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### Female Perpetrators of Intimate Abuse

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## Female Perpetrators of Intimate Abuse

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**ABSTRACT** A review is made of female intimate abuse. It is concluded that females are as abusive as males in intimate relationships according to survey and epidemiological studies. This is especially so for younger “cohort” community samples followed longitudinally. Predictors of intimate violence with women appear to be similar to those of men; including antisocial criminal records, alcohol abuse, and personality disorders. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]*

**KEYWORDS** Female batterers, domestic violence

Compared to the extensive literature on male perpetrators of intimate abuse (Dutton, 2002; Hamberger & Hastings, 1991; Holtzworth-Munroe, Bates, Smutzler, & Sandin, 1997, *inter alia*), the literature on female perpetrators is scant. Although it has long been recognized that North American women and men are equally likely to be the perpetrators or the victims of intimate abuse (Steinmetz, 1977; Straus & Gelles, 1992), in large part, this knowledge has been prevented from influencing public policy and informing interventions for couples coping with

violence in their relationships. For years, the dominant feminist view in intimate violence research precluded the reporting of female battering (see Straus & Gelles, 1992, pp. 3-16) or dismissed it as merely self-defense (Dobash & Dobash, 1978, 1979; Dobash, Dobash, Wilson, & Daly, 1992). As a result, until very recently, political correctness and concerns that reports of female perpetrated abuse might decrease funding and other sources of support for female (i.e., the only) victims of partner violence have successfully silenced publications of such findings (e.g., see Felson, 2002) and, unwittingly, prevented progress in successfully preventing and treating this widespread public health issue.<sup>1</sup>

It likely would not be an overstatement to suggest that an important evolution is occurring in the domestic violence field. First, scholars are increasingly asserting that violence in relationships needs to be considered within the larger context of interpersonal violence and that focusing our attention on correlates and motives known to predict general violence can inform our understanding of violence between intimate partners (Dutton, 1994; Dutton & Nicholls, in press; Felson, 2002). In direct contrast to the traditional radical feminist perspective, the emerging generation of research literature asserts that partner abuse reflects intimacy, interpersonal conflict, psychopathology, and demographic and psychosocial correlates common to other areas of criminology and forensic psychology (e.g., prior antisocial and violent behaviors) (Dutton & Nicholls, in press; Ehrensaft, Moffitt, & Caspi, 2004; Felson, 2002). Second, women's perpetration of abuse and men's victimization experiences in intimate relationships are emerging as important considerations in safety planning, preventive and therapeutic interventions, and legal responses to domestic violence. Although the work of Straus and colleagues awakened the field to women's use of abuse tactics in relationships long ago (Steinmetz, 1977; Straus & Gelles, 1992), it has taken decades for the realities of those innovations to begin to be reflected in public policy and used to inform evidence-based practice. It is against this backdrop that we will examine women's use of abuse in intimate relationships and begin exploring the treatment needs of women who engage in abuse against their partners.

### ***ABUSE PERPETRATED BY WOMEN AGAINST MALE INTIMATE PARTNERS***

There is no shortage of discussion in the literature regarding the controversial issues of who hits first, who hits more often, and who presents

a *real* threat of harm to their partners, men or women? Recent empirical and theoretical reviews (Archer, 2000, 2002; Dutton, 1994; Dutton & Nicholls, in press; Felson, 2002; Fiebert, 2004; George, 1999, 2003; Nicholls & Dutton, 2001; Straus, 1999) provide compelling evidence that the rates of victimization and perpetration are similar among men and women in intimate relationships and the severity of violence and resulting harm is most often minor (Dutton, 1998; Ehrensaft et al., 2004; Johnson, 1995; Makepeace, 1986). Furthermore, evidence is amassing that contradicts the notion that women's aggression is primarily in self-defense against abusive male partners.

### ***Similar Rates of Victimization and Perpetration Among Men and Women***

Over the past few decades, a growing number of studies have been released that support the contention that females perpetrate violence at rates equal, or similar, to males (for reviews, see Dutton & Nicholls, in press; Fiebert, 2004; Straus, 1999). Findings are relatively consistent across dating, cohabitating, and marital relationships in community samples; though, there is some evidence to suggest young respondents (under 30 years) in dating relationships evidence higher rates of aggression, particularly by women (Follingstad, Wright, Lloyd, & Sebastian, 1991; Sommer, Barnes, & Murray, 1992; Sorenson, Upschurch, & Shen, 1996).

More than two decades ago, Bernard and Bernard (1983) surveyed 168 males and 293 females enrolled in introductory psychology courses, 30% of the students reported having abused a partner or having been abused by a partner. Fifteen percent of the men reported they had victimized a partner, of those male abusers 77% reported they also had been abused. Of the women, 21% reported they had perpetrated abuse and, of those, 82% also had been victimized. Around the same time, Henton, Cate, Koval, Lloyd, and Christopher (1983) sampled male and female high school students and demonstrated that 78 (29 males and 49 females) of the original sample of 644 reported having been the aggressor or the target of physical violence in a dating relationship. Henton and colleagues concluded that the abuse could most commonly be characterized as reciprocal; 71.4% of respondents reported that they had been both the victim and the aggressor at some point during the relationships.

A few years later, O'Keefe, Brockopp, and Chew (1986) surveyed 135 female and 121 male high school students. The results indicated

that the prevalence of violence did not differ significantly by sex: 11.1% of females and 10.7% of males reported being victimized, without having perpetrated violence. Burke, Stets, and Pirog-Good (1988) sampled 505 (298 females; 207 males) upper-class students from a large mid-western university. The results indicated no significant differences in men's and women's reported perpetration and victimization rates; 14% of men and 18% of women in their sample engaged in physical violence against a date; 10% of men and 14% of women reported having been physically assaulted by a date. Thompson (1991) provided data from a sample of 336 undergraduates, which further indicated that physical aggression in dating relationships is not gender specific. The use of any form of aggression in the context of a dating relationship in the two years prior to the study was reported by 24.6% of the men and 28.4% of the women (Thompson, 1991).

