Hines and Malley-Morrison (2001) point out, “that either men or women will refrain from reporting a slap, punch, or beating, merely because it seemed to come out of nowhere” (p. 4). One wonders how candid a response might be elicited from a survey respondent or client undergoing assessment when subjected to an alternative line of questioning, such as: “How often did you punch your partner when exercising your male privilege to dominate? Inquiries regarding motive, including those of power and control, are better pursued *after* the initial CTS interview (Hamel, 2005b).

4. THE CAUSES OF PARTNER ABUSE ARE VARIED, BUT SIMILAR ACROSS GENDERS.

Given that we continue to live in a patriarchal society, patriarchal explanations for abuse are certainly not irrelevant, but they are insufficient and often lead to superficial assessments and inappropriate treatment, thus reducing rather than increasing the odds of treatment success. The large number of equalitarian relationships in our society and the correlation between violence and relationship domination by both females and males (Coleman & Straus, 1990); the fact that most men are neither physically abusive nor prone to engage in power and control tactics (Cook, 1997; Dutton, 1994); the high rates of female-on-female abuse in lesbian relationships (McClennen, Summers, & Daley, 2002; Renzetti, 1992; West, 1998); and research indicating that violent men in fact display *less* traditional masculine characteristics than their nonviolent counterparts (Felson, 2002; Neidig, Friedman, & Collins, 1986; Sugarman & Frankel, 1996), negate simplistic explanations along culture and gender lines.

Men do not “naturally” and universally dominate women; economic scarcity and other ecological factors determine whether they assume positions of power and are likely to abuse that power. Anthropological data from around the world (Sanday, 1981) fix the number of strictly male-dominated societies at approximately one-third of the total, with equalitarian societies comprising another third, and the rest comprised of those in which men have “mythical,” rather than absolute dominance over women. In other words, the greater structural power enjoyed by men in patriarchal societies does not necessarily translate to dyadic relationships (Glick & Fiske, 1999). An extensive review of the literature by Hotaling and Sugarman (1986) found no differences in sex role inequality between violent and non-violent couples. Felson (2002) writes:

In sum, I have suggested that the relative power of husbands and wives depends on their personal situation, and that power is specific to relationships. The fact that the U.S. Senate is run by men is largely irrelevant to the private conflicts of individuals. Even a senator who has power does not necessarily have power over his wife. If he is smitten, she has power over him. In general, the economic power of the average man and woman in society and the fact that our political leaders are male are not likely to be significant factors in violent spousal conflicts. From this perspective, dyadic power has much stronger effects on how spouses treat each other than structural power. It would not be too much of an exaggeration to say that “all conflict is local” (p. 61).

Certainly, there continue to exist in our society cultural norms approving of public displays of aggression by men and disapproving those by women (Eagly & Steffen, 1986). However, females of all ages engage in indirect aggression against peers, co-workers and others (Bjorkqvist, 1994; Frieze, 2005); and when given the opportunity to engage in direct aggression, will do so when they feel justified or can do so anonymously (Frodi, Macaulay & Thome, 1977; Richardson, 2005). Even among lower animals, the males are typically no more dominant or aggressive than the females, except in displays of inter-species conflict, which tend to be those most often studied and filmed. “There is no support,” writes psychologist David Adams (1992), “...for the myth that humans have inherited a general mammalian tendency for males to be more aggressive than females” (p.23).

Societal norms actually support, rather than inhibit, female aggression in the home (Straus, Kaufman-Kantor & Moore, 1997; Johnson & Ferraro, 2000), where a wife and mother will be driven to defend her interests (Straus, 1999). In intimate relationships men and women express anger, emotionally abuse and engage in most forms of power and control tactics at about the same rate, and this includes stalking when broadly defined (Averill, 1983; Coker, Davis, Arias, Desai, Sanderson, Brandt, & Smith, 2002; Davis & Frieze, 2000; Graham-Kevan & Archer, 2004; Hammock & O’Hearn, 2002; Kasian & Painter, 1992; Straus, Gelles, & Steinmetz, 1980). Male and female survey respondents alike endorse control, but also retribution and a need to get partner’s attention, as motives for engaging in partner violence (Babcock, Miller, & Siard, 2003; Carrado, George, Loxam, Jones, & Templar, 1996; Cascardi & Vivian, 1995; Fiebert & Gonzalez, 1997; Follingstad, Wright, Lloyd & Sebastian, 1991; Harned, 2001; Makepeace, 1986).

