Praise for *Family Interventions in Domestic Violence*

“This book makes significant advances in the field of domestic violence research. With its offerings of contemporary theoretical perspectives and original empirical findings, it is poised to be a valuable resource for researchers, clinicians, and policy makers alike.” -- Jamila Bookwala, PhD, Associate Professor, Department of Psychology, Lafayette College

“... an eye opening book that offers pragmatic and innovative solutions on the prevention and treatment of intimate partner violence in the 21st century. As the founder of a gender-inclusive nationwide domestic violence victim’s organization I implore public policy makers, law enforcement personnel, and those who work in the domestic violence and mental health fields to read this book! As well it should be a required text for college students going into those fields. As Dr. Straus so aptly states in chapter 3 of the book, ‘It is time to make the effort be one that is aimed at ending all partner violence, not just violence against women. Only then will women, as well as all other human beings, be safe in their own homes.’ I absolutely concur!” -- Jan Brown, Founder and Executive Director, Domestic Abuse Helpline for Men and Women

“For nearly four decades, intimate violence research, policy, and treatment have been intertwined with feminist theory, in general, and patriarchy theory, in particular. While this conceptual marriage has served the political agenda of advocates and eased the communication of the causes and consequences of intimate violence, this limited theoretical frame focuses our attention of partner assault as a woman’s issue, and not a human issue. With the present anthology, researchers, clinicians, policymakers, and advocates have a compilation of articles that examines the gender-intimate violence relationship. The authors do not assume a male-female difference in the forms or consequences of intimate violence; rather they critically evaluate the literature and carefully draw their conclusions based on this evidence. All gender-based assumptions are open to questioning ... There are no simple answers; these chapters offer the reader insights into the complexity of intimate violence. They represent a step-forward in the understanding and treatment of a problem that characterizes so many relationships. Perhaps, most importantly, these chapters push the debate to the next level ... As clinicians and policymakers, the “one-model-fits-all” needs replacing. We have to appreciate intimate violence’s diversity and tailor our interventions and policies. This book shows the reader where we have been and where we must go if we wish to confront adequately this social problem.” -- David B. Sugarman, PhD, Chair & Professor of Psychology, Rhode Island College
Family Interventions in Domestic Violence
John Hamel, LCSW, a graduate of the University of California, Los Angeles, has been a court-certified Batterer Intervention Provider since 1992, headquartered in the Greater San Francisco Bay Area. His clinical services included family violence assessments and treatment programs for abusive men, women and families. Mr. Hamel has provided consultation and training to mental health professionals, batterer intervention providers, victim advocates, attorneys and law enforcement, and has served as an expert court witness in criminal and family law courts. His articles on partner violence have appeared in the *Family Violence & Sexual Assault Bulletin* and *International Journal of Men’s Health*. Mr. Hamel is also the author of *Gender-Inclusive Treatment of Intimate Partner Abuse: A Comprehensive Approach* (Springer, 2005). His web site is www.JohnHamel.net.

Tonia L. Nicholls, PhD, obtained a doctorate in Law and Forensic Psychology from Simon Fraser University in 2002. The Social Sciences and Humanities Research Council of Canada and the Michael Smith Foundation for Health Research funded her three-year postdoctoral fellowship in the department of psychiatry, University of British Columbia and the BC Institute Against Family Violence. Currently, she is Senior Research Fellow, Forensic Psychiatric Services Commission, BC Mental Health and Addictions Services and Adjunct Professor of Psychology, Simon Fraser University. Her scholarly work has earned her “Brain Star” awards from the Institute of Neurosciences Mental Health, and Addictions, Canadian Institutes of Health Research, the Canadian Psychological Association President’s New Researcher Award, and the American Psychological Association Award for Distinguished Professional Contribution by a Graduate Student.
To Judi—for your kindness and patience. And thank you, Aviva and Jacob, for making me smile, and for reminding me every day of the things that really matter.

J.H.

To my daughters, Samara and Aly—may you find as much love, happiness, and peace as you have brought into my life.

Love, Mom.

T.N.
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John Hamel

Interventions Should Be Based on a Thorough, Unbiased Assessment

All Treatment Modalities and Options Should Be Considered, Based on the Facts of the Individual Case

Both Men and Women Can Be Victims and/or Perpetrators, and Everyone Is Responsible for His or Her Behavior

The Causes of Partner Abuse Are Varied but Similar Across Genders

Victim/Perpetrator Distinctions Are Overstated, and Much Partner Abuse Is Mutual

Both Genders Are Physically and Emotionally Impacted By Abuse
“Gender Inclusive” Does Not Mean “Gender Neutral” or “Gender Equal”

The Gender-Inclusive Approach Is a Feminist Approach

Regardless of Perpetrator Gender, Child Witnesses to Partner Abuse Are Adversely Affected and Are at Risk for Perpetrating Partner Abuse and Becoming Victimized as Adults

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Nicola Graham-Kevan, BSc, PhD, is a senior lecturer in psychology at the University of Central Lancashire, United Kingdom. Her area of expertise is relationship aggression. She has coauthored several articles on aggression including: “Physical Aggression and Control in Heterosexual Relationships: The Effect of Sampling” (Violence and Victims, 2003, 181–198); “Patriarchal Terrorism and Common Couple Violence: A Test of Johnson’s Predictions in Four British Samples” (Journal of Interpersonal Violence, 2003, 1247–1270); and “Investigating Three Explanations of Women’s Relationship Aggression” (Psychology of Women Quarterly, 2005, 270–277). She regularly presents her work at European and U.S. conferences and to clinicians in the United Kingdom. Nicola is a fellow of the International Society for Research on Aggression and the British Psychological Society with chartered psychology status. Additionally Nicola is acting editor for a special issue of men’s domestic violence and victimization for the International Journal of Men’s Health and has engaged in national government-led consultations on violence and human trafficking.
Peggy Grauwiler, LCSW, has dedicated the past 12 years to developing domestic violence programs for victims and their children within the criminal justice and child welfare systems. Her work includes the creation of the New York Domestic Violence Court Model, which continues to be replicated statewide. She has provided group and individual treatment to battered women, consulted on the development of statewide standards for batterer intervention programs in New York, and provided domestic violence training nationally for court personnel, judges, and victim advocates. She is the coauthor of several articles on restorative justice and intimate abuse, which have appeared in publications such as the *Journal of Sociology and Social Welfare* and *Public Health Reports*. She is currently a doctoral candidate in clinical social work at New York University.