More recently, Magdol et al. (1997; also see Moffitt, Robins, & Caspi, 2001) conducted one of the few prospective studies to examine the prevalence of violence in intimate relationships. These investigators followed a birth cohort of 1,037 subjects in Dunedin, New Zealand. At age 21, 425 women and 436 men who were in intimate relationships from the Magdol et al. cohort answered Conflict Tactics Scale (Straus, 1990) questions about their own and their partners' use of violence. Both minor and severe physical violence rates were higher for women, whether self or partner reported. The female severe physical violence rate was more than triple that of males (18.6% vs. 5.7%). Stranger violence was also measured and again was more prevalent among women (36% vs. 25%).

In a sample of 70 male undergraduates who were unmarried and had been in a dating relationship in the last year, Simonelli and Ingram (1998) found that 40% reported on the CTS (Straus, 1979) that they had been the victim of at least one violent act in the past year. Twenty-nine percent reported that they had been the victims of severe violence (e.g., kicked, bitten, hit with a fist, had a gun or knife used against them). In comparison, 10% of the men reported that they had used severe violence against a partner.

Nicholls, Desmarais, Spidel, and Koch (2005) compared the prevalence and nature of victimization and abuse perpetration in a sample of undergraduate men ( $n = 13$ ) and women ( $n = 52$ ) from a mid-sized Canadian university who had been in heterosexual relationships for at least three months. As anticipated, results from the CTS2 (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) indicated lifetime victimization and perpetration of abuse in intimate relationships among undergradu-

ates was common and differed little by the gender of the respondent. With regard to perpetrating abuse, none of the comparisons between men and women for the prevalence of the various categories of abuse on the CTS2 reached significance. Women had somewhat higher rates of perpetration across all categories of abuse (psychological, physical, sexual coercion, injury) regardless of the level of severity considered (i.e., any, minor, or severe on the CTS2); with the exception of men being somewhat more likely to report having committed minor sexual coercion (38.5%) than women (23.1%). Undergraduate men and women also generally reported similar rates of victimization: psychological abuse (women = 78.8%; men = 69.2%), physical abuse (women = 26.9%; men = 23.1%), and sexual coercion (women = 42.3%; men = 46.2%). There was some evidence the women were more likely to have experienced serious abuse. Results indicated severe psychological abuse (women = 32.7%; men = 38.5%), severe physical abuse (women = 11.5%, men = 0%), severe sexual coercion (women = 15.4%, men = 7.77%), any injury (women = 9.6%; men = 0%) and severe injury (women = 1.9%, men = 0%) occurred in a substantial minority of undergraduate relationships and tended to be somewhat more likely to be experienced by women than men.

Community research with participants in marital or cohabiting relationships reveals similar evidence of gender symmetry in abuse perpetration and victimization. Kwong, Bartholomew, and Dutton (1999) surveyed a representative sample of 356 men and 351 women from the province of Alberta. Regardless of the gender of the respondent they found similar one-year prevalence rates for husband-to-wife violence, with men reporting slightly higher rates (not significant). Men and women also agreed on the prevalence of wife-to-husband violence.

Using U.S. national survey data, Stets and Straus (1990) demonstrated that women were three times as likely to use severe violence against a non-violent male partner than were men against a non-violent female partner. For reasons that may have to do with the predominant view of family violence as male perpetrated, this important finding has largely gone unnoticed. Unilateral female violence ranged from 9.6% in married couples to 13.4% in cohabiting couples (the comparable rates for male unilateral violence were 2.4% and 1.2%) (Stets & Straus, 1990). Hence, female violence could not be characterized as solely self-defensive. Archer's (2000, 2002) meta-analytic study of gender and violence usage in intimate relationships revealed females, if anything, were somewhat more violent than males, according to summed self/other reports.

Only in “crime victim” surveys, do men still appear as the more frequent perpetrators of intimate aggression; scholars propose this might reflect differential definitions of crime, demand characteristics of the surveys, and/or sensitivity to detection (Archer, 2000; Dutton & Nicholls, in press; Straus, 1999). Furthermore, males report being injured by female partners at a rate more similar to female injury rates than feminist reports have reflected (Archer, 2000). The injuries are frequently obtained by female use of weapons to physical attacks on male genitalia (Hines, Brown, & Dunning, 2003; Morse, 1995).

### ***Evidence That Women Aggress Against Non-Abusive Partners***

As we have demonstrated, many studies ascertain that women commit partner violence at similar or higher rates than males. A limitation of gender symmetry identified by many critics is that women’s aggression might be in self-defense; less commonly asserted, but possible, is that some men might similarly be aggressing against their partners in response to female initiated aggression. Contrary to the self-defense hypothesis, several authors have reported that many women who use violence report striking the first blow. In a Canadian sample, Bland and Orn (1986) reported that of the women in their sample who used violence against their husbands, 73.4% said they used violence first. Similarly, Stets and Straus (1992) reported that women committed the first act of aggression more than half of the time (52.7%). In a large sample of American dating college students ( $N = 968$  women) Fiebert and Gonzalez found 29% of women revealed they initiated assaults.

Further research also provides evidence that women aggress against non-abusive male partners. Lewis, Travea, and Fremouw (2002) assessed variables associated with female violence in dating relationships in a sample of 300 undergraduate women. They found that 16% of the women engaged in bi-directional violence and 7% of the women were the sole perpetrators of abuse (69% were in non-violent relationships, 8% were victims). In 1998, Majdan surveyed 103 female undergraduate students currently involved, or involved in the last year, in a heterosexual dating relationship of at least one-month duration. Majdan determined that women reported engaging in more psychological and physical aggression than they reported experiencing. The prevalence of physical assaults perpetrated by the women was higher for both prior year (44%) and lifetime (49%) than the prevalence of physical victimization reported by the women (36% and 41%, respectively). The prevalence of abuse perpetrated by the women that resulted in injuries in the



last year and over their lifetimes were identical (11%); they were also comparable to the prevalence of abuse that resulted in injuries to the women in the last year (11%) and over the women's lifetimes (15%). Majdan (1998) reported that the women experienced more sexual coercion (36% last year; 39% lifetime) than they perpetrated (25% last year; 27% lifetime).

In a sample of 505 Caucasian undergraduate women Stets and Pirog-Good (1987) reported the women were more likely to experience and to use violence in a dating relationship than men; however, the differences were not significant. Stets and Pirog-Good (1987) proposed that women may be more likely to report violence than men (note that the rate of violence experienced by women is fairly equivalent to the rate of using violence by men). However, it may be that the women were involved in mutually abusive relationships—which would explain why both the rate of female abuse and use of violence was higher for the women in this sample than for the men. In their undergraduate sample, Simonelli and Ingram (1998) found that men were more likely to report being seriously victimized than to report having inflicted serious harm on their partners.

