National Resource Center on Justice Involved Women

Working With Women Who Perpetrate Violence: A Practice Guide

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PART I: A REVIEW OF THE RESEARCH

Overview

Over the last decade, there has been a dramatic increase in the number of females entering the justice system. Currently, women offenders constitute approximately 25% of individuals incarcerated and/or under community supervision (Ferraro & Moe, 2003; Mullings, Hartley, & Marquart, 2004). When compared to males, the majority of justice-involved females are convicted of offenses that are relatively minor in severity (e.g., non-violent offenses like fraud and drug-related charges). However, a small percentage of this population has been charged with violent crimes, including intimate partner violence (IPV).

This practice brief was designed to summarize the available research on female perpetrated violence. Information in this area is still quite limited. However, there is a growing body of evidence to suggest that females who engage in violence are not a homogenous group and that there are some important differences in the context and expression of violent behavior across gender. We will examine a host of personal, contextual, cultural, and victimization-related factors among females charged with intimate partner violence and other violent crimes. This information will then be translated into recommendations for assessment and intervention.

Prevalence Rates for Women Charged with Violent Crimes

Historically, males were regarded as the primary perpetrators of violent crimes directed toward both intimate partners and strangers. In comparison to men, women constitute a much smaller proportion of those charged with a violent offense (West, Sabol, & Greenman, 2010). Crime figures reported by the U.S. Department of Justice (2009) suggest that violent crimes and other assaults account for 12.9% of arrests for women and that women comprise 5% of all state prisoners having committed a violent offense (Kubiak, Kim, Fedock, & Bybee, 2012).

Violent crime in the United States and Canada has remained relatively stable over the last 50 years, with a decrease in the number of women charged with homicide and robbery and an increased rate of simple assaults in the 1990s (Pollock & Davis, 2005; Schwartz, Steffensmeier, & Felmeyer, 2009). The most frequently reported convictions of violent crime for women in the U.S. have been linked to domestic violence (Henning, Martinsson, & Holdford, 2009; Swan & Snow, 2002). In comparison with men, women are more likely to have a relationship with the target of their violence, either in the form of a close relative or intimate partner (Rosseger et al., 2009).

In addition to intimate partner violence and homicide, women are responsible for the perpetration of other types of violent crime. For example, studies of child abuse conducted in the U.S. suggest that women outnumber men in the perpetration of child physical and emotional maltreatment (Gaudiosi, 2009). It should be noted that these results might be attributable to the fact that as the typical primary caregiver, women have more access to children. Although women are significantly less likely than men to perpetrate child sexual abuse (i.e., less than 20% of all sexual abuse cases), a number of women are convicted of this offense annually (Finkelhor & Russell, 1984). Beyond an acknowledgement of its occurrence, female perpetration of child abuse requires specialized attention and is beyond the scope of this practice brief. As such, the primary focus of this document will be on women who engage in IPV and on those who engage in generalized violence, with the latter additionally encompassing all other forms of violent behavior.

A Closer Look at the Domestic Violence Research

By far the highest proportion of violent crimes committed by women occurs within the context of intimate partner relationships. However, just how frequently women use violence in the home remains the subject of considerable controversy (Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012). Our review suggests that reports of prevalence rates for women who commit IPV vary widely in accordance with how the topic is framed, conceptualized, and researched. Most notably, there is a significant discrepancy in prevalence rates reported by researchers who use crime statistics versus a survey-based approach (Straus & Gelles, 1986).

"Crime studies" establish the rates of physical IPV and other violent crimes through official police reports. In other words, incidents are defined by law enforcement respondents as constituting a crime. Researchers using these official database records tend to report a higher number of women as victims of IPV and men as perpetrators. For example, the Bureau of Justice Statistics has consistently reported that women are five times more likely than men to have been victims of domestic violence (Rennison & Welchans, 2000). Critics of this approach suggest that estimates of actual female perpetration rates are probably underreported for several reasons. First, self-reported crime rates for both males and females are generally higher than official crime rates, demonstrating that the likelihood of being apprehended and charged following the commission of a crime is low (Farrington et al., 2006). Second, in the case of violent offending, some research indicates that women are more likely than men to simply be issued a caution or to have their case dismissed (Simmons, Lehmann, Cobb, & Fowler, 2005; Thornton, Graham-Kevan, & Archer, 2012). Finally, there is some evidence to suggest that male victims are less willing to report family-perpetrated violence to authorities than female victims (Fox & Levin, 2005).