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**Patricia Jones, MS**, joined the staff of the Antelope Valley Domestic Violence Council/Valley Oasis Shelter in 1999 after enjoying five years as a stay-at-home mom. This position brought her back to her first professional love, victim assistance. Patricia holds a bachelor’s degree in sociology from Eastern Connecticut State University and Applied Social Relations with a focus in Criminal Justice as well as a master’s degree in Criminal Justice/Corrections from the American University, Washington, DC, where she graduated with distinction. Patricia passionately advocates for all victims of domestic violence, both male and female, while drawing inspiration from the determination of the victims and their children to succeed despite the obstacles they face.

**P. Randall Kropp, PhD**, is a clinical and forensic psychologist specializing in the assessment and management of violent offenders. He works for the Forensic Psychiatric Services Commission of British Columbia, Canada, and is adjunct professor of psychology at Simon Fraser University. He has conducted workshops on psycholegal issues and risk assessment in 15 countries on 5 continents. He has frequently consulted with provincial, state, and federal governments on matters related to violence against women and children. He has published numerous journal articles, book chapters, and research reports, and he is coauthor of several works on risk assessment, including the *Manual for the Spousal Assault Risk Assessment Guide*, the *Manual for the Sexual Violence Risk—20*, and the *Risk for Sexual Violence Protocol (RSVP)*.

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Linda G. Mills, PhD, LCSW, JD, is professor of social work, law, and public policy at New York University, where she also serves as Vice Provost for Undergraduate Education and University Life. In 2004, she founded the Center on Violence and Recovery to promote alternative healing approaches to intimate abuse and other violent or traumatic events. She is currently overseeing a study, funded by the National Science Foundation, to compare a batterer intervention program with a restorative justice treatment for domestic violence offenders in Nogales, Arizona. She is the author of numerous articles and books on trauma and intimate abuse, including the 1999 Harvard Law Review.

**Marlene M. Moretti, PhD,** has focused her research on the importance of parent-child attachment as a determinant of health development. She is particularly interested in the transition to adolescence and the development of self-regulatory competence. Her work spans from identification of risk and protective factors to the development and evaluation of innovative programs to promote well-being in youth at high-risk. Moretti is a full professor of psychology at Simon Fraser University and past director of the Clinical Psychology Program and the Clinical Psychology Centre. She currently leads a multisite Canadian Institutes of Health Research New Emerging Team Grant on gender and aggression and has published extensively in the fields of developmental psychopathology, social-clinical psychology, and intervention. Moretti has served as a member of several government committees working to promote the use of evidence-based intervention. She is a coauthor of the book, *Girls and Aggression: Contributing Factors and Intervention Principles* (2004), and cowrote the chapter, “Parental Attachment and the Self from a Systemic Perspective,” included in *Clinical Applications of Attachment Theory* (2003).

**Patricia Noller, PhD, FASSA,** is currently Emeritus Professor of Psychology at the University of Queensland. For seven years, she was director of the University of Queensland Family Centre. She has published extensively in the area of marital and family relationships, including 12 books and more than 100 journal articles and book chapters. She is a Fellow of the Academy of the Social Sciences in Australia and of the National Council on Family Relationships (USA). She has served on a number of editorial boards and was appointed as foundation editor of *Personal Relationships: Journal of the International Society for the Study of Personal Relationships* (International Association for Relationship Research), which was a position she held from 1993 to 1997. She was then president of that society from 1998 to 2000.

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K. Daniel O’Leary, PhD, is a Distinguished Professor of Psychology at Stony Brook University. O’Leary was among the top 100 cited psychologists in the English-speaking world (*American Psychologist*, December, 1978). He received the Distinguished Scientist Award from the clinical division of the American Psychological Association in 1985, and he was appointed the National Academies of Practice in Psychology in 1986. He is the author or coauthor of 10 books. The most recent include: *The Couples Psychotherapy Treatment Planner* (with R. E. Heyman and A. E. Jongsma, 1998) and *Psychological Abuse in Violent Domestic Relations* (with R. D. Maiuro, 2001). His research focuses on the etiology and treatment of partner aggression, and the marital discord/depression link.

Stephanie Penney, MA, focuses her research on gender-specific risk factors for juvenile aggression, as well as the role of affect regulation in aggression and violence among youths. She has carried out research investigating the roles of psychopathic and narcissistic personality features in youth, and how these features may moderate risk for aggression and violence among adolescents. Ms. Penney is currently a doctoral student in the clinical-forensic psychology program at Simon Fraser University. She has received awards from the Social Sciences and Humanities Research Council as well as the Michael Smith Foundation for Health Research to carry out her doctoral research on affect regulation, and is currently involved in a large scale research initiative on gender and aggression funded by the Canadian Institutes of Health Research. She has been published in the *International Journal of Forensic Mental Health* and is coauthor of “The Relation of Psychopathy with Concurrent Aggression and Antisocial Behavior in High-Risk Adolescent Girls and Boys” (in press).
Nicole Pezold is a writer in New York City and communications director for New York University’s Center on Violence and Recovery. She has written both popular and academic articles on subjects ranging from domestic violence among newly arrived immigrants to the hidden meanings of museum installations. She previously served as a Peace Corps volunteer in Mali, West Africa, where she worked with women’s associations and youth. She is also books editor for InTheFray.com and an associate editor at NYU Alumni Magazine.

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Nancy Carole Rybski, PhD, MBA, has worked with families in crisis since 1983, beginning her career by providing services in women’s domestic violence shelters. Her clinical areas of expertise are in juvenile delinquency and adult sexual offending; she has also served as executive director at a shelter for pregnant teens. Rybski is a licensed marriage and family ther-
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Murray A. Straus, PhD, is professor of sociology and founder and codirector of the Family Research Laboratory at the University of New
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Melissa L. Sturge-Apple, PhD, holds a BA from the University of Rochester, a Med from Harvard University, and a doctorate in developmental psychology from the University of Notre Dame. She was awarded an NIMH postdoctoral fellowship to examine the role of gender in relations between interparental conflict and parenting in 2002–2005 under the direction of Patrick Davies. Currently, she is a visiting assistant professor in the department of clinical and social sciences at the University of Rochester. Sturge-Apple’s research interests concentrate on examining the interrelatedness among family subsystems from a process-oriented perspective with a primary focus on understanding associations between marital and parenting domains as well as the implications for children’s adjustment trajectories. She has coauthored several recent journal articles on the topic, which have appeared in *Child Development, Journal of Family Psychology, Parenting: Science and Practice and Development*, and *Psychopathology*.