So, if patriarchy is a poor explanation for partner violence, what is its etiology? Risk factors for female-perpetrated violence include the stress of low income and unemployment (Magdol, Moffitt, Caspi, Fagan & Silva, 1997); being in a dating or cohabitating relationship or being under 30 years of age (Morse, 1995; Sommer, 1994; Straus, Gelles & Steinmetz, 1980); childhood abuse (Babcock, Miller, & Siard, 2003; Conradi, 2004); and pro-violent attitudes (Follingstad, et al., 1991; Simmons, Lehman & Cobb, 2004). Certain personality features have also been identified, among them dependency and jealousy, common among both heterosexual and lesbian offenders (Coleman, 1994; Shupe, Stacey & Hazlewood, 1987), as well as those that either meet the criterion for a personality disorder, such as Borderline, Anti-Social or Narcissistic (Henning, Jones & Holdford, 2003; Johnston & Campbell, 1993; Kalichman, 1988; Simmons, et al., 2004), or generally characterized by what has been called “angry temperament” (Felson, 2002; Follingstad, Bradley, Helff & Laughlin, 2002; O’Leary, 1988; Sommer, 1994). These same factors have been found in the etiology of male-perpetrated violence (Dutton, 1998; Hamberger & Hastings, 1996; Holtzworth-Munroe & Stuart, 1994). Of course, alcohol and drug

abuse are also implicated in violent relationships, both among victims and perpetrators (Anderson, 2002; Magdol et al., 1997).

5. VICTIM/PERPETRATOR DISTINCTIONS ARE OVERSTATED, AND MUCH PARTNER ABUSE IS MUTUAL.

The factors that cause and perpetuate partner abuse are not only found in the respective individuals, but in the conflict itself – in the dynamics found in those relationships characterized by poor communication and conflict resolution skills (Babcock, Waltz, Jacobsen & Gottman, 1993; Burman, John & Margolin, 1992; Cordova, Jacobsen, Gottman, Rushe & Cox, 1993; Moffitt, Robins & Caspi, 2001; Ridley & Feldman, 2003; Telch & Lindquist, 1984). Research also indicates that the pairing of individuals with particular attachment styles, such as someone who fears intimacy and someone who fears abandonment, increases the likelihood of physical abuse (Bartholomew, Henderson & Dutton, 2001; Bookwala, 2002; Roberts & Noller, 1998).

A dynamic, however dysfunctional, does not automatically implicate both parties as willful contributors to the abuse. Accounts of battered women (e.g., Pagelow, 1984; Walker, 1979) and men (Cook, 1997; Migliaccio, 2002; Pearson, 1997) indicate that in many relationships one partner is clearly the dominant abuser, and the other the victim. An analysis of the National Family Violence Surveys, using the women's reports (Straus, 1993), found that unilateral violence by one partner occurred at rates of about 25% for men and women. It also found that in approximately half of the households both partners had physically assaulted each other in the past year and that the women had initiated the violence in the majority of the cases. Other large surveys, longitudinal studies, and research on dating populations reveal high levels of mutual violence, some well above 50%, and initiated at roughly equal rates by both genders (Anderson, 2002; Bookwala, Frieze, Smith & Ryan, 1992; Deal & Wampler, 1986; DeMaris, 1992; Langhinrichsen-Rohling, Neidig & Thorn, 1995; Moffitt & Caspi, 1999; Morse, 1995; Nicholls & Dutton, 2001; O'Leary, Barling, Arias, Rosenbaum, Malone & Tyree, 1989; Williams & Frieze, 2005). Remarkably, in Gondolf's (1996) multi-site study of men's batterer intervention programs, the female victims reported to have initiated the violence in 40% of the cases during a treatment follow-up period.