Undergraduate men and women in the Nicholls et al. study reported comparable rates of abuse perpetration and victimization on the CTS2. Men reported similar prevalence rates when asked about perpetrating psychological abuse (69.2%), physical abuse (30.8%), sexual coercion (38.5%), and injuries (0%) as when they were asked about those types of victimization experiences (69.2%, 23.1%, 46.2%, 0%, respectively). Women also reported perpetrating psychological (86.5%), physical (38.5%), sexual coercion (44.2%), and injuries (11.5%) at a rate similar to their rates of victimization across those same categories (78.8%, 26.9%, 42.3%, 9.6%, respectively). Although it cannot be ascertained from that study whether respondents' partners were abusive or not, it is instructive to note the women were slightly more likely to report perpetrating each form of abuse than they were to report victimization in each category. These findings have made it increasingly difficult to view abuse in intimate relationships as solely, or even primarily, a reflection of sexism, misogyny, or patriarchy.

### ***Reporting Issues***

Considerable criticism has also been leveled at gender symmetry findings in the partner abuse literature from the perspective that there

may be reporting issues to be considered. Most commonly, the assumption seems to be that men underreport their use of abuse against their partners and overreport their victimization experiences (Bernard & Bernard, 1983; Dobash et al., 1992). The veracity of women's reports of victimization tend to come under much less scrutiny. Women's reports of abuse are generally taken at face value (also consider reports of sexual harassment, childhood sexual abuse, and rape) (see Dutton & Nicholls, in press; Felson, 2002; Henning & Feder, 2004). In fact, men and women in Henning et al.'s (2003) study were equally likely to respond on the MCMI-III in ways to make them look favourable.

Contrary to the hypothesis that men exaggerate their victimization experiences evidence suggests men are unlikely to report abuse experiences due to socio-historical influences (e.g., gender-role socialization). Burke and colleagues (1988) pointed to the disparity between the number of men who reported having been physically assaulted and the number of women who reported committing physical assault, suggesting that perhaps males underreport physical victimization by female partners because it is considered "normal" or not recognized as "violence" per se.

In one of the more influential examinations of the reporting issue, Straus and Gelles (1992) broke down violence rates on the basis of who did the reporting. The largest discrepancy was for males under 25 years of age to underreport wife violence compared to wives' reports of their own violence. Husbands' reports of their own victimizations were only 72% of wives' perpetration reports for all assaults. Conversely, husbands' perpetration reports were 79% of wives' victimization reports (p. 553). *Wives' perpetration reports were 208% of husbands' victimization reports. Men grossly underreported both perpetration and victimization by severe violence.*

A review of the literature indicates that like men, women initiate abuse, women commit unilateral aggression (i.e., against non-abusive partners), sometimes of a serious nature, and the majority of abusive relationships involve mutual abuse; the evidence is broadly consistent, regardless of the gender of the respondents (Dutton & Nicholls, in press; Ehrensaft et al., 2004).

### ***Severity of Abuse of Abuse Perpetrated by Women***

It has been suggested that the severity of abuse and the negative physical, psychological, and financial implications of abuse suffered by men

is not comparable to that experienced by women (Saunders, 1988). Considerable research confirms that an important minority of women suffer egregious harm as a result of chronic severe abuse by a small proportion of men (Dutton, 1998; Walker, 1984); that does not, however, preclude the possibility that men might also suffer serious harm as a result of severe abuse by female (or male) partners (Dutton & Nicholls, in press). A brief review of the literature suggests that on average women sampled from the community commit serious violence against their male partners at rates that rarely differ significantly from male perpetration rates of severe violence.

In 1991 Thompson reported that women committed more severe aggression than men. Although the differences were not significant, 7.2% of the men and 10.7% of the women reported that they had used severe aggression against a date and 13.8% of men and 8.9% of women reported they had been severely victimized by a date. Similarly, Magdol et al. (1997) asserted that the female severe physical violence rate was more than triple that of males (18.6% vs. 5.7%). Stranger violence was also measured and was again more prevalent by women (36% vs. 25%). Kwong and Bartholomew (1998; also see Kwong, Bartholomew, & Dutton, 1999) found that women who were victimized were about twice as likely to report severe injuries (14% vs. 7%) and to feel physical pain the next day (38% vs. 18%) than men who were victimized. These “effect” data were for the percentage of *victims* who experienced injury or pain. When calculated as a percentage of the entire population, the results indicated 2.5% of men and 4% of women had severe injuries, 6.5% of men and 11% of women experienced physical pain.

Ridley and Feldman (2003) examined 153 volunteer females from a community public health clinic in a study of conflict and communication. The women in their sample reported the following physical abuse frequencies directed at their male partners: kicking, 20.2%, choking/strangling, 9.1%, physically attacking the sexual parts of his body, 7.1%, using a knife or gun against him, 7.8%. Women who engaged in these acts reported using them repeatedly (i.e., 40 incidents of kicking [per perpetrator who reported using this action], 6.5 incidents of “physical attacks to the sexual parts,” 4.25 acts of choking per perpetrator, etc.).

In a sample of female undergraduates who admitted to committing partner abuse on the CTS2 (Straus et al., 1996) Spidel, Nicholls, and Kropp (2003) reported that although most of the abuse was minor (71%) (items 1-10), moderate (26%) (items 11-14) and severe (3%) (items 15-19) abuse was not uncommon. Furthermore, evidence sug-

gests that men victimized by their female intimate partners do experience serious harm. For instance, in a study of dating violence among high school students, Callahan, Tolman, and Saunders (2003) found increasing violence was related to PTSD and dissociation among females and predicted anxiety, depression, and PTSD among the male respondents, even controlling for demographic, family violence, and social desirability items.

A select review of the literature demonstrates that women use acts of abuse across the entire continuum of domestic violence identified in the literature. Consistent with research with male perpetrators of partner abuse, the bulk of women's abuse is minor but the research suggests a minority of women commit severe acts of aggression and women's abuse can result in significant negative outcomes for male victims. The impact of women's abuse on male partners is a relatively unexplored area worthy of further investigation.