An alternative approach to collecting data on violence perpetration is via survey method. Studies relying on these self-report measures primarily draw data from the National Family Violence Survey (e.g., Straus, 2007) and the Conflict Tactics Scale (e.g., Desmarais et al., 2012). For example, Desmarais et al. administered the Conflict Tactics Scale to gauge respondents' use of tactics or strategies to manage conflict in intimate relationships. Based on results pooled from several studies, it was determined that women were significantly more likely than men to engage in physical violence in an intimate relationship (28.3% vs. 21.6%, respectively). The primary criticism of the survey approach is that it requires respondents to indicate whether they have been the target or perpetrator of a specific tactic, without regard for the context in which violence occurred and the motivation for the act. Many family violence scholars argue that for the most part, women's partner violence is defensive; they contend that males are the primary perpetrators of violence in intimate relationships and that male perpetrated IPV is largely used to maintain coercive control over a partner (Dobash & Dobash, 2004; Swan, Gambone, Caldwell, Sullivan, & Snow, 2008). There is also considerable evidence to suggest that males are more likely than females to engage in serious forms of violent behavior such as the perpetration of sexual abuse and physical stalking (Desmarais et al., 2012). Finally, with regard to the survey method, it is unknown whether males are more likely to underreport physical violence than women.

The theory and methods used to explore female violence have been summarized and debated at length in the literature (e.g., Dutton, 2007; Johnson, 2006; Straus, 2009; Swan et al., 2008). In brief, Johnson (2006) suggests that survey methods and crime studies are actually focusing on two different, largely non-overlapping groups. That is, survey methods tend to capture situational couple violence whereas crime studies examine more violent and severe forms of violence. These distinctions are important in enhancing our understanding of the

differential risks/needs of perpetrators. Regardless of the method used by researchers to establish prevalence rates and the discrepancies reported in perpetration rates by gender, it is relevant to this practice brief that there is undeniably a percentage of women officially charged with violent crimes and more specifically, IPV.

Risk Factors Associated with Female Perpetrated Violence

Fundamental to understanding female perpetrated violence is an exploration of the characteristics of women who engage in violence and the factors that are linked to this form of offending. Specific variables at three different levels – demographic and environmental, family, and personal – have been associated with elevated risk for violent offending. This section of the brief will explore variables in each of these levels and then look more closely at a general risk model and the cumulative impact of multiple risk factors.

Specific Risk Factors Linked to Violence

A number of risk factors have been linked to propensity for aggression and violence among males and this information has been used to guide the development of assessment and intervention programs for both IPV and generalized violence (Bottos, 2007). In comparison, the available research with females is less robust and generalizable with the preponderance of information emerging from much smaller samples. A summary of the research across environmental, family, and personal domains is presented in Table 1.

Demographic and Environmental Factors

A number of demographic factors are linked to female perpetrated violence. In one of the most comprehensive reviews of the research involving risk factors for IPV – both for perpetration and victimization – Capaldi, Knoble, Wu Short, and Kim (2012) identified several critical factors of relevance for both males and females. These included younger age, low income, unemployment, and minority group membership. Age has long been regarded as a critical factor in developmental models exploring antisocial behavior, where both males and females identified as "early starters" in their delinquent behavior are at greatest risk for conduct problems and justice involvement throughout the life span (Broidy et al., 2003; Cote, Tremblay, Nagin, Zoccolillo, & Vitran, 2002; Moffitt, Caspi, Rutter, & Silva, 2001). Age is also an important contextual factor for dating violence (Kim, Laurent, Capaldi, & Feingold, 2008). Longitudinal and cross-sectional research suggests that physical aggression toward one's partner peaks in late adolescence and declines with age (Kim et al., 2008).

