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Edward W. Gondolf¹

Abstract

Descriptive and predictive analyses were conducted using a multisite database of batterer program participants to assess the nature and extent of their female partner's violence, and implications for batterer program outcome ($N = 563$). Approximately 40% of the women reported ever using "severe" conflict tactics on the Conflict Tactics Scale (CTS; 17% used severe tactics in the arrest incident). Approximately 20% of the women reported using any type of physical tactic during a 15-month follow-up, and nearly all of these women were with men who physically attacked them during that period. These women were also highly likely to report acting out of fear or self-defense, and having sought a variety of services to deal with the men's violence. Their male partners, furthermore, showed evidence of antisocial tendencies and alcohol problems. Overall, the findings suggest women's "violent resistance" rather than "mutuality and symmetry." Batterer programs appear more appropriate in this regard than couples counseling.

Keywords

batterer programs, conflict tactics, domestic violence typology, women's violence

Batterer Program Critics

The debate over the extent and nature of women's violence has extended to policy decisions about the appropriateness of male batterer programs (BIP). These programs emerged in the late 1980s to counsel men arrested for domestic violence. They typically require attendance at weekly group sessions as part of court referral or mandate. Staunch critics of the

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programs argue that most domestic violence cases involve “mutual violence” between men and women. Women, therefore, need to be treated as well as their male batterers (Corvo, Dutton, & Chen, 2008; Hamel, 2010; Mills, 2009). In this view, couples counseling would be more effective in addressing the underlying dynamics between the men and women.¹

Another interpretation is that women’s aggression in clinical samples tends to be “violent resistance” against their male partner’s “intimate terrorism” (Johnson, 2008). Under these circumstances, male batterer programs are an appropriate response, because most of these programs are designed to address the power and control over women associated with men’s “intimate terrorism.” The assumption is that the women’s need for “violent resistance” abates as the men’s “terrorism” is reduced.

The detractors base their arguments largely on the findings of numerous general population surveys that suggest women are as violent as men (see Dutton & Corvo, 2006). The claims are supported by findings derived from the Conflict Tactics Scales (CTS; Straus, 1979) that list eight categories of physical aggression used in arguments and conflicts between heterosexual couples. Those “tactics” range from a push and slap to use of a gun against one’s partner. Men and women in the general population tend to report a similar prevalence of each tactic, although women are more likely to suffer injuries as a result (Straus, 2009, 2010). According to additional survey questions, women, for the most part, are not victims acting in self-defense, but rather full participants in the violent events. Murray Straus (2011) extends these findings to clinical-level partner violence using the results of the CTS in six clinical studies of family services (not necessarily domestic violence programs). The results of the CTS used in these studies reflect those of the general population surveys.

Counter Evidence From Clinical Studies

The clinical studies of domestic violence services, however, have portrayed the violence as overwhelmingly men’s violence against women. The women who do use physical tactics are typically the injured party or the most severely harmed; they also tend to suffer more extensive psychological and emotional impacts (DeKeseredy & Schwartz, 2003; Holtzworth-Munroe, 2005; Kimmel, 2002; Saunders, 2002). They are likely as well to feel subjected, dominated, or controlled by their partners, and lose their sense of agency, self-worth, or independence (Stark, 2007). Michael Johnson’s (2008) analysis of the general population surveys and clinical studies of domestic violence services offers an explanation for this contradiction to the “women as violent as men” proponents. The general population samples are dominated by “situational couple violence” that tends to be less severe than the violence experienced by those reaching domestic violence services. It also has less male control and dominance associated with it.² Furthermore, the general surveys fail to measure (or inadequately do so) the psychological impact, injury, and constellation of abuse (Dobash & Dobash, 2000), as well as underrepresent those cases using domestic violence services (Johnson, 2008).

The “women as violent as men” proponents notably counter that few of the clinical studies identify the nature and extent of women’s violence. Batterer program evaluations, in particular, focus on measures of the men’s violence and abuse, but do not consider the

impact of women's violence on program outcomes or risk assessment (Dutton, 2010; Straus, 2010). They consequently distort the nature of the cases and the associated risk factors. Some supporters of this view speculate that this neglect may be part of a "conspiracy" to promote and sustain a feminist agenda and the male batterer programs associated with it (Dutton, 2010; Dutton & Corvo, 2006; Straus, 2009, 2010).