### ***ABUSE PERPETRATED BY WOMEN IN HOMOSEXUAL RELATIONSHIPS***

Further evidence of women's use of abuse in relationships, men's risk for victimization by intimate partners, and data to refute patriarchal explanations of partner abuse to the exclusion of other theories, has been gleaned from research on homosexual male and female relationships (Island & Letellier, 1991; Renzetti, 1992). Lie and Gentlewarrior (1991) surveyed 1,099 lesbians, finding that 52% had been a victim of violence by their female partners. More than half the women said they had used violence against a female partner, and 30% said they had used violence against a non-violent female partner. In a CTS study of 48 lesbians and 50 gay men, self-selected for the research, Kelly and Warshafsky (1987, as cited in Renzetti, 1992) found that 47% of the sample had used physical aggression against an intimate partner.

Brand and Kidd (1986) surveyed 75 heterosexual women and 55 homosexual women, the sample consisted of mostly well-educated, middle to upper class, Caucasian women. Most subjects were students at a women's college in Northern California. Other respondents included members of a lesbian discussion group and women who answered a newspaper ad. The women responded to a 24-item questionnaire. Results indicated the rate of physical abuse reported by lesbians (25%) and heterosexual women (27%) in intimate relationships was comparable. Four (7%) of the heterosexual women reported being the victim of a

completed rape and three (5%) homosexual women reported an attempted rape by a female partner in a dating relationship. Lie, Schilit, Bush, Montagne, and Reyes (1991) similarly illustrated abuse rates were higher in lesbian relationships than in heterosexual relationships. In a survey of 350 women in homosexual relationships (who had been in both lesbian and heterosexual relationships) reported rates of verbal, physical, and sexual abuse were all significantly higher in lesbian relationships than in heterosexual relationships.

Renzetti (1992) studied 100 self-identified victims of lesbian battering of whom 98% were 18-50 years old. Typical respondents in Renzetti's sample were 26-35 years old, 95% were Caucasian and the women were primarily educated—42% had graduate or professional education/degrees, only 7% were employed in blue-collar occupations, and 85% of the women were no longer in the abusive relationships. These factors reflect the lack of generalizability of Renzetti's findings, but more importantly they speak to the fact that intimate violence occurs across social classes. Renzetti concluded that situational battering (i.e., abuse that occurs once or twice while the couple is in crisis and never occurs again) appears to be relatively rare in lesbian relationships. Dependency, jealousy, imbalance of power, substance abuse, and intergenerational violence were seen as primary contributing factors to violence between lesbian partners. Fortunata and Kohn (2003) found the predictors of lesbian battering to be a history of childhood abuse, alcohol abuse and high antisocial or borderline scale scores on the MCMI-III. They concluded that psychopathological explanations best explained lesbian battering.

Reflecting on evidence of gender symmetry in perpetration and victimization rates among heterosexual couples and high rates of abuse in lesbian relationships, Dutton (2002) proposed that abusiveness was either a personality construct or else emanated from dysfunctional conflict resolution. He called for prospective studies on female abusers and argued that similar traits would be found in female abusers as were found in studies of male abusers. There is now a small literature beginning to address these issues.

### ***CORRELATES OF WOMEN'S PARTNER ABUSE***

Advancements in understanding abuse in intimate relationships have evolved almost exclusively from research exploring men's abusive or violent behaviour, women's victimization experiences, and the ensuing theo-

retical and treatment developments. Increasingly, it is being recognized that women's use of violence is one of the strongest predictors of their own risk for victimization (Felson & Cares, 2004). Moreover, as demonstrated above, as many as 50% of relationships involve mutual aggression and we also know that some women engage in severe violence against non-abusive men (Archer, 2000; Dutton & Nicholls, in press; Straus, 1999).

In other domains of scholarly research (e.g., violence risk assessment with female inmates/offenders and psychiatric patients) women's violence has been found to share many correlates with men's violence (e.g., substance abuse, prior violence) (Cale & Lilienfeld, 2002; Loucks & Zamble, 2000; Nicholls, Ogloff, & Douglas, 2004). That being said, there is also evidence to suggest that there may be some violence risk factors that are gender specific (e.g., gang membership), risk predictors that impact women differentially (e.g., sexual abuse, mental disorder, or intellectual deficits) (Babcock, Miller, & Siard, 2003; Hodgins, 1992), or that women's aggression might be expressed differently (Werner & Crick, 1999). Logically, then, we might expect to find that some risk factors overlap men's and women's use of aggression against intimate partners (e.g., child abuse histories, substance abuse/dependence, personality disorders, insecure attachment) but that women's intimate abuse might also stem from some unique risk predictors.

Increased knowledge of the contexts, motivations, personality characteristics, and psychosocial risk factors related to women's use of abuse and violence in intimate relationships has important implications for policy and will be useful for guiding treatment and intervention with female abusers and couples who engage in mutual abuse. Although many scholars assert women in batterer programs are likely self-defending victims (Martin, 1997) there is little research comparing the background of women receiving services for perpetrating abuse versus women in treatment as a result of suffering abuse in intimate relationships (Abel, 2001). As we have demonstrated, a large proportion of couple abuse is reciprocal, and sometimes it reflects female initiated aggression, indicating a need to explore the demographic characteristics, mental health, and criminal histories of women who commit abuse against intimate partners to better inform prevention and intervention strategies (Ehrensaft et al., 2004; Moffitt et al., 2001; Nicholls & Dutton, 2001).

### ***Psychosocial Histories of Women Who Commit Partner Abuse***

Based on his extensive review of the gender and violence literature, Felson (2002) noted delinquency and prior aggression correlate as



highly with women's aggression as with men's aggression. Our review of the literature similarly leads us to conclude that women who commit abuse against their partners are a heterogeneous group, which shares many characteristics in common with male abusers and perpetrators of general violence.

Using a non-experimental design in a convenience sample, Abel (2001) compared 67 women attending a court-ordered batterer's intervention program and 51 women receiving partner abuse counselling services. Findings indicated that women in victim intervention programs were significantly more likely to be married than the women in the batterer intervention programs, who were more often dating. Both groups reported similarly high rates of victimization. There was some evidence of a trend, with batterers reporting more victim related exposures (e.g., being threatened, threats, coercive sex, etc.) though in four of the six areas of exposure the differences did not reach significance. Women in victim programs (67%) were significantly more likely to have previously used domestic violence victim services than women in batterer programs (33%).