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Jack Turteltaub, PhD, is a licensed clinical psychologist who lives in Portland, Oregon. He completed his bachelor’s degree at the University of Washington in 1983. He completed his PhD in clinical psychology from Wayne State University in 1993 with a dissertation on alcohol expectancies. He is licensed to practice in Utah and Oregon. Turteltaub worked for almost four years from 1991 to 1994 at Cornerstone Counseling Center in Salt Lake City as a domestic violence therapist. Turteltaub was a full-time staff psychologist at the Oregon State Hospital (Portland campus) for eight years from 1995 to 2003. Since 2003, he has been in part-time private practice doing psychotherapy with individuals and couples, adult assessment, and coaching. Turteltaub has been a member of the board of SAFE (Stop Abuse for Everyone) since 2004.

Arlene Vetere, PhD, is deputy programme director for the Clinical Psychology Doctorate at Surrey University, United Kingdom. She is a chartered consultant clinical psychologist and a UKCP registered systemic psychotherapist. Arlene is president of the European Family Therapy Association, and an Academician of the Academy of the Learned Societies in the Social Sciences. She codirects, with Jan Cooper Reading Safer Families, a domestic violence service based in Reading, England. They have recently published Domestic Violence and Family Safety: A Systemic Approach to Working with Violence in Families. In addition, they regularly teach about their approach to domestic violence and family safety in a number of European countries.

Doe West, BA, BS, MS, MDiv, PhD, has been a social justice activist throughout her adult life within disability, Native American, and women’s rights movements. In addition to clinical work as a psychotherapist, West is currently a National Institute of Health Fellow with Columbia University as a researcher in epidemiology. Her current grant is for the study of the genetics of idiopathic epilepsy. This will be worked in tandem with a special area of working within sleep medicine and the interplay of parasomnias in children. She also teaches part time at Boston University and other colleges and universities in the Boston area. She has been published in the areas of disability issues, family violence, and bioethics in texts, articles, and instructional materials.
Stacey L. Williams, PhD, a social and health psychologist, is currently completing an NIMH-funded postdoctoral fellowship in social environment and health at the Institute for Social Research. Her research focuses on: (1) intimate partner violence and other traumas, and (2) stigma and identity. Within both of these areas Stacey studies how these social issues are linked with social interactions, self-related cognitions, and mental health-related processes. Taking a contextual approach to her work, she also considers how sociocontextual factors of gender, social status, and race and ethnicity might moderate people’s experiences. Among her accomplishments, Stacey has contributed articles to issues of Psychology of Women Quarterly and Sex Roles, which focused on intimate partner violence and gender. She is actively involved in the Society for the Psychological Study of Social Issues.

Cathy Young is a journalist whose columns regularly appear in the Boston Globe. She has written numerous articles on the subject of domestic violence, and is the author of Ceasefire: Why Women and Men Must Join Forces to Achieve True Equality.
In 1996, I attended a forum sponsored by the UCLA School of Law debating the importance of mandatory arrest and prosecution as a strategy for addressing domestic violence, later chronicled in the 1997 spring/summer volume of the *UCLA Women's Law Journal*. As I now recall, it seems that I was the only person at the forum presenting an alternative point of view, proposing that mandatory interventions are worth reexamining. This position sparked an explosive response from some present. One comment, in particular, has stuck in my mind these past 10 years. A Los Angeles prosecutor argued vehemently that domestic violence must be fought with a weapon—a big stick—that is larger than the batterer’s. And, of course, the batterers she referenced were uniquely male. “It’s the ‘stick’ of putting him in jail,” she said, “that gives me the power to counteract him, and nothing you can say will persuade me to give that up.”

Freudian implications aside, this female prosecutor wanted to match aggression with aggression, his stick with hers, because she believed this would somehow overcome or supersede his violence and, ultimately, solve the problem. This brings to mind Jim Gilligan’s observations from his book *Violence*, published that same year: “[T]he moral and legal way of thinking about and responding to violence (by calling it evil, forbidding it—‘just say no’—and punishing it) will prevent violence (or at least bring it under control)—has been singularly unsuccessful in reducing the level of violence” (p. 94).

For far too long, the theory, research, and practice in the field of intimate and family violence have been stifled by a punishment paradigm that focuses on only part of the problem: heterosexual male violence caused by gender imbalance. This paradigm has limited the creativity of scholars and practitioners, as I saw in 1996, to address this seemingly intractable problem and has shut out women and whole families from
playing a meaningful role in treatment. Having questioned the salience of such assumptions myself, I have found that in recent years many theorists, researchers, and practitioners have been caught up in the politics of domestic violence, as several of the authors in this volume acknowledge. Painfully, this tunnel vision has caused many key thinkers to lose sight of the importance of asking fresh questions that may give rise to new solutions.

In 1996, I did not respond to the prosecutor. I listened attentively, as I often have when my presentations are met with anger. Ten years later, I would feel more confident responding to her narrow prognosis amidst the renewed flow of discourse in domestic violence, which this important volume, skillfully edited by John Hamel and Tonia Nicholls, thoughtfully captures. The introduction by Hamel and Nicholls and the first chapters of the book provide a comprehensive road map for navigating this new conversation, to which scholars and practitioners from around the world have contributed in theory and research and in assessment and treatment.

The unifying theme of this work is treating men, women, and children “where they are”—a basic tenet of good clinical practice that has long been missing from the field of domestic violence. Instead, past interventions have often judged clients for the violence in their lives without providing them with the tools they need to address it. We now know—and the research and interventions described in this volume affirm—that treatment must encompass a wide range of gender dynamics, including violence perpetrated by heterosexual females or between same-sex partners, as well as the fact that abuse can deeply penetrate family systems and cross generations.

“Proof” that the theories and practices that make up this volume are indeed comprehensive enough remains an open question. Nonetheless, we can thankfully observe that this field is far from stagnant today, with scores of skilled scholars and practitioners responding specifically to the gender-inclusive treatment demands of families affected by domestic violence.

What this work reveals—and what I sensed even 10 years ago—is that alternative voices have long been a part of the struggle to address intimate and family violence—and now they are finally being heard.

Linda G. Mills, PhD, LCSW, JD
Thanks to the “mavericks” who came before us, from Peter Neidig and Erin Pizzey to Terri Moffitt and John Archer, and all the remarkable men and women who contributed to this book. We especially acknowledge Murray Straus, Richard Gelles, and Suzanne Steinmetz. Their brave and scientifically grounded pioneering work on family violence, particularly female aggression, has had a tremendous influence on our work and paved the way for many others like us to challenge engrained sociopolitical perspectives on the causes and consequences of violence in intimate relationships. The domestic violence field is forever indebted to them for their persistence and dedication to the scientific enterprise, despite the unpopularity of their findings.
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; Hines & Malley-Morrison, 2005; Kelly, 2003). Under investigation is the 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.