Thus, despite claims by victim advocates to the contrary, (Hamberger & Potente, 1994; Henning et al., 2003), self-defense is not the predominant motive for assaults by either gender. Reports of self-defense by women range from as low as 5% in clinic samples (Cascardi & Vivian, 1995), up to 40% among women residing in shelters (Saunders, 1986). General population surveys and studies of dating populations (Follingstad et al., 1991; Sommer, 1994) fix the rates of self-defense at only between 10% and 20%, for men and women. The extent to which men or women engage in genuine self-defense is unclear, due to the difficulty in distinguishing it from retaliation. In a large representative English sample (Carrado et al., 1996), 21% of the women and 27% of the men who had been violent reported that their motive was "getting back at him/her for some physical action she/he had used against me." What percentage of these figures represent self-defense was not determined by the researchers. In the often-cited Saunders (1986) study, 30% of the women indicated that they were "fighting back," a phenomenon the researchers regarded as a distinct construct, but the terms are often used interchangeably (e.g., Hamberger & Potente, 1994), and are further confused with concepts of "dominant aggressor."

Determining the dominant aggressor requires an investigation both into the pattern of physical assaults, and the use of controlling and emotionally abusive behaviors. Research with women court-ordered to participate in a batterer intervention program have found comparable or greater numbers of dominant aggressors among the male partners (Henning & Feder, 2004; Swann & Snow, 2002). In Conradi's (2004) study of female perpetrators, only 9% were deemed to be dominant aggressors. However, these studies had serious methodological flaws, such as failing to consider power and control tactics used by women, and relying solely on the women offender's reports and records of previous domestic violence calls to the police, which are far more often made by women and do not always indicate who is the actual victim. Similar research bias has marred Johnson's otherwise excellent attempt to typologize partner abuse (Johnson & Leone, 2005). A study comparing women arrested for spousal abuse and women in shelters (Abel, 2001) found significantly higher trauma symptomology in the latter group. Moreover, studies with male offenders (Shupe et al, 1987) have also found comparable rates of violence, emotional abuse, and power and control tactics between the partners.

Labeling individuals as "victims," "perpetrators" or "dominant aggressors" is standard procedure in determining legal culpability, and may help clinical assessment, delineating treatment options (Hamel, 2005b). But it is rarely clear-cut, and may confuse, rather than elucidate. Many perpetrators have been victims of abuse, either in their current relationship, in previous relationships, or in their childhoods of origin (Dutton, 1998; Coker, et al., 2002). Are we to consider all such individuals "victims," or do we draw a line at some point in time and inform the offender, "it's been too long since your last victimization, so now you are officially a perpetrator"? Obviously, pre-emptive assaults by victims of severe intimate terrorism who have been so traumatized that they literally fear for their lives ought to be regarded differently than most other cases, in which the retaliation merely adds to the escalating violence and guarantees further victimization for both parties.

And what about relationships in which one partner is solely responsible for the physical violence, but the other engages in high levels of emotionally abusive and controlling behaviors? It is for these reasons that consideration of systemic factors is crucial to successful intervention in intimate partner abuse. In fact, as will be amply demonstrated throughout the book, even cases involving clear "victims" and "perpetrators" require a systemic approach, because untreated victims who escape their abuser tend to re-involve themselves in abusive relationships, subjecting themselves and their children to further trauma and increasing the probability of abuse in the next generation. A systemic approach makes no a priori assumptions about culpability; rather, it is a means of understanding, a way of obtaining information and determining the particular elements and modalities of intervention.

6. BOTH GENDERS ARE PHYSICALLY AND EMOTIONALLY IMPACTED BY ABUSE.

Let us suppose that there was an outbreak of a deadly and widespread new virus, whose victims were 95% male. Treatment was available, but dependent on early detection and screening. Would cash-strapped health organizations be faulted if they concentrated their resources on outreach to men – for instance, advertising in men's magazines, disseminating information specifically to men's advocacy groups, say, father's rights organizations? What if those virus victims were 85% male? One would easily imagine the outrage if women were ignored at rates any lower than this. As previously discussed, men and women are equally victims of assaults in intimate relationship. Furthermore, men are the victims in fully a quarter

of intimate partner homicides (Department of Justice, 2002). The NVAWS found that 41% of female victims suffered had suffered any physical injury in the past year, compared to 19% of the male respondents (Tjaden & Thoennes, 1998); and in the meta-analytic review by Archer (2000), men were found to have suffered 36% of physical injuries. Clearly, this is a reason for concern, and a major reason for the gender-inclusive position taken in this volume.