In addition, a core group opposes the funding of such programs as a waste of money and even a danger to women (SAVE, 2010; Simon & Haggerty, 2010). They draw on a few experimental evaluations of batterer programs to verify their claims. On the surface, those studies suggest that batterer programs have little or no effect compared with the outcomes of those men on probation without such programming (Babcock, Green, & Robie, 2004; Feder & Wilson, 2005). These experiments are beset, however, by methodological limitations (Gondolf, 2001; Saunders, 2008; Smedslund, Dalsbo, Steiro, Winsvold, & Clench-Aas, 2007) and countered by more sophisticated evaluations showing positive effects (Bennett, Stoops, Call, & Flett, 2007; Gondolf, 2007; Gondolf & Jones, 2001; Jones, D'Agostino, Gondolf, & Heckert, 2004). According to the critics of batterer programs, the main reason these programs appear to fail is because they do not account for women's violence.

The Current Study

Our multisite evaluation of male batterer programs conducted in the late 1990s, however, did collect information about women's violence toward their male partners, as well as the men's violence and abuse toward the women (Gondolf, 2002). In this initial study, the CTS was administered to the men and women both at intake and during periodic interviews every three months over a 15-month follow-up. The extent of the women's violence was only superficially reported mainly because it was not the primary focus of the research. Unfortunately, those results were misrepresented by critics who used them to verify claims of the high prevalence of "violent women" with partners in male batterer programs (Dutton & Corvo, 2006). The raw frequency of the women's use of *any* tactic *ever* in the past was presented without elaboration, context, or verification of its impact on program outcome. Further analysis of the available data, therefore, is warranted, especially given the intensifying opposition to male batterer programs and growing concern about women's violence.

In this article, we summarize a descriptive analysis of the extent and nature of physical tactics used by the women partners of batterer program participants as reported by the female partners on the CTS. We also draw on available demographic and behavioral information to assess whether the women's violence is more accurately characterized as "mutual and symmetric" or "violent resistance." As suggested above, these contrasting characterizations have major implications for the most appropriate form of batterer intervention. Finally, we examine the association of women's tactics to the batterer program outcome—that is, men's physical tactics during the program follow-up. Does "untreated" women's violence contribute to the "failures" of batterer programs?

However, a couple of qualifications must be acknowledged at the outset. Our study is confined to the women's use of the physical tactics identified on the CTS. It does not account for the dynamics or interactions associated with the violent events, nor does it provide a

fuller description of the abusive relationship. It does provide measures of the characteristics of the men and women, including prior history of violence, additional services contact, the woman's motives or reasons for her physical tactics, and the injuries that the woman may have suffered as a result of her partner's violence. As a result, we might term the study as preliminary or exploratory in nature, but this is a useful start given the mounting claims regarding women's violence and accompanying criticisms of male batterer programs.

Method

Multisite Database

The data used for this study are drawn from a multisite evaluation of batterer programs in four cities (Pittsburgh, Dallas, Houston, and Denver). The batterer programs complied with their respective state standards and conformed to a gender-based, cognitive-behavior approach that typifies the majority of programs in the country. All of them made some use of the "power and control wheel" of violence developed by the Duluth batterer intervention program (Pence & Paymar, 1993). The programs varied, however, in length from 3 to 9 months and in court referral procedures. The Pittsburgh program, for instance, required 3 months of weekly group sessions following a preliminary hearing that made program attendance a contingency of bond. The court reviewed program compliance for each referral every 3 months. The Denver program, in contrast, was 9 months long with mandated attendance as part of the probation for conviction or a guilty plea. The program operation, staffing, completion rates, and their impact on men's reassault during follow-up (i.e., the program outcome) are presented elsewhere (see Gondolf, 1999a, 2002). They are not summarized here because they are not directly relevant to the topic of this article.

One further relevant aspect of the intervention is the absence of specific treatment of women's violence. The program sites in recent years have developed programs for women who use force against their partners (see for example, Larance, 2006; Larance, Hoffman, & Shivas, 2009; Pence, Connelly, & Scaia, 2010). At the time of this study, such programming was not available at the research sites. As a result, the extent of the women's tactics and their impact on batterer programs are not mediated by other specialized treatment. They are associated with the batterer program alone (or at least primarily).