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 traditionally framed intimate partner violence as a gender issue, and assert that men are overwhelmingly the perpetrators and women overwhelmingly the victims. For years, it has been claimed 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 and 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, Jones, & Holdford, 2003; Johnson & Leone, 2005). In the most extreme manifestations of this sentiment (Dobash, Dobash, Wilson, & Daly, 1992; Walker, 1983; Yllo, 1993), men are presumed to weld 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 have mandated 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, Hazlewood, & Shupe, 1994), although some advocates are now willing to acknowledge (e.g., Pence, 1999) “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 & Dankworth, 1999). Initially, these laws made some sense. When domestic violence first began to be taken seriously in the 1970s and 1980s, 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 (for a discussion of risk assessment for partner abuse, see Nicholls, Desmarais, Douglas, and Kropp, chapter 12 in this volume) and a sufficient understanding of domestic violence dynamics (Aldarondo & Straus, 1994), victims would feel blamed, and their safety was compromised (Bograd, 1984).

THE PARADIGM SHIFT

Since the introduction of mandatory arrest laws in the 1990s, an increasing proportion of offenders are presenting with less pathology and less extensive histories and consequences of abuse (Apsler, Cummins, & Carl, 2002; 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 et al., 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, Stacey, & Hazlewood, 1987), makes it clear that current policies are anachronistic and in dire need of revision.

Contrary to the popular notion that abuse in intimate relationships generally reflects patriarchal male privilege, evidence that the bulk of
domestic violence involves abuse by both parties has been amassing for at least two and a half decades. The polarization of the field into the “Gender Camp” (i.e., guided by the belief that men are the vastly predominant perpetrators and women make up the considerable majority of victims and that patriarchy and male privilege drive domestic violence) (Dobash et al., 1992; Walker, 1983; Yllo, 1993) and the “Conflict Tactics Camp” (i.e., guided by the belief that men and women are perpetrators and victims and that abuse in intimate relationships reflects diverse causes that frequently interact) has a lengthy infamous history considered at length in many previous relevant publications and is beyond the scope of this chapter (e.g., Dutton & Nicholls, 2005; Shupe et al., 1987; Steinmetz, 1977–1978; Straus, 1999).

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; see also Medeiros and Straus, chapter 3 in this volume), and others neglected to examine or report the data. For example, Kennedy and Dutton (1989) reported the incidence of male-perpetrated intimate abuse, and Dutton and Nicholls (2005) noted that 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; see also Medeiros and Straus, chapter 3 in this volume).

Building on this well-established history and the continuously expanding extant literature, 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 (http://www.safe4all.org), the Domestic Abuse Helpline for Men and Women (Hines, Brown, & Dunning, in press), and the Family Violence Treatment and Education Association (http://www.FAVTEA.com) have emerged. These organizations are anchored in principles of gender inclusiveness and evidence-based practice; individuals at every level of intervention are beginning to question the status quo and to become increasingly 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).

The voices in this book join together in a swelling chorus, advocating for a widening scope of research and the implementation of alternative
intervention policies. Clearly and unequivocally, these scholars and practitioners assert that finding effective ways to reduce domestic violence in our communities is more important than adhering to what is politically correct. This book is intended for anyone who works with victims or perpetrators of intimate partner abuse, whether primarily court-referred cases or self-referred clients in private practice or agency settings. It also will be relevant to researchers and policymakers interested in evidence-based practice. Its gender-inclusive approach to assessment and intervention represents a significant departure from traditional paradigms, and the combination of theory, research, and policy and practice should serve to cross these essential pillars.

OUTLINE OF CHAPTERS

Part 1: Theory and Research

The chapters in part 1 provide a firm foundation for the policy and practice recommendations that follow in part 2. The first four chapters in this volume offer extensive reviews of the literature and provide new research findings that serve to challenge traditional approaches to investigating and preventing abuse in intimate relationships. In the opening chapter to this section of the book, John Hamel articulates the core principles of the emerging gender-inclusive conception of domestic violence and summarizes key research findings. “Gender-inclusive,” he points out, does not mean “gender neutral,” and he shows how this new conception is, at its core, empirically based yet faithful to traditional feminist principles.

In chapter 2, Donald Dutton challenges readers to “think outside the box” about gender and court-mandated therapy. His chapter confronts traditional feminist paradigms head-on and dismantles the outdated Duluth model of treatment, piece by piece. Dutton closes with recommendations for gender-inclusive therapeutic interventions for partner abuse to replace the Duluth model. Rose Medeiros and Murray Straus then provide a comprehensive overview of risk factors for dating violence and further add to the scant literature on risk factors for female-perpetrated aggression in dating relationships. Their chapter uses empirical evidence to critically and objectively examine the longstanding assertion that women’s violence is unique from men’s violence in relationships. Graham-Kevan’s first chapter in this volume, “Power and Control in Relationship Aggression,” suggests that the etiology of abuse in intimate relationships in the general population is mostly parallel for men and women. Graham-Kevan articulates the terminology and consequences of controlling behaviors, setting controlling behavior firmly along the continuum of partner violence. She reminds the reader that
the psychological vulnerability of individuals subjected to severe control (independent of physical abuse) often surpasses the psychopathology associated with physical violence. The chapter provides a comprehensive overview of theories of controlling behavior, empirical studies of women’s and men’s use of control in selected and nonselected samples, and scales for measuring control in romantic relationships. Graham-Kevan concludes that the implications of controlling behavior can be severe and that, unlike physical aggression, controlling behavior does not appear to diminish in longitudinal research. Independently and in combination, these four chapters (as do many of the chapters in the book) unequivocally contradict the prevailing assumption that male dominance is the key variable to successfully end domestic violence.

Stalking can be found in either of the extreme ends of the continuum of abuse in intimate relationships. At the one extreme, stalking reflects the perpetrator’s attempts to initiate a relationship, and at the other extreme it reflects attempts to prevent the termination of a relationship (intimate or otherwise). Research demonstrates that one of the most dangerous periods in many abusive intimate relationships is the point at which one partner attempts to end the relationship. Williams, Frieze, and Sinclair provide a comprehensive overview of stalking in intimate relationships, focusing on stalking in the context of relationship breakups. Their chapter introduces the reader to empirical data on courtship stalking and demonstrates the theoretical and empirical link between seemingly benign behaviors during courtship that may be key indicators of abusive behaviors occurring during a relationship and when a couple separates. Williams and her colleagues provide a comprehensive overview of the sparse research literature examining gender differences and similarities in stalking. The chapter closes with an overview of the clinical implications of stalking for men and women.

Noller and Robillard revisit three firmly entrenched urban myths about domestic violence. First, they assert that violence by women, in addition to violence against women, should be considered a pressing social and public health issue. Second, they propose that we cannot truly appreciate the dynamics of couple violence until we extend our unit of analysis beyond a singular explanation (i.e., patriarchy). Finally, they challenge the notion that all men are potentially violent.