The female victims in Abel's (2001) study reported significantly more trauma symptomology than the female abusers on the Trauma Symptom Checklist (TSC-33, Briere & Runtz, 1989). Abel did not report significance testing when comparing Briere and Runtz's non-abused women with her batterer group but TSC-33 scale and subscale comparisons for anxiety (5.73, 6.00), depression (10.10, 8.11), sleep disorder (4.35, 4.52), and overall trauma (28.25, 25.13) indicated small differences, suggesting the female batterers in this sample were similar to non-abused women in their trauma symptomology. In contrast, the women in Abel's victim programs had scores very similar to Briere and Runtz's abused group and their scores were substantially higher than Briere and Runtz's non-abused group. In addition to the lack of an experimental control and small sample size, a limitation of this study is that the "batterer" group was comprised primarily of African American women and the "victim" group was comprised primarily of Caucasian women. As the authors noted, cultural differences might have implications for help-seeking, for instance. Despite any limitations, this study provides evidence to suggest that female partner abusers are unique from female victims of partner abuse; as such, they likely present with unique treatment needs.

Holtzworth-Munroe and Stuart (1994) asserted there are three types of male batterers: family-only, dysphoric/borderline, and generally violent/antisocial. Building on their work, Babcock et al. (2003) examined

the contexts and motivations of abuse reported by 52 women referred to a treatment agency for abusive behavior. They categorized the women in their sample into two *a priori* categories: Partner-Only (PO) women (women who reported only using aggression against their romantic partners since age 18) and Generally Violent (GV) women (women who reported using violence in a variety of circumstances since age 18). The GV women reported a mean of 7.70 ( $SD = 9.21$ ) fights with an average of 3.58 different people. The GV women committed significantly more physical ( $F(1, 50) = 8.33, p < .01$ ) and psychological ( $F(1, 50) = 12.45, p < .001$ ) abuse, and also inflicted more injuries ( $F(1, 50) = 5.84, p < .01$ ) against their partners during the past year than the PO women. Of note, there were no significant differences between the PO and GV groups' experiences of abuse by their partners. As the authors hypothesized, according to the Trauma Symptom Checklist (Briere & Runtz, 1989) GV women reported more current trauma symptoms than the PO women ( $F(1, 50) = 3.11, p < .10$ ). The GV women more frequently reported a desire to hurt themselves, a desire to hurt others, and interpersonal problems (each at  $p < .05$ ).

Both the GV and PO women in Babcock et al.'s (2003) sample reported high rates of childhood physical and sexual abuse. The only significant difference between the women's backgrounds was that the GV women more often reported seeing their mothers aggress against their fathers ( $F(1, 58) = 8.06, p < .01$ ). Babcock et al. concluded that, similar to their male counterparts, female intimate abusers are a heterogeneous group. This study demonstrated that GV women likely have several overlapping traits with PO women but are perhaps going to present with distinctive or more extensive treatment needs.

Henning, Jones, and Holdford (2003) reported demographic, childhood family functioning, and mental health characteristics for a large sample of male (2,254) and female (281) domestic violence offenders. They found few differences between the demographic characteristics of men and women arrested for domestic violence. Women were more likely to have attended college but were less likely to work outside the home. A similar proportion of men and women had low IQs (i.e., borderline to mentally deficient) according to the WAIS-R. Analyses comparing childhood experiences that might result in adulthood adjustment difficulties or psychopathology revealed few gender differences (e.g., physical abuse, inter-parental physical aggression, parental criminal behavior, or substance abuse). Men were more likely than women to report corporal punishment by primary caregivers ( $p < .01$ ) and women were more likely to report severe interparental abuse ( $p < .01$ ). More



gender differences were evident with regard to the subjects' mental health histories and current mental health status. The male offenders were more likely than the female offenders to report prior treatment for substance abuse/dependence, to be rated high risk for substance dependence currently, to have had childhood conduct problems prior to age 16, and to have a desire to continue the relationship with the victim. The women were more likely than the men to have been prescribed psychotropic medication and to have a prior suicide attempt. Men and women in this sample were equally likely to report clinically significant distress.

In sum, studies examining characteristics of women who commit partner abuse is a relatively novel area of research. Findings to date suggest women who are victimized by their partners can be distinguished from women who have been identified primarily/solely as abusers. Further, as we have seen from research with male abusers, women who are violent only in their intimate relationships appear to be unique from women who also commit aggression in other contexts. Finally, female abusers share many of the same traits as their male counterparts.

### ***Psychopathology Among Women Who Commit Partner Abuse***

Dutton (2002) asserted that personality factors, rather than "male-ness" per se, generated emotional and physical abuse in males. In a series of empirical studies of court mandated treatment participants, Dutton showed that combinations of fearful attachment, borderline traits, and chronic trauma symptoms generated what he called an "abusive personality" in males. Recent research has begun to explore the role of these features among female perpetrators of partner abuse.

Follingstad, Bradley, Helff, and Laughlin (2002) generated a model for predicting dating violence in a sample of 412 college students. They found that anxious attachment resulting from early life experiences led to the development of an "angry temperament" which, in turn, related to attempts to control and use abuse against an intimate partner. The model predicted abusiveness for both genders.

Ehrensaft, Cohen, and Johnson (in press) followed a community sample for 20 years to study the associations among childhood exposure to family violence, personality disorder symptoms, and perpetration of intimate violence in adulthood. They found that the formation of personality disorder clusters as described in the DSM-IV mediated intergenerational transmission of family violence. Presence of personality disorder rather than gender was the better predictor of partner vio-

lence. Ehrensaft et al. also asserted that personality disorder clusters, which usually decline after adolescence, decline more slowly in abusive men and women; hence, an abusive personality appears to exist across genders. The authors described this as “having an early pre-existing pattern of distrust, interpersonal avoidance, unusual or bizarre beliefs and constricted positive affect” (p. 24). These traits remain more stable in abusive people, regardless of gender. As Ehrensaft et al. (2004) put it,

studies suggest that this single-sex approach is not empirically supported, because both partners’ behaviors contribute to the risk of clinically significant partner abuse, and both partners should be treated. Women’s partner abuse cannot be explained exclusively as self-defense against men’s partner abuse, because a woman’s pre-relationship history of aggression towards others predicts her abuse toward her partner, over and above controls for reports of his abuse towards her. (p. 268)

Henning et al. (2003) found women arrested for domestic violence had more symptoms of personality dysfunction and mood disorders than men arrested for domestic violence. The majority of both male (64.8%) and female (67.9%) offenders had no elevated clinical scales on Axis I of the MCMI-III. Women were significantly more likely to score in the clinical range for delusional disorder, major depression, bipolar disorder, somatoform disorder, and thought disorder. Female offenders were more likely than male offenders to score in the clinical range on the MCMI-III Axis II ( $F(14, 1249) = 31.67, p < .001$ ). Most notable, 95% of the women compared to 69.8% of the men had one or more elevated personality disorder subscales. The authors concluded that many women convicted of abuse against intimate partners are likely to have stable personality disorders that complicate their intimate relationships and are likely to have relevance to treatment.