Sample and Procedure

Approximately 215 batterer program participants and their female partners were administered an extensive background questionnaire at the time of program intake in each city. The questionnaire included close-ended responses for demographics, marital status, men's previous arrests, prior service contact, and alcohol and drug use. The men also completed the Millon Clinical Multiaxial Inventory Version III (MCMI-III) (Millon, 1994) to assess psychopathology, and the Michigan Alcohol Screening Test (MAST-Short Version; Selzer, Vinokur, & Van Rooijen, 1975) to identify alcoholic tendencies. The men responded in writing to the questionnaire and accompanying tests at a group intake session. Research

assistants conducted the session and assisted by reading items out loud. The women were interviewed separately by phone. The total intake sample was 854 men with less than a 5% refusal rate, plus female partners for 615 of these men (72% response rate).

Research assistants also interviewed the men's partners by phone every three months over a 15-month follow-up. (The study follow-up period was actually four years, but only data for the first 15 months were used in the current study. The vast majority of the violence occurred during this period, and the level of this violence was more directly associated with program impact [Gondolf, 2000a]). The total sample of initial female partners for the full 15-month follow-up period was 563 for a 66% response rate. Only the interviews with the initial partners were used in the current study, because the new female partners had much less contact with their male counterparts, and reported little violence of their own or from their partner. (The addition of new partners increases the response rate to 74%.) An analysis of sample attrition during follow-up was conducted using Heckman regressions and showed that response bias was minimal (Jones, 1998). (For details on the interview procedures and protection of human subjects, see Gondolf, 2000b.)

Tactics Measurement

Men's violence and women's violence were separately assessed using the 10-item CTS; (Straus, 1979), which ranges from a push or shove to the use of a knife or gun. The CTS was used to make comparisons to results from surveys and clinical studies, because it has been so widely used as a measure of violence throughout the field. Its use in this study is particularly relevant because CTS results form the basis of the debate over the extent and nature of women's violence.

The women respondents were first asked about the items on the CTS that their male partners used against them. The CTS items followed a "funnel" series of questions, which began with the broad and open-ended, "How is your relationship going?" This approach enabled the respondent to present the context of the tactics and helped to promote some rapport for the eventual disclosure of the physical tactics.

A separate set of questions asked whether the woman had confronted or responded to her male partner in a physically aggressive way. The women were first prompted to elaborate on the incident or incidents, and then respond to the items on the CTS. Any mention of tactics in the course of the questioning was added to the CTS responses.

In both cases, there were follow-up questions about injury and reasons for their own tactics. Specifically, the women were asked to identify the reasons for the most severe physical tactics against their partners in the designated time period. An open-ended response was followed by an inventory that included self-defense, fear for oneself, fear for children, anger, revenge, and/or other reasons.

At program intake, the respondents were asked to answer the CTS for "ever in the past" and then for the 3 months prior to program intake. The latter category encompassed the incident leading to arrest and batterer program referral. The CTS in periodic follow-up interviews addressed the previous 3-month interval for the man and the woman. The interview responses were tabulated across the follow-up intervals to identify a cumulative measure of

“any tactic” or “severe tactic” used during the full 15-month follow-up. A positive response to a CTS item was categorized as “any tactic,” and the items kick, hit, beat, burn, choke, threaten with a weapon, used a weapon, or forced sex (excluding the push and slap items) were categorized as “severe violence,” according to the definitions identified by the CTS.

Only the women’s responses on the CTS were used in this study, because women’s reports in clinical samples are generally considered to be more accurate than the men’s. Studies have shown that the men’s responses tend to be minimized compared with the women’s and police reports (e.g., Heckert, Ficco, & Gondolf, 2000). Analyses of our data indicate that the men’s responses to CTS at intake are generally inflated for the women’s tactics toward them, but converge with the women’s reports of their own tactics during the follow-up (Heckert & Gondolf, 2000a). These differences appear to be related to the situation of court and program contact rather than characteristics of the men or their relationship (Heckert & Gondolf, 2000b).

Analysis

Analyses were conducted with the CTS responses to determine the extent and nature of the women’s physical tactics against their partners and their impact on program outcome. To determine the extent, the frequency of CTS responses was computed for “any” and “severe” tactics prior to program intake, and for the cumulative 15-month follow-up. Accompanying variables for injury were also tabulated. The association of women’s severe tactics and the men’s tactics toward the women was examined through a cross-tabulation for the two variables; in other words, when partners were violent toward each other, as opposed to only one or the other being violent.