Nicola Graham-Kevan’s chapter “Partner Violence Typologies” discounts traditional explanations of partner abuse (e.g., biological sex or patriarchal society) and offers the reader alternative explanations (e.g., psychopathology) supported by a comprehensive review of the literature. Of particular interest, Graham-Kevan empirically documents the considerable overlap between the characteristics of male and female perpetrators. She concludes that partner violence interventions need to be
evidence based and that appropriate treatment must be made available to both female and male victims as well as female and male perpetrators. Given that her evaluation of the research demonstrates that partner abuse is not a unitary phenomenon, she asserts that interventions must similarly be multidimensional, taking into consideration developmental and psychological variables as well as couple interaction styles.

The next two chapters are essential contributions to a text intended to elucidate the reciprocal relationship between intimate partner abuse and the family system. Davies and Sturge-Apple reflect on the accomplishments of the first generation of research into the risk of psychopathology among children exposed to interparental violence. In an effort to propel the field to address remaining gaps in the literature and expedite a new generation of research that will move beyond the first generation’s focus on delineating the degree and scope of vulnerability imposed on children as a result of interparental violence, these authors address the processes and the principal variables that might mediate or moderate the risk that domestic violence has for child development and future maladjustment. They elucidate the multiple pathways through which parental violence can result in undermining child development and delineate the transactional processes or bidirectional interactions between the child and the violent adults. Their chapter provides a firm theoretical foundation and empirical evidence for understanding the heightened vulnerability of some children (i.e., while many children remain symptom free) to interparental violence.

Moving through the family and the life span, in the next chapter, Moretti, Penney, Obsuth, and Odgers reflect on adolescence as a “sensitive” period for learning about relationships. These authors assert that families offer a point of reference for adolescents to begin to explore romantic relationships. As discussed previously, considerable effort has been expended to investigate the influence that fathers’ aggression has for their children’s subsequent risk for aggression and violence in close relationships. Moretti and her colleagues present much-needed new research evidence examining the influence of mothers’ aggression for the intergenerational transmission of intimate aggression. Their findings suggest that aggression and violence perpetrated by mothers may have a comparable—or perhaps even more deleterious—effect on their children’s future romantic relationships. These two chapters on the broader family system remind us that there is often more than one victim of domestic violence and that the perils that children who witness domestic violence face represent a major public health concern that extends far beyond the individual family system (i.e., the intergenerational transmission of aggression).

Babcock, Canady, Graham, and Schart take us from the “Dark Ages” to the “Scientific Age” of evidence-based policy and practice. These
authors track the history of the failures of traditional/current interventions for domestic violence and offer theoretical and empirical insights into why the Duluth model is destined to fail. They assert that advances in other areas of psychotherapy can be used to advance treatment with batterers and make the claim that the field of domestic violence is as much as a decade behind the developments accomplished in other, related areas of scholarly investigation. Acknowledging that it is easy to criticize existing intervention approaches but a much more difficult task to replace them with something superior, Babcock and her colleagues provide templates for “what works.”

**Part 2: Assessment and Treatment**

In part 1 of this book, an impressive body of research that exposes the shortcomings of current intervention policies—both on theoretical grounds and outcome studies—and convincing case for why we ought to adopt models with a more gender-inclusive, family systems orientation are presented by some of the most respected scholars in the field of domestic violence. In part 2, we build on this foundation of formal academic theory and research and provide the reader with practical guidance for evidence-based clinical interventions. This is, after all, a book geared primarily toward practitioners. Although many of these chapters, too, explore the relevant research literature, the emphasis here is on the “nuts and bolts” of treatment. Wherever possible, case examples are presented to make the information clearer and more meaningful.

The opening chapter, by Hamel, describes how the gender-inclusive, family systems conception evolved out of and in response to established and evolving models, such as the patriarchal, conflict-tactics, and typologies/asymmetry conceptions. The treatment models advanced in this volume indeed have roots deep in the research literature among such early pioneers as Straus, Gelles, Steinmetz, and Neidig and derives their impetus both from the “mavericks” in the research community and from public policy changes, including the arrest of less serious offenders, gays, lesbians, and heterosexual women and the gender-inclusive language incorporated into the new, reauthorized Violence Against Women Act. Following this historical overview, Hamel offers guidelines for assessing the entire family system, discusses issues of victim safety, and gives a preview of the treatment possibilities explored in the remainder of the book.

One of the most immediate considerations in assessment is determining a perpetrator’s dangerousness and lethality potential. The chapter by Nicholls and her colleagues identifies the cognitive and heuristic problems inherent in assessment, including the pervasive perception that only women can be victims of partner abuse, and suggests how such problems can be
minimized. In addition, the features of the more reliable, validated domestic violence assessment instruments are delineated (e.g., Spousal Assault Risk Assessment Guide [Kropp, Hart, Webster, & Eaves, 1999] and Danger Assessment [Campbell, 1986, 2006]). In the next chapter, Fontes explains the psychological and cultural reasons for why men are rarely perceived as victims and proposes ways in which mental health providers, policymakers and male victims themselves can better overcome this pervasive bias. Following this, Malley-Morrison and her colleagues review the existing literature on family violence among Native American, Latino, African American, and Asian American communities. The authors correct common misperceptions regarding these ethnominority groups (e.g., assumptions of within-group homogeneity) and suggest culturally relevant treatment interventions, including systemic work with the nuclear and extended family.

Among the “pioneers” of domestic violence research and intervention, there have been few as significant as the Austin, Texas, team of Anson Shupe, William Stacey, and Lonnie Hazlewood, who in the 1980s began to publish research on offender treatment, quite radical for its time, acknowledging mutual violence and high levels of power and control tactics exhibited by both the arrested perpetrator and the victim. In his chapter, Hazlewood offers suggestions for batterer intervention providers on ways to increase the effectiveness of this inherently limited treatment modality by eliciting the cooperation of victims and other family members and addressing common treatment dilemmas, such as taking time-outs without one’s partner feeling abandoned or controlled and coping with victim retribution following a cessation of violence. Hazlewood explains how the group facilitator can hold clients fully responsible for their behavior while avoiding the counterproductive, shaming tactics employed by traditional models such as Duluth.