With some exceptions (e.g., Callahan, Tolman, & Saunders, 2003), in the majority of studies conducted on the effects of physical abuse females report higher levels than men of anxiety, fear, depression, post-traumatic stress, health problems, substance abuse and lost wages due to days missed on the job (e.g., Anderson, 2002; Straus & Gelles, 1990; Vivian & Langhinrichsen-Rohling, 1994; Williams, 2005). (For an excellent review of research on the effects of female-perpetrated abuse, see Hines and Malley-Morrison (2001).) However, the effects of general *abuse*, including verbal put-downs, jealousy-fueled isolation behaviors and other control tactics would seem to be comparable between genders, according to the NVAWS (Pimlott-Kubiak & Cortina, 2003). This is not surprising, in light of research indicating the more profound impact of emotional abuse on victims of both genders, particularly verbal abuse (Arias & Paper, 1999; Cook, 1997; Frieze, 2005; Harned, 2001; O’Leary, 1999; Simonelli & Ingram, 1998). Many clinicians, unfortunately, are unaware of these findings and focus primarily on the effects of men’s abuse (Dutton, 2005; Follingstad, DeHart & Green 2004).

7. “GENDER-INCLUSIVE” DOES NOT MEAN “GENDER-NEUTRAL” OR “GENDER-EQUAL.

As previously discussed, women suffer the greater share of physical injuries, especially severe injuries. A female colleague with many years experience conducting batterer intervention programs for men once told this author (Hamel) that she had “never known a man who’d gotten the snot beat out of him.” There is some truth to this. And, although women engage in high degrees of unwanted sexual behavior towards men, some of it coercive (Frieze, 2000; Krahe, Waizenhofer & Moller, 2003), men perpetrate the overwhelming number of rapes in intimate partner relationships (Tjaden & Thoennes, 1998). Here is one victim’s account:

He would tie me whenever we had sex to a bed or a chair or whatever. Sometimes he would force me to suck him and would stick his penis in my mouth all the time. Sometimes he would tie me and turn me around facing the other way and would have anal sex with me. He ripped my rectum so many times that the doctors in the emergency room used to laugh when I’d walk in...he would stick all kinds of things in my vagina, like the crucifix with the picture of Jesus on it (Walker, 1979, p. 121).

Because of their typically larger size, men can more effectively use physical intimidation as a way to dominate their partners, with or without the use of violence. Men, who can better protect themselves and gain physical control over their partner (Johnston & Campbell, 1993), will often dismiss women’s violence as inconsequential or even amusing (Hamberger & Guse, 2002). Women, at rates three times higher than men, express fear of physical danger (Follingstad et al., 1991; Morse, 1995). When they kill their partners, women are four times more likely than men to do so in response to previous physical attacks (Felson & Messner, 1998).

These findings have led some researchers (e.g., Jacobsen & Gottman, 1998) to claim that, while women may physically assault men and cause physical injuries, only men can be said to “batter” their partners. “Battering,” a term sometimes used synonymously with “intimate terrorism” (Johnson & Leone, 2005), is thought to occur only when a perpetrator combines emotional abuse and power and control tactics with physical violence, usually severe violence. Research showing that women use abuse/control tactics at rates comparable to men are overlooked, as well as the fact that they make up for their lesser strength by using objects and weapons, and carrying out assaults when their partners are asleep, drunk, or not paying attention (Cook, 1997; Mann, 1988; McCleod, 1984; Shupe et al., 1987; Steinmetz & Lucca, 1988). Here is one man’s account, courtesy of Cook (1997):

She would lose her temper and throw things at me. The first time, I was walking down the hall...and a set of keys hit me in the back of the head...A lot of times, I would be working on some papers and there would be a coffee cup there, and she would intentionally spill the coffee; she went from that to throwing the coffee, and then throwing the cup and the coffee. She would throw hot scalding coffee in my face... She would hit me with things. One time we had an argument, and I decided to let her go into the bedroom and let her settle down, so I went to sleep on the couch. About an hour later, I was awakened with a terrible pain on my forehead. She had taken one of my cowboy boots and, with the heel, whacked me on the forehead (p.39).