In a recent study of female undergraduates at a large university in Western Canada, Spidel, Nicholls, Kendrick, Klein, and Kropp (2004) found a high rate of personality disorders according to self-reports on the SCID-II. In this sample of women who had committed abuse against an intimate male partner, 13.2% endorsed enough traits to meet the criterion for one personality disorder, 16.9% had two personality disorders according to their self report, and 33.1% met criteria for three or more personality disorders. The most prevalent diagnoses included Obsessive Compulsive (34.6%), Antisocial (33.8%), Passive Aggressive (28.7%), Narcissistic (22.8%), and Borderline (22.1%). Although the

high prevalence rates may be due in part to self-report, the findings are in line with other samples of males who commit spousal assaults.

Magdol et al. (1997) found that perpetrators and victims of both genders presented with the same demographic profiles: unemployed (compared to non-perpetrator/victims), limited education, alcohol dependence, and high scores on mental health and criminality scales. The risk factors for female violence were high scores on a scale of psychoticism, neuroticism, and the MacAndrew Scale for alcohol abuse. Both the psychoticism and neuroticism scales as described in the study were composites of measures assessing poor ego strength and may have been correlated with borderline features in this population. Substance abuse is also a problem behavior for individuals with borderline personality disorder. Dutton's (2002) work has implicated a borderline personality structure as a risk factor for intimate violence in male perpetrators.

Carney and Buttell (2004) compared the demographic and psychological profiles of female abusers who completed treatment with female abusers who dropped out of treatment. In their sample of 50 women referred to a 16 week program for partner abuse, the authors found marital status (i.e., married [42%] vs. not married [58%]) and voluntary (22%) vs. involuntary (78%) participation in treatment significantly distinguished women who did and did not complete treatment. In contrast, psychological variables did not distinguish completers from non-completers. Of particular note, their sample of female abusers had scores comparable to a previous sample of male abusers (Buttell & Carney, 2002) on the Propensity for Abusiveness Scale (PAS) and high rates of substance use. The results lead the authors to conclude that male and female abusers present with pretreatment similarities in their use of physical violence; therefore, treatment strategies employed with male abusers might have application to female abusers, as well.

Hence, as studies begin to assess psychological factors predicting female intimate violence, a pattern similar to male violence emerges; personality disorders, especially those impacting on intimacy, attachment style, and constricted affect are all present. These manifest themselves as did the same profile in males; with an "angry temperament," substance abuse, conflict generating beliefs and intimate violence. This finding holds, regardless of whether dating violence is studied cross-sectionally, lesbian violence is studied, or longitudinal studies are done on community groups.

*Women's Motivations for Partner Abuse/Contextual Variables*

Findings from studies examining women's motives for using aggression mirror research comparing the prevalence and incidence of abuse by men versus women, motives and contexts reflect the sampling procedures used in the various studies. Specifically, research in female clinical samples reveals high rates of self-defense, retaliation, and aggression reportedly due to fear of impending attacks by partners that have been assaultive previously (e.g., Saunders, 1986). In contrast, data from community samples reflects more similarity in the motives underlying men and women's use of aggression, tends to contradict patriarchal explanations of partner abuse, and offers little evidence that women's aggression, on average, is primarily in self-defense.

Follingstad et al. (1991) asked victims of partner abuse about their perceptions of their assaulters' motivations and simultaneously asked perpetrators to report their own motivations for using aggression. In the total sample of 495 undergraduate subjects in South Carolina, 115 respondents (23%; 16% of the men and 28% of the women) reported a partner had physically assaulted them. Women reported being victimized and perpetrating physical aggression twice as often as men. The authors found that there was no significant difference in the percentage of men (17.7%) and women (18.6%) who endorsed using aggression in self-defense. Furthermore, a greater percentage of women than men reported using aggression to feel more powerful (3.4% vs. 0), to get control over the other person (22.0% vs. 8.3%), or to punish the person for "wrong behavior" (16.9% vs. 12.5%). The two most commonly endorsed motives by victims (i.e., their perceptions of their assaulter's motives) were not knowing how to express themselves verbally and self-defense; these were endorsed at similar rates by male victims (32.7% and 4.1%, respectively) and female victims (28.2% and 4.8%, respectively). Many views on men's abuse of women hold that the goal is control; however, this study found that few men endorsed that motive. The authors noted, while it is possible men under-endorsed this motive, the men admitted to many other socially undesirable motivations.

Babcock et al. (2003) used multiple methods to assess women's motives for using violence against intimate partners. The women in their sample reported their partners used severely violent acts at least twice as often as the women reported using severe violence against their partners. Babcock and colleagues evaluated the women's open-ended re-

sponses to the question "List your reasons for choosing violence during the incident for which you were ticketed or arrested?" Of 89 codable responses, the most common motivation was reportedly self-defense (28.3%); anger and frustration were also common (20%). The authors found no significant differences between the motives of the GV and PO women. In comparison, multivariate analyses of items on the *Reasons for Violence Scale* indicated significant differences between the GV and PO women's responses ( $F(11, 40) = 2.87, p < .01$ ). Univariate analyses indicated that GV women were more likely to endorse items such as "he was asking for it" ( $p < .01$ ), "lost control" ( $p < .001$ ), "frustrated" ( $p < .05$ ), and "to push his buttons" ( $p < .01$ ). In contrast to the authors' expectations, the PO women were not more likely than the GV women to report using violence in self-defense.