Conducting couples therapy for domestically violent partners is the subject of the next three chapters, by O’Leary and Cohen, by the British team of Vetere and Cooper, and finally by Valerie Coleman. After a review of the relevant research literature that finds couples counseling at least as effective and safe as traditional group approaches, O’Leary and Cohen articulate the benefits of this modality and then describe the program they developed at the State University of New York at Stony Brook. This program, intended for “first phase” work (Hamel, 2005b), places a great deal of emphasis on a proper screening, to ensure safety. Treatment consists of between 15 and 20 one-hour conjoint sessions and unfolds as a sequence of stages in which the therapist forms a therapeutic bond with the clients and assists them in examining the origins of their interactive styles, developing treatment goals, and building anger management and positive communication skills. Cooper and Vetere, although equally concerned about safety, describe procedures for doing
more in-depth work around the couple’s underlying issues, including interaction and attachment styles and patterns established in their families of origin. Adherents to the feminist model developed by Virginia Goldner, the authors present a case example that, in the end, leads to a refreshingly honest reappraisal of their theoretical assumptions. Coleman then explores similar clinical terrain in her chapter on abusive gay and lesbian relationships, elucidating how childhood issues, attachment styles, and merger phenomena, together with internalized homophobia and fear of being “outed,” perpetuate abuse dynamics among same-sex partners. Through an extended, thoughtful case example involving a gay male couple, she demonstrates how clinicians can foster a climate of safety while challenging clients to overcome their fears and establish a peaceful, loving relationship.

At this point, the book both expands and narrows its focus to include work with children and adolescents within various family therapy configurations. Thomas, a private practitioner in Seattle, describes a family systems approach that focuses as much or more on direct child abuse as on the interparental violence with which it is so often associated. Thomas rightly criticizes the current fragmentation of services, in which interventions in partner abuse, child physical abuse, and child sexual abuse are typically conducted by separate and often conflicting agencies. He articulates, through vivid case examples, the benefits of a systemic approach to family violence. Potter-Efron, too, works with the entire family system, and his chapter offers practical suggestions on how to handle cases involving both family violence and substance abuse. Following this chapter, Michael Carolla addresses domestic violence assessment and treatment issues within the context of disputed child custody cases. The “good news” is that family courts have finally begun to take interparental abuse seriously. The “bad news” is that mediators, evaluators, and judges are being trained in traditional, outdated models that hyperemphasize the victimization of women and make few distinctions between true battering and high-conflict relationships. According to Carolla, replacement of the “tender years” doctrine by “best interests of the child” guidelines has encouraged contentious parents to make exaggerated and sometimes fabricated abuse charges against the other parent. Whether the charges are true, false, or only partly true, clinicians must match the appropriate intervention for each particular case. Carolla rightly eschews reflexive, “one-size-fits-all” solutions (e.g., batterer intervention program [BIP] treatment for everyone), outlining instead a number of sensible, innovative treatment options, including coparenting counseling, therapeutic supervised visitation, and parent–child reconciliation work.

Family violence can be successfully addressed through group work, as described in the next three chapters. Taking an intergenerational, sys-
temic perspective on family violence, Langhinrichsen-Rohling and her colleagues at the University of South Alabama describe a group treatment program for at-risk adolescent mothers. The program addresses both physical child abuse and violence against partners and teaches anger management, self-care, and interpersonal communication skills, integrating several established curricula, among them Neidig and Friedman’s manual for partner abuse. Rybski adopts this latter curriculum for her own group therapy model, consisting of five sessions that bring adolescent offenders of both genders together along with their mothers. Follow-up research has demonstrated preliminary support for the effectiveness of this program in reducing adolescent and parent aggression (verbal and physical) and increasing parental authority and adolescent social and school functioning. The next chapter then outlines two similar programs, a High Conflict Family Violence Parent Group (Pratt) and Chapman’s Anger Management Parenting Group. In contrast to BIPs, these programs accept both men and women and allow the participation of couples when the risk level is considered low and manageable. Informed by research and clinical experience that finds high correlations between partner violence and child abuse, as well as evidence for the intergenerational transmission of dysfunction and abuse, these programs expand the narrow focus from partner abuse to all forms of family violence.

Although mutual abuse and high-conflict forms of violence are far more prevalent than any other, some relationships are nonetheless dominated by one perpetrator whose level of emotional and/or physical abuse has a severe impact on his or her victims. Dalpiaz, a victim advocate from Boulder, Colorado, offers detailed, thoughtful, and practical suggestions for helping children and their victimized parents heal in the aftermath of severe family violence with insights that can come only from someone who has experienced these problems firsthand. When victims require more intensive services than can be found in an outpatient agency setting, they may benefit from the help that a shelter can provide. In their chapter, two remarkable women, Carol Ensign and Patricia Jones, write about the Antelope Valley Oasis Shelter in Lancaster, California, one of only three shelters in the United States that accept male residents. Having courageously withstood the initial (and sometimes continuing) backlash from doctrinaire feminists, the shelter staff has since forged a successful alliance with law enforcement, BIPs, and other victim advocates and is a beacon for progressive, gender-inclusive victim advocates everywhere. Clients with children especially benefit from the unique coed environment and find that interactions with abused individuals of the opposite gender can be a healing, learning experience.

Following this chapter, Grauwiler, Pezold, and Mills describe a truly revolutionary intervention approach currently used with individuals
arrested for spousal abuse in Nogales, Arizona. In contrast to traditional criminal justice approaches, the program, Construyendo Círculos de Paz, is based on a restorative justice model of intervention. Like many of the other intervention models proposed in this volume, it recognizes: (a) that victims who choose to stay typically don’t want their partners incarcerated but rather want them to obtain help to change their behavior, and (b) that patriarchal and other unidimensional explanations for violence are limited and ignore the reality of mutual abuse and the complexity of couples dynamics. The program, according to the authors, brings “family and supportive friends of the offender and the victim, together with a facilitator and relevant child welfare and criminal justice professionals, in a structured setting to hold the offender accountable for the harm done, ensure victim safety, facilitate open dialogue about the violence, and develop a plan to rectify the problem.”

Coauthored by a group of victim advocates, mental health professionals, a journalist, and a batterer intervention provider, the final chapter draws on much of the research presented in this book and offers a critical review of gender-biased polices in arrest, the use of restraining orders, and court-mandated intervention. In Chapter 28 “Domestic Violence: New Visions, New Solutions,” the authors heed Dutton’s call for “outside of the box” thinking and outline a sensible, much-needed set of recommendations for gender-inclusive research, assessment, offender intervention, and delivery of victim service. These and the other suggestions put forth elsewhere in this book provide us with a blueprint for action, a way for us to finally move out of what Babcock calls the “Dark Ages” of intervention to the “Scientific Age.” And as we do so, deliberating on the validity of one study versus another or the value of this intervention as opposed to that one, let us not forget our one common purpose—to reduce family violence in our communities.