Factors such as unemployment, low socioeconomic status, poverty, lack of social support, and perceived options have been related to the perpetration of IPV (Batchelor, 2005; Pollock, Mullings, & Crouch, 2006). Based on in-depth narrative accounts of women who have engaged in violence within the context of their intimate relationships, Banwell (2010) illustrates how financial dependence can serve to entrap women within violent relationships and elevate the risk of physical and psychological abuse.

The demographic factors identified above cannot be changed and/or are not readily modifiable within an intervention context. However, these factors do have important implications for the development and delivery of intervention programs. For example, awareness that age is an important predictor of violence suggests the need for an IPV and violence component to youth programs that addresses associated problems such as antisocial behavior. It is also important that interpersonal communication and problem-solving skills be honed at an early age. Finally, these risk factors underscore the need to deliver interventions in a culturally responsive fashion that is attentive to challenges faced by women who have few perceived options and are marginalized by virtue of ethnicity, race, or class.

Table 1: Environmental, Family, and Personal Risk Factors Linked to Female Perpetrated Violence

Demographic and Environmental Risk Factors	Description	Research Support
Demographic	• Younger age • Low income • Unemployment • Race/Ethnicity	Batchelor (2005); Capaldi, Knoble, Wu Shortt, and Kim (2012); Hien (1998);
Environmental	• Lack of access to vocational and employment opportunities	Pollock, Mullings, and Crouch (2006)
Family Risk Factors	**Description**	**Research Support**
Family History	• Witnessed violence in the home (between parents, and between and against siblings)	Babcock, Millar, and Siard (2003); Capaldi et al. (2012)
Parent Characteristics	• Exposure to parental substance abuse • Exposure to parental mental health problems • Parents incarcerated • Pro-violent parental attitudes	Leschied, Cummings, Van Brunschot, Cunningham, and Saunders (2001); Pollock et al. (2006)
Relationship Conflict	• Low relationship satisfaction • High discord • Bi-directional or mutual violence	Capaldi et al. (2012)
Personal Risk Factors	**Description**	**Research Support**
Psychological and Behavioral Factors	• History of pervasive sexual abuse and trauma • Alcohol use • Drug use • Depression and depressive symptoms • Conduct disorder • Personality disorders including antisocial, borderline, and narcissistic features • Anxious attachment • Difficulties with self-regulation and emotional control • Poor interpersonal skills • Impulsive • High levels of anger expressed as aggression or through self-harm behaviors, suicidal ideation, or previous suicide attempts	Abel (2001) Henning & Holdford (2003) Batchelor (2005); Bell (2004); Buttell, 2002; Capaldi et al. (2012); Dutton, Nicholls, and Spidel (2005); Follingstad, Bradely, Helff, and Laughlin (2002); Henning, Jones, and Holdford (2003); Pollock et al. (2006); Suter and Byrne (2000)

Family Factors

Childhood exposure to abuse and family violence has been consistently correlated with risk for the perpetration of violence. In other words, violent females are more likely to have witnessed or experienced violence when growing up than non-violent females (Babcock, Miller, & Siard, 2003; Bottos, 2007; Dekeserdy, 2000) and to report a history of pervasive sexual abuse and trauma (Abel, 2001; Henning & Holdford, 2003). Abel (2001) compared female and male perpetrators of IPV and female victims to explore the impact of childhood abuse. Results revealed that females from both groups had significantly higher trauma scores than the male perpetrators.

Relationships play a central role in female socialization and development (Gilligan, 1982). Given that the family of origin provides an important learning context for the use of violence in the home, women may be especially vulnerable to both perpetrating and being the victim of violent behavior in future relationships (Bottos, 2007; Cloitre, 1998; Graves, 2007). Children who experience negative attachment and intra-familial abuse are more likely to experience repeated victimization (Cloitre, 1998). Witnessing and experiencing abuse in the family of origin translates to higher rates of sexual assault and date rape among adolescent girls and young women (Krahe, Sheinberger-Olwig, Waizenhofer, & Koplin, 1999) and a greater likelihood of being in an intimate adult relationship that is characterized by domestic violence (Messman & Long, 1996).