Next, several logistic regressions examined the nature of the women’s tactics. A forward stepwise procedure was used with the Wald statistic to maintain a robust result for a large number of predictors. Ordinal and categorical variables were entered as predictors of the women’s severe tactics prior to program intake. These “predictors” included variables for demographics, relationship status, the men’s prior behavior, psychological tendencies, the men’s abuse of their partners, the women’s service contact and help-seeking, and the women’s perceptions of safety and quality-of-life. The background variables were then used to predict any physical tactics used by the women in the 15-month follow-up. (The frequency of “severe” tactics in the follow-up was too low to produce a robust regression.) This regression basically explores possible explanations for the women’s violence.

Last, a logistic regression was computed for the men’s reassault during the 15-month follow-up: this analysis explores the impact of women’s violence on the program outcome (i.e., the men’s reassault of their female partners). The previously mentioned predictors were entered into the regression as control variables followed by the women’s physical tactics against their partner. Separate equations were also computed using different measures of women’s use of physical tactics as predictors: women’s “any tactic” and “severe tactics” in the time frames of “ever in the past” and 3-months prior to intake. (See Heckert & Gondolf, 2005, for a full list of available predictors, the rationale for the predictor variables, and their response categories and frequencies.)

Results

Sample Characteristics

Batterer program participants. A summary of the available background characteristics portrays a sample of batterers that reflects the prevailing demographics of batterer program participants. However, they were more racially diverse, more likely to be unemployed, and less likely to be married than the men in more recent batterer program evaluations (e.g., Feder & Dugan, 2002; Labriola, Rempel, & Davis, 2008). The men in our sample tended to be in their early 30s ($M = 32$ years; $SD = 8.8$) and of lower socioeconomic status (64% blue collar). About half (55%) of the men were from racial minorities versus half (45%) from the White societal majority; a fourth (24%) of the men were without a high school education versus a third (36%) of the men who had some college education. Two-thirds (64%) of the men were fully employed versus a third (36%) who were underemployed (part-time or unemployed), and half (49%) of the men were living with their partners and the other half (51%) were not. The men and women had been together for an average of 5 years ($SD = 5.7$), with nearly two-thirds of the couples in a relationship for 3 or more years. The women reported that the physical abuse had been going on for an average of 3.5 years ($SD = 4.3$).

As other studies report (e.g., Hamberger, Lohr, Bonge, & Tolin, 1996), a substantial portion of the men showed evidence of psychological and alcohol problems (Gondolf, 1999b, 1999c; White & Gondolf, 2000). The MCMI-III results suggest that over one-fourth of the men may be diagnosed as having severe personality pathology (Axis II) or severe clinical syndromes (Axis I). The vast majority of them showed traits associated with at least one personality disorder, but no typifying or predominant psychological profiles were evident.

A substantial portion of the men (38%), however, manifested narcissistic or antisocial tendencies, leading support to the notion that violent men are likely to have an inflated sense of self rather than low self-esteem (Baumeister, Bushman, & Campbell, 2000). More than one half of the men also had alcoholic tendencies according to the MAST, but nearly one fifth of them reported never or seldom drinking alcohol. One third of the men had previously received either substance abuse or mental health treatment of some kind, and half (48%) had been previously arrested for other than domestic violence offenses. (See Gondolf, 1999b, for further details and documentation on the sample characteristics).

Female partners. The female partners of batterer program participants tended to be of even lower economic status than their male partners. Over a quarter (28%) were on welfare and over half were underemployed (54%) at the time of the program intake. Despite this tendency, dichotomies existed in the characteristics of the women limiting generalizations about them. For instance, although half of the women reported being underemployed, almost half were employed full-time and many with skill-based jobs. Whereas a quarter (25%) of the women did not have any college education, a third (33%) had received some college education. Nearly half (44%) of the women reported drinking very seldom, but a quarter (24%) drank at least weekly. (The information on the women's characteristics was not as extensive as the men's for several reasons noted in the discussion section.)