REFERENCES


PART I

Research and Theory
Domestic violence, also known as intimate partner violence or IPV, is being increasingly perceived as a human problem rather than a gender problem. Having for years debated whether women are as abusive as men, researchers are now seeking to determine how and to what extent. Similarly, studies investigating the impact of interparental abuse on children no longer depend on samples of battered women in shelters and are drawing on more representative clinical and community samples to examine the role of violence by mothers. The focus has expanded from an exclusive concern with father-perpetrated abuse to a gender-inclusive conception of partner and family violence that eschews simplistic causal explanations and takes into account systemic principles and the complex, interactive nature of family relationships. The gender-inclusive conception can be summarized as a set of ten interrelated principles and research findings as described here.

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, that is designed primarily to orient the individual to the group process
and to sign documents related to legal requirements 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 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 emotional abuse and psychopathology, as well as extent of mutuality (Dutton, 1998; Hamel, 2005; Holtzworth-Munroe & Stuart, 1994; Johnson & Leone, 2005; Johnston & Campbell, 1993). Clinicians should be aware of these distinctions (see also chapter 12 in this volume).

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 on the basis of 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 multifamily 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; chapter 27 in this volume).

BOTH MEN AND WOMEN CAN BE VICTIMS AND/OR PERPETRATORS, AND EVERYONE IS RESPONSIBLE FOR HIS OR HER BEHAVIOR

Purported rates of 85% to 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; see also Dutton & Nicholls, 2005). More reliable surveys using the Conflict Tactics Scales (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 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). However, research indicates that these questionnaires facilitate disclosure and thus increase reported rates of violence (Archer, 1999). “There is no evidence,” Hines and Malley-Morrison (2001) pointed 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 CTS2 interview (Hamel, 2005).

**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; Medeiros & Straus, this volume); 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 (McClellen, 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 making up another third and the rest composed
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 rela-
tionships (Glick & Fiske, 1999). An extensive review of the literature by
Hotaling and Sugarman (1986) found no differences in sex role inequality
between violent and nonviolent couples. Felson (2002) wrote,

In sum, I have suggested that the relative power of husbands and wives
depends on their personal situation, and that power is specific to rela-
tionships. The fact that the U.S. Senate is run by men is largely irrele-
vant 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 of
those by women (Eagly & Steffen, 1986), and there is ample cross-cultural
evidence of much higher rates of physical aggression and somewhat higher
rates of verbal aggression by men (Archer, 2004). This is not, however,
because women are less angry or hostile than men—gender differences are,
in fact, negligible or nonexistent (Archer, 2004; Averill, 1983). Females
of all ages engage in indirect aggression against peers, coworkers, and
others (Bjorkqvist, 1994; Frieze, 2005), and adolescent girls use indirect
forms of aggression at significantly higher rates than boys (Archer, 2004).
Furthermore, when given the opportunity to engage in direct aggression,
women 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 domi-
nant or aggressive than the females, except in displays of interspecies
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).

In contradistinction to aggression outside the home, societal norms
actually support rather than inhibit female aggression in the home
(Johnson & Ferraro, 2000; Straus, Kaufman-Kantor, & Moore, 1997),
where a wife and mother will be driven to defend her interests (Straus, 1999).
In intimate relationships, men and women express anger and 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, et al., 2002; Davis & Frieze, 2000; Graham-Kevan & Archer, 2005; Hammock & O’Hearn, 2002; Kasiian & Painter, 1992; Straus, Gelles, & Steinmetz, 1980). Male and female survey respondents alike endorse control, retribution, and a need to get a partner’s attention as motives for engaging in partner violence (Babcock, Miller, & Siard, 2003; Carrado, George, Loxam, Jones, & Templar, 1996; Cascarci & 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 et al., 1980), childhood abuse (Babcock et al., 2003; Conradi, 2004), and pro-violent attitudes (Follingstad et al., 1991; Simmons, Lehmann, & 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, antisocial, or narcissistic (Henning, Jones, & Holdford, 2003; Johnston & Campbell, 1993; Kalichman, 1988; Simmons, et al., 2004), or characterized by a generally aggressive personality (Ehrensaft, Moffitt, & Caspi, 2004; 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, 1986; Holtzworth-Munroe & Stuart, 1994). Of course, alcohol and drug abuse are also implicated in violent relationships among both victims and perpetrators (Anderson, 2002; Leonard & Roberts, 1998; Magdol et al., 1997; Straus et al., 1980).

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

The factors that cause and perpetuate partner abuse are found not only in the respective individuals but in the conflict itself—in the dynamics found in those relationships characterized by, for instance, poor communication and conflict resolution skills and situational stress-
ors (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 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 & Duttton, 2001; O’Leary, Barling, Arias, Rosenbaum, Malone, & Tyree, 1989; Williams & Frieze, 2005). Remarkably, in Gondolf’s (1996) multsite 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, respectively. The extent to which men or women engage in genuine self-defense is unclear because of 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 represents 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 the concept “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 has found comparable or greater numbers of dominant aggressors among the male partners (Henning & Feder, 2004; Swan & 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 offenders’ 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 or primary 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 assessments by delineating treatment options (Hamel, 2005), but it is rarely clear-cut, and it may confuse rather than elucidate. Many perpetrators have been victims of abuse in their current relationship, in previous relationships, or in their childhoods of origin (Coker et al., 2002; Dutton, 1998). Are we to consider all such individuals “victims,” or do we draw a line at some point in time and inform the offender that “it’s been too long since your last victimization, so now you are officially a perpetrator”? Obviously, preemptive 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 amply demonstrated throughout this book, even cases involving clear “victims” and “perpetrators” require a systemic approach because untreated victims who escape their abuser tend to reinvolve 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.

**BOTH GENDERS ARE PHYSICALLY AND EMOTIONALLY IMPACTED BY ABUSE**

Let us suppose that there were an outbreak of a deadly and widespread new virus and that the 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 outreach resources on men—for instance, advertising in men’s magazines or disseminating information specifically to men’s advocacy groups, say, father’s rights organizations? What if those virus victims were 85% male? One can 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 National Violence Against Women Survey found that 41% of female victims had suffered any physical injury in the past year, compared to 19% of the male respondents (Tjaden & Thoennes, 2000), and in the meta-analytic review by Archer (2000), men were found to have suffered 38% 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 of anxiety, fear, depression, posttraumatic stress, health problems, substance abuse, and lost wages due to days missed on the job than males (e.g., Anderson, 2002; Straus & Gelles, 1990; Vivian & Langhinrichsen-Rohling, 1994; Williams & Frieze, 2005; for an excellent review of research on the effects of female-perpetrated abuse, see Hines & 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 National Violence Against Women Survey (Pimlott-
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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 & Pape, 1999; Cook, 1997; Frieze, 2005; Harned, 2001; O’Leary, 1999; Simonelli & Ingram, 1998). Many clinicians, unfortunately, are unaware of these findings and focus primarily or solely on the effects of men’s abuse (Dutton & Nicholls, 2005; Follingstad, DeHart, & Green, 2004).