Other family factors that have been associated with the perpetration of violence include an array of parent characteristics such as substance abuse problems, antisocial conduct, previous incarcerations, or mental health issues. Caregivers with such profiles are typically less available to provide their children with support (both tangible and emotional), fail to protect their children appropriately, and are less likely to impart adaptive coping strategies and behaviors (Andrews & Bonta, 2010; Leschied, Cummings, Van Brunschot, Cunningham, & Saunders, 2001; Pollock et al., 2006).

In addition to historical factors associated with one's family of origin, researchers are now focusing on couple relationships as an important area of study. Using self-report measures and observations of dyadic interactions, Capaldi et al. (2012) found that low relationship satisfaction and high levels of discord or conflict are robust predictors of IPV for both males and females. It has previously been hypothesized that mutually aggressive couples might engage in less serve violence (Johnson, 1995). However in their observations of high-risk young couples, Capaldi, Kim, and Shortt (2007) found that couples who engage in mutual physical aggression are at greater risk for perpetrating violence and for sustaining injury.

Family factors identified in the personal histories of women who perpetrate violence cannot be directly modified through intervention. They can, however, be mediated or moderated through the introduction of a trauma-informed approach. This requires, first and foremost, that professionals understand and acknowledge the impact of trauma and secondly, that they work intentionally with women to explore more adaptive non-violent alternatives to address interpersonal conflict. For example, Byrne and Howells (2002) suggest that post-traumatic stress may elicit coping behavior that includes the use of alcohol or other drugs. Abuse and trauma have also been found to impact or alter internal processes, producing difficulties with emotional regulation and expression (Abel, 2001; Henning et al., 2003). Some authors argue that anxious attachment resulting from early life experiences contributes to an "angry temperament" and may contribute to attempts to use abuse against an intimate partner (Follingstad, Bradely, Helff, & Laughlin, 2002). There is also some evidence to suggest that individuals who have experienced pervasive abuse may have unrealistic interpersonal expectations and learn

social behaviors such as aggression and other negative actions to deal with frustration and anger (Cloitre, 1998). Finally, unresolved trauma arguably contributes to characteristics found in several personality disorders including antisocial, borderline, and narcissistic features (Dutton, Nicholls, & Spidel, 2005).

Intervention efforts should also be directed toward women who are currently in abusive relationships. In addition to providing women with safe options to leave the relationship, professionals are encouraged to listen to women's own reports of violent behavior. Women who engage in mutual violence or respond in self-defense need to learn healthy non-violent alternatives to reduce violent interactions.

Personal Factors

A variety of personal factors have been found to elevate risk for female perpetrated IPV and generalized aggression. The factors most frequently identified include the following: history of aggression, substance abuse, depressive symptoms, antisocial and other personality disorders (e.g., borderline personality disorder, etc.), difficulties with managing and regulating anger, and poor interpersonal skills (Bottos, 2007; Henning et al., 2003; Leenaars, 2005; Stewart, Gabora, Allegri, & Slavin-Stewart, *in press*).

Earlier, this brief described the comprehensive review of the IPV research undertaken by Capaldi et al. (2012). They found that alcohol use and depressive symptoms placed women at elevated risk for IPV perpetration and that these factors were more powerful predictors for females than males. These factors have also been identified in samples of incarcerated women and have been found to differentiate between violent and non-violent female offenders (e.g., Blanchette, 1997). Specifically, Blanchette (1997) explored variations in criminogenic needs between a sample of federally-sentenced women (N = 182) charged with violent versus non-violent crimes. Women charged with violent crimes had a higher degree of need overall. That is, violent offenders were more likely to have a history of substance abuse that resulted in law violations, to experience a history of family conflict, and demonstrate difficulties in securing employment and stable housing. These women were also more likely to have mental health diagnoses, to experience hospitalizations, suicide attempts, and to have been prescribed medication in the past. In addition, results suggested that women with a history of violent behavior were more likely to demonstrate difficulties with low frustration tolerance, interpersonal problem-solving, and empathy.