Indeed, men may not have the snot “beat” out of them nearly as often as females, but it is certainly shot, knifed, burned or dislodged out of them with objects (Straus & Gelles, 1990). However, due to prevailing cultural norms that require men to be strong and in control, and that minimize the significance of female-perpetrated abuse (Mooney, 2000; Straus, Kauffman-Kantor & Moore, 1997; Simon, Anderson, Thompson, Crosby, Shelley & Sacks, 2001; Sorenson & Taylor, 2005), men are reluctant to admit fear of their female partners (Dutton & Nicholls, in press; Fontes, 1998). Some men are clearly afraid of their partners, but when they contact law enforcement, they are not taken as seriously as female victims (Buzawa & Austin, 1993; Watkins, 2005). Much like battered women, they will disclose their fears only when they feel safe enough to do so (Hines et al., 2005).

In short, if we define “battering” or “intimate terrorism” as the perpetration of emotionally abusive/controlling behaviors in combination with physical abuse, there are as many female intimate terrorists as male (Graham-Kevan & Archer, 2004). When we narrow our definitions to take into account the higher physical injuries suffered by women and men’s greater ability to engender fear of *physical* harm, we find that men clearly perpetrate the majority of this violence. We ought not, however, discount fear of *emotional* harm. In light of the generally greater effects of emotional abuse, it would seem reasonable to take seriously *all* types of “abuse,” regardless of how we define that term. One is pressed to determine what is the greater fear – of being shoved by your spouse across the room next time they have a bad day, or of being called a “loser” in front of your children or having your sexual performance ridiculed.

Treatment of domestic violence must also take into account differences between the genders in biology, personality, communication and social roles; and clinicians who conduct intervention groups for female perpetrators (e.g., Koonin, Cabarcas, & Geffner, 2002; Leisring, Dowd, & Rosenbaum, 2003; Petracek, 2004) structure their programs accordingly, including time for such topics as PMS and its role in self care and anger management. Women generally

put a higher value on relationship intimacy and are more emotive, whereas men value autonomy and have a more linear, problem-solving orientation (Tannen, 1990). According to Farrell (1988), men are conditioned to view women as sex objects, but women, who have traditionally favored economic stability, often regard men as *success* objects. Men may become frustrated and escalate their anger when sexually unsatisfied or when their partners do not behave in a stereotypically female “nurturing” manner; while some women may absolve themselves of financially responsibility, and expect to secure custody of the children in the event of a divorce. Because a great part of their self esteem comes from being providers, men are more prone to experience work stress, whereas the tasks associated with child care and homemaking are what typically cause stress in women – even more so in dual-income families, where they still carry the greater domestic burden (Allen & Hawkins, 1999; Cascardi & Vivian, 1995).

In assuming these roles and invoking male privilege, some men seek to dominate their partners (Pence & Paymar, 1993); whereas domination and control by women is often based on *female privilege* - the assumption that in matters of child care and homemaking they know better and should not be questioned (Allen & Hawkins, 1999). Indeed, traditional gender roles, especially when they are forced rather than agreed upon, do have an impact on couples conflict and the escalation of aggression for both men and women (Coleman & Straus, 1990; Stith et al., 2000). Such communication and cultural disparities, unless properly understood and managed, may easily fuel relationship conflict. Thus, to the extent that there exists “gendered” violence, such violence cannot be said to be perpetrated only by men.

8. THE GENDER-INCLUSIVE APPROACH IS A *FEMINIST* APPROACH.

The research to be found in this volume, together with its suggestions for treatment and policy, honor the pioneering efforts of victim advocates and the shelter movement in finally getting domestic abuse to be taken seriously, and is meant to build upon this work. No one wishes to return to a time when violence between intimate partners was regarded as a “private matter,” rather than the criminal offense that it is. Along the way, however, the movement has taken a strange turn, producing a rigid, exclusionary and ideologically-driven form of feminism remarkably unconcerned about its original principles of equality, truth and social justice. This feminism, which has dominated research and been responsible for the intervention policies currently in existence, has been called *victim feminism*, or alternatively *gender feminism* (Sommers, 1994); and has, ironically, much more in common with the patriarchy it would overthrow. Corvo and Johnson (2003) write:

Such a feminist epistemology was to ensure..the honoring of process, and of complex interpersonal systems. It was to encourage dialectical, “both/and” thinking, as opposed to the “either/or” dualism attributed to “patriarchal” mindsets. It was to foster an awareness that “the personal is the political,” that individual psychology, motivations, and actions impact at cultural and sociopolitical levels. It was to avoid the projection of our own unacceptable fears and thoughts onto those perceived as somehow “other than” ourselves; it was to eschew the wholesale objectification and dismissal of entire classes of people...

Those working in the field of domestic violence must be allowed to make good on feminist claims as to the purported value of examining the full range of the problem as it manifests along a variety of dimensions, of recognizing complex and multifactorial

etiological processes at work in the perpetuation of the problem, and in rejecting stereotypical characterizations of males as well as females, without either their feminist loyalties or compassion credentials being called into question (pp. 268-269)

The gender-inclusive approach is an attempt to make good on those early promises of feminism. An *equity feminism*, it seeks to protect all members of the family system, and holds perpetrators of both genders accountable for their behavior, rather than regarding one gender as nothing more than helpless children. As yet, scholars have not adequately explained how it can be that women are a priori powerless in intimate relationships, yet possess the physical strength, stamina, mental toughness and drive to become police officers, firefighters, and business executives. “As long as women subscribe to the notion of universal victimization,” writes Reena Sommer (1995), “they will never experience the freedom that goes along with having control over their lives” (p. 3). And, we hasten to add, our common goal of eliminating domestic violence from our communities will remain compromised.

9. REGARDLESS OF PERPETRATOR GENDER, CHILD WITNESSES TO PARTNER ABUSE ARE ADVERSELY AFFECTED, AND ARE AT RISK FOR PERPETRATING PARTNER ABUSE AS ADULTS.

A recent meta-analytic review of the literature (Kitzmann, Gaylord, Holt & Kenny, 2003) found that 63% of children who had witnessed marital violence exhibited lower overall functioning than other children. Among the symptoms identified in this study, and previously by other investigators (e.g., Wolak & Finkelhor, 1998) are poor self-esteem, anxiety and trauma symptoms, depression, aggression, disrupted peer relations and poor academic performance. Also of concern is the witnessing of high marital conflict and verbal abuse. Child symptomology has been linked to this type of dysfunction as well as physical assaults (Cummings & Davies, 2002; Repetti et al., 2000; Straus & Smith, 1990; Wolak & Finkelhor, 1998).

Whether due to sampling limitations from an overdependence on shelter samples, an “evolutionary process,” or due to a more pervasive bias within the research community (Corvo & Johnson, 2003; Dutton, 2005), researchers have focused almost exclusively on violence by the father upon the mother. In the rare exceptions when mother’s violence is investigated, similar internalizing and externalizing symptomology have been found in children (English, Marshall & Stewart, 2003; Johnston & Roseby, 1997), as well as in adolescents (Fergusson & Horwood, 1998; Mahoney, Donnelly, Boxer & Lewis, 2003). These findings are significant, because of the correlations found between child witnessing of marital abuse by either parent and a host of adult psychosocial problems – including perpetration of intimate partner abuse (Langhinrichsen-Rohling et al., 1995; Straus, 1992). In fact, studies by Langhinrichsen-Rohling et al., as well as Straus, revealed *higher* rates of violence among adult perpetrators who had seen the mother assault the father, compared to father assaulting mother. A recent dating population survey (Kaura et al. 2004) additionally found that the women were more likely to have lived with a violent father, whereas violent males typically grew up with a violent mother. In contrast, a study by Sommer (1995), using a large community sample, found evidence for same-sex modeling.

10. FAMILY VIOLENCE IS A COMPLEX PHENOMENON, MEDIATED BY STRESS, WITH RECIPROCAL INTERACTIONS BETWEEN THE INDIVIDUAL MEMBERS.

Interventions in intimate partner abuse must take into account the family system because human beings are relational creatures, and because the effect of one person's behavior has repercussions for the larger group. In cases where a couple have no children, the relationship *is* the system. When working with a childless perpetrator whose victim has left, the clinician should still be mindful of the client's history of abuse in his/her childhood of origin, and effects it may continue to have in the present.