The GV and PO women were also found to differ significantly on the *Proximal Antecedents of Violent Events Scale* (Babcock et al., 2003). The GV women were more likely than the PO women to use aggression as a means to control their partners ( $F(1, 47) = 5.48, p < .01$ ) and were more likely to resort to using violence in response to verbal abuse or due to jealousy ( $F(1, 47) = 6.66$  and  $9.91$ , respectively,  $p < .05$  for both). There was no significant difference between the PO ( $M = 7.56; SD = 17.38$ ) and GV ( $M = 12.19; SD = 17.38$ ) women in the reported frequency of self-defense as a motive. The authors used multiple methods to evaluate violence committed as an act of self-defense; in some cases they failed to find a significant correlation between the methods.

Finally, there is some evidence to suggest that women's aggression is a reflection of dysfunctional attempts to establish emotional closeness to their partner. Fiebert and Gonzalez (1997) found women reported using abusive tactics to obtain their partner's attention and to attempt to engage them. Similarly, Mason and Blankenship (1987) reported female college students ( $n = 107$ ) with high affiliation needs were most likely to be abusive to their partners. The women in Fiebert and Gonzalez's (1997) sample reported using aggression because they felt that their assaults were unlikely to result in serious harm or that their partners would retaliate. These findings suggest that interventions addressing positive communication strategies, education about the negative impacts of partner abuse on men, and the risk women's use of aggression presents for male retaliatory attacks might be effective in reducing abuse in intimate relationships.

### ***CLINICAL IMPLICATIONS***

An unintended consequence of mandatory arrest policies in many North American jurisdictions has been a dramatic increase in the number of women apprehended for abusing their partners and court ordered to attend treatment (Martin, 1997). The surge of female domestic violence offenders in the criminal justice system necessitates identifying intervention targets and developing guidelines for treating women who use abuse in their intimate relationships (Hamberger & Potente, 1994). Despite the relatively small body of literature available examining the characteristics of female abusers and predictors of women's abuse in intimate relationships, as we have demonstrated, evidence to inform clinical interventions with female abusers is beginning to mount.

Determining how best to conceptualise treatment for a female perpetrator of partner abuse should reflect evidence-based practice, a comprehensive assessment of the woman and her partner, and interviews with collaterals. Interventions that are relevant to women identified for treatment from clinical settings (e.g., women housed in shelters) likely will have similarities to strategies important to consider in treatment for women in marriage counselling and women arrested for domestic violence, but it is also possible that these heterogeneous groups will present with unique needs. As Hamberger and Potente (1994) noted, "There may be dynamics unique to non-clinical dating couples experiencing violence that do not apply to people involved in clinical treatment or intervention settings" (p. 128). They further asserted that it remains to be seen whether women who can be characterized as the primary or sole aggressor in the relationship can benefit for programs designed for women who are considered primarily victims.

#### ***Victimization Histories and Trauma Symptomology***

Several authorities have focussed their recommendations for intervening with female domestic violence offenders on familial risk factors and prior victimization experiences (Abel, 2001; Hamberger & Potente, 1994; Henning et al., 2003), trauma symptoms (Abel, 2001), the oppression of women (Hamberger & Potente, 1994), and the need for safety planning (i.e., to protect the woman from her male partner) (Hamberger & Potente, 1994; Henning et al., 2003). Given high rates of victimization experiences and trauma among both perpetrator and victim groups of women in her study, Abel (2001) concluded victimization issues should be covered in curriculum offered to women involved in



batterer treatment programs. Henning and colleagues (2003) similarly recommended assessing female abusers for child abuse histories and witnessing interparental abuse in the family of origin, in addition to a thorough consideration of women's mental health histories.

There likely is little doubt that prior victimization and traumas are relevant and appropriate treatment considerations—for male and female abusers, as well as male and female victims of intimate abuse. Perhaps research into treatment strategies with women who abuse their partners also will result in an increased recognition of the limitations inherent in shame-based interventions with male abusers and an increasing emphasis on social learning, psychopathology (e.g., personality disorders, attachment styles), conflict oriented theories, and related interventions. Henning et al. (2003) noted, "Traditional domestic violence programs that focus on power and control and negative attitudes toward women likely have limited utility for the female offenders" (p. 842). Recent research suggests current treatment approaches for partner abuse also have limited feasibility with male offenders (Babcock, Green, & Robbie, 2004; Babcock & Steiner, 1999; Rosenfeld, 1992).

The extant literature suggests that treating women's symptoms resulting from victimization experiences exclusively is likely to be an insufficient strategy for reducing women's use of aggression. For instance, very few of the women (5.4%) in Henning et al.'s (2003) study scored in the clinical range for Post-Traumatic Stress Disorder (PTSD). Similarly, Abel (2001) reported female offenders' trauma symptomology level was substantially lower than female victims and did not differ substantially from earlier research with non-abused women. The extent to which empowerment, safety planning, and trauma recovery are a focus of treatment with female domestic violence perpetrators should be considered on a case-by-case basis.

### ***Responsibility, Empowerment, and Assertiveness***

Although some authors have been reluctant to consider women's choices to use abusive relationship tactics, due to concerns it is tantamount to victim blaming, there is increasing consensus in the literature that women's use of aggression also can increase a woman's risk of victimization. Moreover, some experts point out that assisting women with understanding their (limited) responsibility will empower them by reducing self-defeating cognitive behavioral strategies (e.g., "I can change my partner"; "I wouldn't be able to survive without my partner") (Hamberger & Potente, 1994). Counselling around the issue of re-

sponsibility should serve to clarify that the woman is responsible for her own use of aggression and, particularly in situations involving mutual abuse, that she is not responsible for, and cannot control, her partner's behavior. Understanding violence as a choice provides the opportunity for exploring more productive problem solving strategies for managing situations that give rise to a woman's own use of abuse and/or safety planning in situations that give rise to abuse by her partner. An enhanced understanding of her responsibility should assist a woman with recognizing and implementing alternative positive behaviors for coping with tense or stressful situations with her partner and as appropriate, in other relationships or settings (e.g., parenting, in the workplace).

People who use violence tend not to feel powerful. In fact, quite to the contrary, research confirms that violent individuals often feel threatened, powerless, and fear abandonment (Estroff & Zimmer, 1994). As such, treatment programs for abusive women should foster the development of communication skills, frustration tolerance, and socially appropriate assertiveness (Hamberger & Potente, 1994).