Table 1. Physical Tactics Used Prior to Batterer Program Intake (Most Severe Ever in the Past)

Tactic	Women	Men
None	33%	9%
Push/slap	23%	19%
Kicked/hit	32%	14%
Beat/burn/choke	3%	38%
Threatened/used weapon	8%	20%
Forced sex	—	17%

N = 615

The previous assistance that the women sought or obtained poses a contradictory picture on the surface but overall portrays a group of active help-seekers. Over half (55%) of the women reported obtaining alcohol treatment *or* counseling (for other than domestic violence) sometime in the past, and over half (58%) of the women previously used the criminal justice system to deal with domestic violence. However, only a third (31%) had used counseling services for domestic violence and very few (less than 10%) ever visited a battered women's shelter. Interestingly, social service contact in response to domestic violence (i.e., counseling or shelter use) does not appear to be explained by women's demographics or help-seeking for other past problems (i.e., substance use or mental health problems). (See Gondolf, 1998a, for more details of the women's characteristics.)

Extent of Women's Physical Tactics

The women's reporting of their use of physical tactics against their male partners can be summarized as follows: Two-thirds (66%) of the women reported using any of the CTS tactics prior to intake, but less than half (44%) resorted to "severe" tactics as defined by the CTS. That means that about 20% had used only a push or slap ever in the past (which is on average over a period of 5 years with their partners). In the 3 months prior to the program intake, approximately one in five women (18%) used a severe tactic against their partners, and one in four (27%) any physical tactic.

The tactics used by the women contrast sharply to the much more severe extent of those used by the men. As summarized in Table 1, 38% of the men beat, burned or choked their female partners, while only 3% of the women reported using such a tactic against their male partners. A fifth of the men (20%) had used a weapon versus 8% of the women. Nearly a fifth of the women (17%) also reported that their partners "forced sex" upon them. As a result, a substantial portion of the women (40%) had been injured with at least a bruise sometime in the past. A third of all the women (32%) sought medical attention for injuries with 4% being hospitalized. The women reported causing a bruise or cut on 23% of the men sometime in the past. (We did not have a variable for the men's medical attention, but the reported injuries to the men appeared minor.)

Table 2. Main Reason for Women's Physical Tactics (Percentage of Women Using Physical Tactics)

Reason	In past (n = 412)	In follow-up (n = 124)
Self-defense	62%	44%
Anger	36%	54%
Fear for self	30%	8%
Fear for child	4%	4%
Revenge	2%	4%
Other	8%	12%

The women gave a variety of reasons for their use of physical tactics (see Table 2). However, nearly two-thirds (62%) of the women identified self-defense as the main reason. Approximately a third (30%) of the women mentioned fear for oneself and another third (36%) mentioned anger (multiple responses were accepted). Nearly half (44%) of the women who used physical tactics in the follow-up mentioned more than one "main reason." For instance, 42% of those indicating self-defense, mentioned only that reason, and the rest of the women (58%) mentioned self-defense and some combination of other reasons: 33% mentioned self-defense and fear; 11% indicated self-defense and anger; and 14% indicated self-defense, fear, and anger.

Impact of Women's Tactics on Batterer Program Outcomes

During the 15-month follow-up, 22% of the women reported using *any* tactic with approximately 8% identifying the use of a *severe* tactic, as opposed to 33% of the men using physical tactics. As shown in the cross-tabulation in Table 3, the vast majority (82%) of the women who used any physical tactics were with men who were violent toward them in the follow-up (that is, 18% divided by the 22% of women who used any physical tactics). Moreover, about half of the men (45%) who reassaulted their partners were with partners who did *not* attack them (33% of the men reassaulted during follow-up). This translates to 18% of the total sample in which both the man and the woman in a couple used physical tactics during the follow-up.

The women mentioned mainly self-defense (44%) or anger (54%) as the main reason for their use of physical tactics during the follow-up (see Table 2). About half of those who indicated self-defense also mentioned anger, and a quarter of the women overall (26%) cited more than one reason. Only 8% mentioned fear for self as a reason in the follow-up, whereas 30% did as a reason for the tactic used in the past. The women who used physical tactics with a partner who did *not* use physical tactics in the follow-up (only 4% of the total sample) were more likely to report anger (62% vs. 43%; *n.s.*) and less likely to mention self-defense (8% vs. 53%; *n.s.*) compared with those women with partners who *did* use physical tactics against them.