Severe intimate violence (e.g., punching, kicking, choking) between parents occurs at rates of approximately 4-5 per hundred couples, a rate half as high as severe physical child abuse or severe abuse perpetrated by a child upon a parent (Straus & Gelles, 1990). Sibling abuse represents the highest rates of family violence, (Caffaro & Con-Caffaro, 1998), and is more prevalent than abuse from peers in the community (Finkelhor, Ormrod, Turner & Hamby, 2005).

Family violence researchers have well documented the relationship between marital abuse and physical child abuse. A number of commonalities have been identified, including major risk factors (Daro et al., 2004; Merrill, Crouch, Thomsen & Guimond, 2004). The focus has been almost exclusively on abuse perpetrated by fathers. When mothers are found to have perpetrated child abuse, it is typically explained as a consequence of the stress and trauma from their victimization by their partners (e.g., Wolak & Finkelhor, 1998). However, research indicates that women who hit their children are more often perpetrators rather than victims of partner abuse (English et al., 2003); and that regardless of their perpetrator or victim status, fathers and mothers involved in intimate partner abuse are equally at risk of hitting children (Appel & Holden, 1998; Margolin & Gordis, 2003; Straus & Smith, 1990). Analyzing the results of their well-designed study on family violence, Mahoney, et al (2003) concluded: "mothers' and fathers' aggression in the marital and parent-child subsystems cannot be easily disentangled; neither parent clearly emerges as the primary perpetrator or victim of aggression in the family system" (p. 16).

We know from a recent meta-analysis (Kitzmann et al., 2003) that the two types of abuse overall have roughly equal effects on children, although the greatest impact may be from the verbal abuse directed by parents against them (English, et al., 2003; Moore & Pepler, 1998). We also know that the effects of marital violence on the family system extend beyond the discrete internalizing and externalizing symptomology in children, to include shifts in alliances and the blurring of boundaries between subsystems (Johnston & Roseby, 1997). Many children learn through observation to become violent, towards siblings or the parents (Rybski, 1998; Ullman & Straus, 2003). According to English, et al. (2003),

A direct link between DV directed at the primary caregiver and subsequent child outcomes may be difficult to find because domestic violence as measured here reflects a *family* use of violence, *involving the female caregiver as perpetrator twice as often as victim*. A picture emerges of households with a general atmosphere of negative, hostile and aggressive behavior occurring between all "family" members...(p. 54.)

Research is discovering the central role of stress in family violence (Margolin & Gordis, 2003; Salzinger, Feldman, Ing-mak, Mojica, Stockhammer, & Rosario, 2003); and is beginning to elucidate some of the causal pathways in which the victim of one person's abuse may reciprocate that abuse (as in mutually abusive adult partner relationships), and may also be the perpetrator to another person in the same family system. As can be gleaned from studies showing child behavior problems causing high levels of parental stress prior to and

independently of marital violence (Lynch & Cicchetti, 1998), the “top down” or “trickle effect” mechanisms in which partner abuse leads to child abuse offer only a partial explanation for a much more complex picture. Potter-Efron (2005) writes:

Although by no means inevitable, physical violence may be a serious problem in chronically angry families. Negative verbal interactions within these families can easily spiral toward violence over time. Grumbling turns into shouting and then shouting converts to threatening, threatening changes into shoving, shoving becomes slapping, and slapping finally yields to hitting. Although not necessarily everyone in the family becomes physically violent, everybody is deeply affected by the aggression. Adults who become violent often feel guilty and not in control of themselves or the family. Nonviolent spouses often feel frightened and helpless. Children can be traumatized when witnessing parental violence or when they themselves have become the recipients of harm. They can also learn in this manner that violence is an acceptable form of communication, something they can do either right away or when they grown up and have their own partners and children...

Members of chronically angry families seldom take responsibility for their actions. Instead, they blame other family members, essentially playing a game of “It’s not my fault.”...Each person will need to make a personal commitment to contain his or her own anger and anger-provoking behaviors before the family as a whole can change (pp. 166-167).

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