### ***Mood Disturbances and Personality Disorders***

Women who use abuse tactics are more likely to have clinically elevated Axis I and II disturbances when compared to non-abusive women in the general population. Sommer et al. (1992) found that young women with elevated psychoticism and neuroticism scores were at greatest risk for partner abuse. Their study also indicated women's alcohol consumption might be an important consideration. Ehrensaft et al. (2004) reported that adolescent conduct disorder and aggressive personalities were present at similar rates among women in non-clinically abusive and clinically abusive relationships and distinguished women in abusive relationships from women in non-abusive relationships. Both men and women in Henning et al.'s (2003) study were most likely to be elevated on the Compulsive and Narcissistic subscales of the MCMI-III. Those authors also found women were significantly more likely than men to have elevations on the Histrionic and Borderline subscales. The authors concluded the findings suggest emotional stability and inflated self-importance should be targeted with women who use abuse in intimate relationships.

### ***Risk Assessments with Female Perpetrators***

Henning et al. (2003) reported that the women in their sample of domestic violence arrestees were less likely to have substance abuse histo-



ries and/or to be considered high risk for future substance misuse. They further found the men had higher rates of serious childhood conduct problems than the women. Henning and Feder (2004) similarly reported higher rates of adulthood criminality among male than among female domestic violence offenders. They also found male victims reported less severe abuse and less concern that their partners presented a serious threat to them than female victims. These findings resulted in Henning and colleagues (2003; Henning & Feder, 2004) concluding female abusers present less risk for future violence than male abusers. The logic in this conclusion seems inherent, however, it is based on translating templates of risk assessments for domestic violence that have grown out of work with male offenders, almost exclusively, to female offenders. It is possible, for instance, that prior conduct problems and involvement with the criminal justice system would be useful predictors for GV women but might contribute less to risk assessments with PO women (also see Felson, 2002). For instance, contrary to their expectations, Babcock et al. (2003) found the GV women in their sample were no more likely to have a criminal history than the PO women despite the fact the GV women presented a greater threat to their partners. In that study, GV women used more severe violence in a broader variety of contexts than PO women (Babcock et al., 2003). The authors noted, however, that 44% of the women in their study refused to respond to questions regarding their criminal histories.

Contrary to the assertion that female abusers present little future risk to their male partners, the Family Violence Surveys indicated that regardless of the gender of the perpetrator, if spouse abuse is reported once there is a 2/3 chance of reoffending against the partner (Straus, 1980, 1985). Similar conclusions were drawn by Ridley and Feldman (2003) who reported women who used aggression tended to use it repeatedly (two-thirds of the time). Finally, Felson (2002) concluded, "women who use violence against their husbands tend to be aggressive in other circumstances as well" (p. 211).

Henning et al. (2003) reported male and female abusers both tended to respond to Social Desirability and Validity subscales on the MCMI-III in ways intended to make them look favourable. This serves as an important reminder that forensic assessors should obtain collateral information when conducting partner abuse risk assessments (and child custody assessments) for both male and female abusers.

The validity and reliability of risk assessments with male spouse abusers is still a relatively new area with a small body of empirical evidence (e.g., Kropp & Hart, 2000). To our knowledge, little if any data

on the utility of risk assessments with female spouse abusers exists. Building on the recommendations of other authors (e.g., Ehrensaft et al., 2004) we would suggest that, given that most abusive relationships involve mutual aggression, assessments in this field might often best be characterized as couples risk assessments. That being said, it is likely the approximately 9% (Ehrensaft et al., 2004) to 12% (Dutton, 1998) of relationships involving severe violence, wherein the well being and safety of one partner is the primary focus, that are most likely to be the focus of forensic evaluations.

### CONCLUSION

As our discussion demonstrates, female perpetrated abuse in intimate relationships is at least as common as male abuse, often extends to the same degree of severity, can result in serious negative outcomes for male and female victims, and seems to reflect a common set of background causes. Contrary to early socio-political explanations, which proposed that women's use of aggression reflected primarily, or solely, self-defense strategies in response to male abuse, women are known to commit unilateral abuse. This suggests that many couples in treatment for partner abuse and perhaps slightly fewer who come into contact with the criminal justice system require services that address the perpetration and victimization needs of both partners. In fact, in their prospective longitudinal study in Dunedin, New Zealand, Ehrensaft et al. (2004) found that common couples abuse (i.e., non-severe abuse) was characterized primarily as woman-to-man abuse while clinically significant abuse (i.e., involving injuries and/or weapons) involved primarily mutual abuse, leading the authors to question the utility of focusing partner abuse preventions and interventions on male aggression.

Preliminary research suggests women who might best be categorized as primarily victims of partner abuse can be distinguished from women who are more appropriately categorized as primarily perpetrators. Furthermore, female domestic violence offenders share many of the same characteristics as male offenders, including similar motives and psycho-social characteristics (prior aggression, substance use, personality disturbance, etc.). Research comparing familial risk factors for intimate abuse also indicates greater similarities than differences for men and women who use abuse in relationships (e.g., witnessing interparental abuse, physical abuse by a caregiver). There is also some evidence to suggest typologies hypothesized to exist among male perpetrators

might translate well to women perpetrators. Finally, research to date suggests female abusers are about as likely as male abusers to have an Axis I disorder but are substantially more likely to be in the clinical range on Axis II. In contrast, studies clearly indicate that female victims of partner abuse are not more pathological than other women, though there is some evidence they are more aggressive (Ehrensaft et al., 2004).

An improved understanding of the etiology of women's aggression has begun to shape interventions for domestically violent women. We eagerly await treatment evaluation research and are hopeful that reconceptualizing partner abuse treatment for use with female abusers will have the added benefit of challenging prevailing assumptions that men's abuse against their female partners is grown directly out of patriarchy. Abuse in intimate relationships reflects a diverse constellation of predictors. Professionals would do well to consider risk factors common to general violence when evaluating male and female abusers as well as possible intervention needs of both partners.

#### NOTE

1. We recognize the limited resources that are made available to provide shelter, counseling, protection, and safety planning for women with abusive male partners; we are not recommending that these services be reduced. It is essential, however, that services reflect the field's knowledge of the dynamics of partner abuse and best serve the needs of families in turmoil. The research to date suggests that a consideration of women's use of aggression will serve to reduce women's risk of victimization in addition to preventing abuse of male partners.

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