To further examine the association of women's tactics with the batterer program outcome, the variable for women's use of physical tactics was entered into a regression as a

Table 3. Men's "Any Physical Tactics" by Women's Tactics During a 15-month Follow-up (Percentage of Total Sample)

Men	No tactics	Any tactic	Total
No tactic	63%	4%	67%
Any tactic	15%	18%	33%
Total	78%	22%	100%

N = 563

predictor of the men's use of tactics during follow-up. The findings confirmed that the program outcome in terms of the men's reassault was not significantly influenced by the women's use of tactics. After controlling for other characteristics and men's behavior, neither the women's tactics "ever in the past" nor "3 months prior to program intake" was a significant predictor of the men's tactics during the follow-up.

Furthermore, a regression considering predictors of the women's tactics during the follow-up suggests the tactics tend to be in response to very abusive and violent men and part of a larger effort to get help. In terms of the men's characteristics, the following were significant predictors: antisocial tendencies according to the MCMI (*OR* = 1.75); prior arrests (*OR* = 1.95); verbal abuse toward the female partner (*OR* = 17.93); threats toward the partner (*OR* = 2.74); repeated use of physical tactics across follow-up intervals (*OR* = 3.37); and physical injury of the woman (*OR* = 2.87). The women using physical tactics were also more likely to have previously contacted a women's domestic violence shelter (*OR* = 1.65) and have sought welfare assistance (*OR* = 2.03).³ None of the demographic variables were significant predictors in the regression analysis ($\chi^2 = 331.52, p < .001, \text{Cox } R^2 = .267$).

Discussion

Summary

Our findings indicate that a substantial portion of the female partners of batterer program participants have used physical tactics against their partners. However, those tactics appear more as "violent resistance" rather than "mutuality and symmetry" in light of the extent of the men's abuse and violence and the women's help-seeking efforts. The women's use of tactics during the intervention follow-up is relatively low and does not appear to influence the program outcome in terms of the men's reassault. Neither the women's tactics prior to the program intake, nor during the follow-up, predict the men's assault after controlling for other characteristics. This finding may help to explain why women's violence does not generally appear as a factor in risk assessment of batterer program participants. The omission may be more empirically based than ideological, as critics claim.⁴

According to the factors associated with the use of physical tactics during follow-up, those women who used physical tactics tend to be with severely abusive and antisocial men,

clearly a problematic subgroup. These men are, moreover, the most likely to drop out of batterer programs and be poor candidates for couples counseling. In fact, they would be ineligible for the couples counseling that has been developed and tested for domestic violence cases (Bograd & Mederos, 1999; Stith, Rosen, McCollum, & Thomsen, 2004). The female partners of batterer program partners, moreover, have been shown to be reluctant to participate in couples' groups or couples counseling in general (Dunford, 2000; Gondolf, 1998b).

Overall, the evidence at least in this exploratory study does not support dramatically restructuring batterer programs to address women's violence. In the majority of cases the women's use of physical tactics appears to decrease as the men reduce their violence and abuse. In a previous study of the repeatedly violent men (who were responsible for the vast majority of injuries), we found that a portion of the women had withdrawn in fear of their partner and discouragement with failed intervention, whereas others increased their efforts to fight back and get additional help (Gondolf & Beeman, 2003). Other studies suggest those who do fight back often face escalating violence from their male partners. In either situation, increased protection and support for the women and enhanced supervision for men seem warranted, in addition to a batterer program. The expansion of programs for violent women is, no doubt, an additional help, but these programs are more of a supplement to male batterer programs rather than an extension of them (Larance, 2006).

More specifically, a substantial portion of women (66%) reported using some physical tactic against their male partners "ever in the past." However, less than half (44%) indicated using a tactic that could be considered "severe" in terms of the CTS. Also, only about a fifth of the women report using any tactic in the 3 months prior to program intake. The context of the tactics suggests the women were the primary victims. The men tended to use much more severe tactics overall with 38% beating, burning, or choking their female partners. Forty percent of the women reported being physically injured as a result. Unfortunately, the data did not address how often the tactics were used during that period, the constellation of tactics used in the course of various incidents, nor the circumstances and interactions surrounding the tactic used. When the women were asked for the main reason for the physical tactics, approximately two-thirds of the women claimed self-defense. A third also noted fear as a main reason.