“GENDER INCLUSIVE” DOES NOT MEAN “GENDER NEUTRAL” OR “GENDER EQUAL”

As discussed previously, 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.” In fact, men are indeed far more likely than women to beat up their partners with their fists (Archer, 2002; Straus et al., 1990); and, as discussed above, women suffer the greater share of physical injuries, especially severe injuries. 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 from their abusive partners (Follingstad et al., 1991; Morse, 1995). When they kill their partners, women are more likely than men to do so in response to previous physical attacks (Felson & Messner, 1998).

Furthermore, although women engage in high degrees of unwanted sexual behavior toward men, some of it coercive (Frieze, 2000; Krahe, Waizenhofer, & Moller, 2003), men perpetrate the overwhelming number of rapes in intimate partner relationships (Tjaden & Thoennes, 2000). 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)

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; for a discussion, see chapters 2 and 10 in this volume), 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 is 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, because of prevailing cultural norms that require men to be strong and in control and that minimize the significance of female-perpetrated abuse (Mooney, 2000; Straus et al., 1997; Simon, Anderson, Thompson, Crosby, Shelley & Sacks, 2001; Sorenson & Taylor, 2005), men are reluctant to admit fear of their female partners (Dutton & Nicholls, 2005; Fontes, 2002). Some men clearly are 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, Brown, & Dunning, in press).

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 intimate terrorists (Graham-Kevan & Archer, 2005). 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 he or she has 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 premenstrual syndrome 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 financial 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 on, do have an impact on couples’ conflict and the escalation of aggression for both men and women (Coleman & Straus, 1990; Stith, Rosen, Middleton, Busch, Lundeberg, et al., 2000). Such communication and gender role 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.
THE GENDER-INCLUSIVE APPROACH IS A FEMINIST APPROACH

The research to be found in this volume, together with the authors’ 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 are meant to build on 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 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* seeks to protect all members of the family system and holds perpetrators of both genders accountable for their behavior. 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.

 REGARDLESS OF PERPETRATOR GENDER, CHILD WITNESSES TO PARTNER ABUSE ARE ADVERSELY AFFECTED AND ARE AT RISK FOR PERPETRATING PARTNER ABUSE AND BECOMING VICTIMIZED 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) were poor self-esteem, anxiety and trauma symptoms, depression, aggression, disrupted peer relations, and poor academic performance. Child symptomology has also been linked to witnessing marital conflict and verbal abuse (Cummings & Davies, 2002; Repetti, Taylor, & Seeman, 2002; Straus & Smith, 1990; Wolak & Finklehor, 1998).

Whether because of sampling limitations from an overdependence on shelter samples, because of an “evolutionary process,” or reflecting a more pervasive bias within the research community (Corvo & Johnson, 2003; Dutton, 2005; Dutton & Nicholls, 2005), researchers investigating the impact of partner abuse on children have focused almost exclusively on violence by the father on the mother. In the rare exceptions when mothers’ 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; see also chapter 9 in this volume). These findings are significant because of the correlations found between children witnessing 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, these studies by Langhinrichsen-Rohling et al. as well as by Straus revealed higher rates of violence among adult perpetrators who had seen the mother assault the father compared to father assaulting mother. More recently, research with 112 delinquent juveniles found correlations between previous exposure to interparental aggression by the mother but not by the father and perpetration of dating violence by both girls and
boys (Moretti, Obsuth, Odgers, & Reebye, in press). A college dating population survey (Kaura & Allen, 2004) additionally found that abusive women were more likely to have lived with a violent father, whereas violent men 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, as did a study involving 1,576 college students (Jankowski, Leitenberg, Henning, & Coffey 1999).

**FAMILY VIOLENCE IS A COMPLEX PHENOMENON, WITH RECIPROCAL INTERACTIONS BETWEEN THE INDIVIDUAL MEMBERS**

Interventions in intimate partner abuse must take into account the family system (see chapters 8 and 9 in this volume) because human beings are relational creatures and because the effect of one person’s behavior has repercussions for the larger group. In cases where couples have no children, the dyadic relationship is the system. When working with a childless perpetrator whose victim has left, the clinician should still be mindful of the possibility that the client has a history of abuse in his or her family of origin and of the effects it may continue to have in the present.

Severe intimate violence (e.g., punching, kicking, and choking) between parents occurs at rates of approximately four to five per hundred couples, a rate half as high as severe physical child abuse or severe abuse perpetrated by a child on a parent (Straus & Gelles, 1990). Sibling abuse represents the highest rates of family violence (Caffaro & Caffaro, 1998) and is more prevalent than abuse from peers in Family (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, Edleson, & Pinderhughes, 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). In fact, 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 that “mothers’ and fathers’ aggression in the marital and par-
ent-child subsystems cannot be easily disentangled; neither parent clearly emerges as the primary perpetrator or victim of aggression in the family system” (p. 16). A major new study involving 453 couples with young children (Slep and O’Leary, 2005) found that bidirectional partner aggression occurred in 65% of the families and that 51% of couples engaged in both partner and child abuse “Battering dad” patterns (severe violence by dad on mom accompanied by severe abuse of the child by either parent) accounted for only 2% of families with severe violence.

We know from a recent meta-analysis (Kitzmann et al., 2003) that partner and child abuse have roughly equal effects on children, although the greatest impact may be from the verbal abuse directed by parents against the children (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 toward siblings or the parents (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 revealing the central role of stress in family violence (Margolin & Gordis, 2003; Salzinger, Feldman, Ing-mak, Majica, Stockhammer, et al., 2002) 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)

CONCLUSION

There is now a substantial, rapidly growing body of evidence pointing to serious shortcomings in the paradigms that currently drive domestic violence research, intervention, and policy. The gender-inclusive approach seeks to correct for these shortcomings while retaining the original feminist values of fairness and social justice as well as the twin priorities of victim safety and perpetrator accountability that advocates have championed for years. Rather than simply present a new ideology, the gender-inclusive approach is, at its core, empirically based, guided by the data, and loyal only to interventions derived from them. Perhaps this approach is not so revolutionary; after all, the scientific study of family violence was pioneered by Straus, Gelles, and Steinmetz some 30 years ago, before many of today’s researchers had entered college. They understood very well that abuse is not solely a matter of gender and that partner violence cannot be adequately understood outside the context of family. That the trails blazed by these pioneers are only now beginning to reach their destinations is due not to the failure of their vision but rather to fear, human nature, and the myopia of politics. In a sense, we have come “full circle,” the new breed of researchers joining with the old. We are in good company, indeed.

REFERENCES


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Family interventions in domestic violence