The percentage of women who used any physical tactics during the 15-month follow-up is about 20%. Most all of these women were with men who continued their violence, and they were, once again, much less severe in their tactics compared with their male partners. Their male partners were, in fact, more likely to have antisocial tendencies, be verbally abusive, threaten the women, be repeatedly violent, and cause physical injury during the follow-up. The women who used physical tactics, furthermore, were more likely to have previously contacted a battered women's shelter and to have sought welfare assistance. As mentioned, the women's use of tactics prior to the program or during follow-up did not predict the men's violence.

Qualifications

There are major qualifications that must be applied to these findings—many of which beset the research on women's violence in general. For one, our data did not sufficiently

account for the frequency of the tactics used in a certain time frame, or their contexts and circumstances of the tactic use. Nor do they access the “constellation” of abusive behaviors that tend to have a cumulative effect (Dobash & Dobash, 2000). There are many demeaning and hurtful behaviors that are not captured by the CTS items. As a result, battered women’s advocates are likely to argue that the extent of the abuse, violence, and subjection experienced by these women is much more severe than indicated in this study. Most of the cases reaching the domestic violence services do, in fact, reflect “intimate terrorism” according to Johnson’s (2008) analyses of CTS and related data.

However, our data also do not specifically identify the interaction of the men and women or the dynamics of the relationship overall. Research on the circumstances and interactions of violent events suggest that they are complex and varied (Winstock, 2007). Moreover, the dichotomous program outcome measure (“any tactic used” vs. “none”) does not adequately represent the variation and combination of abuse and violence over the follow-up period. Our recent trajectory analysis of the men’s abuse and violence over time shows at least four distinct patterns of behavior (Jones, Heckert, Gondolf, & Zhang, 2010).

Another major concern is the persistent debate over the use and interpretation of the CTS as a measure of violence. The familiar criticisms are that the items do not sufficiently account for the severity or impact of a tactic used by men versus women and for the different circumstances under which a tactic is used (DeKeseredy & Schwartz, 2003; Holtzworth-Munroe, 2005; Kimmel, 2002; Saunders, 2002). For instance, a slap by a woman is not equal to a slap by a much heavier and stronger man. A push by a man out of a rage of jealousy may launch a woman against a wall and result in a concussion. Whereas, a push by a woman to keep her partner away from their child may barely move the man.

The broader context of coercion or “power and control” is also not incorporated. The deeper issue may be the man’s restricting the woman’s contacts, decision-making, and finances, as well as outright put-downs, accusations, threats and intimidation. Drawing on his experience in family court cases, Evan Stark (2007) argues that the preoccupation with violent events, instead of the more extensive coercion by men, is a disservice to battered women and women in general. It diverts the attention from the broader issue of human rights and independence. Recently developed measures for coercion appear to support the high prevalence of coercion in clinical samples from domestic violence services (Dutton & Goodman, 2005).

It must be acknowledged, furthermore, that the dependence on the women’s reports has its limits, despite the research that supports using it over men’s reports. More research is definitely needed to examine the men’s perspectives of and experience in their relationships, and how they contrast and intersect with the women’s accounts. The women’s reasons for their use of physical tactics is especially vulnerable to “impression management” or an over simplification of a web of motivations, and warrants in-depth exploration. The self-defense and fear, however, are understandable in light of the behaviors and characteristics of their partners—namely, the men’s severe abuse and antisocial tendencies.

The Complexities of Women’s Use of Physical Tactics

The limitations of the data also preclude the examination of other factors that may be associated with the women’s use of physical tactics. For one, the women’s characteristics

may help to further explain their use of physical tactics, but they were not assessed for as many characteristics as the men. For instance, the MCMI and MAST were not administered to the women, because the researchers only had limited phone contact with them. Also, the focus of the initial study was on describing the male program participants and their outcomes. We also did not systematically inquire about the medical treatment the men may have received, only the severity of tactics used against them and the nature of any injury. The men's motives and reasons for their violence were not assessed as well.

Two, researchers and practitioners have noted that the situation with children often influences a battered woman's response to her partner and also the extent of her help-seeking. The number and ages of children and the contact with child protection services were not available in our database, and therefore this possibility was not considered.⁵ Three, previous research has observed notable differences in African American women's use of force as an adaptation to difficult living conditions (Potter, 2008). Our measures for race and ethnicity were overly simplified and may be the reason that identification as a "racial minority" was not a significant predictor for women's physical tactics.

This study specifically intended to explore the assertions that men in batterer programs are primarily involved with mutual violence with their female partners and that batterer programs need to be replaced by gender-neutral approaches including couples counseling. Our analysis of the men's and women's use of physical tactics in our data of batterer program participants shows that the cases could predominantly be characterized as intimate terrorism and that the women's use of physical tactics appears as "violent resistance." The findings also suggest, however, that women's interactions with their partners are diverse and complicated. Amidst the prevailing typification of "violent resistance" are variations in the women's motives, circumstances, and responses. How best to represent and interpret these sorts of complexities is beyond this study, but something that the field continues to explore in the literature on women and crime in general (e.g., Ferraro, 2006; Miller, 2005).

As a result, batterer programs might do more to discuss these complexities with batterer program participants.⁶ Men might benefit from a consideration of the nature of "violent resistance" and its applications to their partners. As a part of developing empathy and techniques to reduce abuse and violence, they might also be made more aware of the diversity of women's responses, motives, and actions, as well as examining their own. Men may benefit from directed discussions about why women may be using violent resistance or self-defense, how their partners' physical tactics are unlikely to be equal or symmetrical to their own, and how their own tactics contribute to the women's behavior against them. This may help to defuse the resentment of men who see themselves as the victim in the cases where women have used physical tactics against them. It may be that their female partners feel angry, scared, frustrated, let down, trapped, or betrayed by them as well as by interventions meant to help them.

Conclusion

The implication here is that the research on women's use of physical tactics needs to go much further before characterizations of women's violence can be asserted with confidence. The use of the CTS with our clinical sample, at least, suggests that the claims of

“mutuality and symmetry” of the violence are overdrawn. The nature of women’s tactics could be considered “resistance” against very violent men amidst failed alternatives. Promotion of couples counseling, as a necessary replacement to male batterer programs, also appears premature in this light. Women’s tactics did not substantially contribute to batterer program outcomes in our study. At the same time, women’s use of physical tactics does warrant further attention both in research and intervention. As this and other articles in this journal show, that is, in fact, happening. A next step might be to examine the impact of this sort of women’s programming on the outcome of batterer programs.

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Notes

1. Some clinicians with this perspective might argue for a differential diagnosis that sorts out cases based on their relationship dynamics and participant characteristics. Treatment would then be tailored to the diagnosis of the case. A major challenge for the field is what those “diagnoses” or typifications should be. As yet, distinct and predictive categories have yet to be established (see Gondolf, 2011). The characterization of relationship dynamics, regardless, does stand as one of the main considerations under debate.
2. Johnson (2008) acknowledges, however, that the “situational couples violence” is a broad category with incidents that may include substance abuse or mental illness. The severity of the incident, in some cases, may be extreme. The level of control and fear experienced by the woman may also be underestimated and the incident may escalate into intimate partner violence (see Zorza, 2011). Furthermore, the types are not a diagnosis as such, and the cut-off or threshold between types remains to be established. Nonetheless, the violent types offer an empirically substantiated means to differentiate the dynamics of domestic violence.
3. The bivariate cross-tabulations showed that 34% of the women who used physical tactics had contact with welfare assistance versus 20% of the women who did not use such tactics (Fisher test: $p < .01$; $n = 563$). The women who had contact with shelter or social services during the follow-up were also more likely to have used physical tactics (32% vs. 22%; Fisher test: $p > .01$; $n = 563$). These associations become more pronounced in the multivariate regression analysis when controlling for other subject characteristics.
4. As mentioned later, women “fighting back” may be associated with an increase in the severity of the violence, but in this present study, the women’s preprogram tactics are not an independent predictor of the men’s tactics during the program follow-up.
5. Questions about child discipline and abuse, along with contact with protection services, were initially asked. However, the responses appeared to be constrained by our notifying women

respondents that we might have to refer any report of child abuse to appropriate services. This was required by our Institutional Review Board on human subjects.

6. These implications for program practice come from the anonymous reviewers of this article with clinical as well as research experience. One of the challenges in exploring the women's behaviors and motives in a batterer group, however, is the tendency to take attention and responsibility away from the men. There is something to say about helping men become more aware of their part in the abuse and how to remedy that, regardless of the women's behavior. This seems especially the case given the tendency to project blame and minimize abuse, as several studies of program abusers have illustrated (e.g., Henning & Holdford, 2006).

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Bio

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