Pollock et al. (2006) confirmed these general findings in their comparisons of women with and without a history of violence. Essentially, they found that women with a history of engaging in violent behavior were more likely to be victims of childhood abuse, younger, African American, unemployed, and have an unstable family history. They also found that women with a history of violence had a more extensive criminal history. Similarly, Kubiak, Kim, Fedock, and Bybee (*in press*) surveyed 543 women incarcerated in a Midwestern state regarding their current conviction and found that compared to the non-violent group of women, women convicted of violent offenses were younger, had spent more time in prison, and were more likely to have experienced physical abuse.

Results from the NIC/University of Cincinnati construction of the Women's Risk Needs Assessment are consistent with the findings noted above. This risk/needs scale measuring women's self-reported anger was observed to be correlated with aggressive prison misconducts in all of the prison studies conducted (Van Voorhis, Bauman, & Brushette, 2012; Van Voorhis, Brushette & Bauman, 2012;; Van Voorhis & Groot, 2010).

One of the most controversial risk factors identified in IPV research relates to the diagnosis of antisocial and borderline personality disorders. Conduct

disorder has long been recognized as a predictor of aggression and antisocial behavior in adult males and it has been hypothesized that the same holds true for women (Moffitt & Caspi, 2001; Moffitt et al., 2001). Conduct disorder and antisocial personality disorder were also clearly identified as risk factors in the comprehensive review of the IPV research conducted by Capaldi et al. (2012). Dutton et al. (2005) reported that personality disorders (i.e., borderline, compulsive, narcissistic) are prevalent in men and women who either self-report or are convicted of domestic violence. They described such individuals as having difficulty with intimacy and as having an attachment style that can be characterized by an excessive level of interpersonal dependence (i.e., anxious attachment). When expectations are not met, the "angry temperament" is triggered, which in turn is correlated with the manifestation of violence and aggression.

Burnette and Newman (2005) examined the prevalence of personality disorders in a group of 261 incarcerated women housed in a maximum-security prison in Virginia. They found that only one third of the women in their study had a history of conduct disorder (CD), a necessary precursor for the diagnosis of antisocial personality disorder as an adult. Approximately 9% of this CD group evidenced "severe" symptoms and had histories that corresponded most closely to the early onset pathway of antisocial behavior initially defined by Moffitt (1993). The remaining women in this group were described as experiencing "moderate" symptoms with generalized behavior problems in childhood or evidencing "destructive type" behaviors that were limited specifically to the destruction of property. The authors found that women with a history of CD tended to have a higher rate of comorbid personality disorders including borderline, histrionic, narcissistic, and paranoid. As such, they concluded that CD in girls serves as a general marker for adult psychopathology and negative outcomes in adulthood rather than a specific predictor for antisocial personality. It is also important to note that two-thirds of the of the incarcerated women in their sample, all of whom have evidenced antisocial behavior in adulthood, did not exhibit behaviors or symptoms of CD in their youth. These findings suggest that considerably more research is necessary to understand the behaviors and developmental pathways that lead to antisocial behavior in women.

Suter, Byrne, Byrne, Howells, and Day (2002) explored gender differences in the use and expression of anger among incarcerated males and females. They found that in comparison to male offenders, women reported consistently higher levels of anger (both situational and chronic) and were more likely to report responding with aggression to less provocation. However, given the lack of reporting of a high incidence of outward violent behavior by women offenders, Suter et al. (2002) speculated that women were more likely to express anger inwardly through self-harm behaviors rather than engage in aggressive behavior toward others. The authors attributed these results to a higher incidence of psychopathology and trauma experiences found among incarcerated women compared with men.

A number of scholars have summarized the available research to identify social cognitive processing and behavioral skill deficits among males who perpetrate IPV and generalized violence (Dutton et al., 2005; Murphy & Eckhardt, 2005). Deficits included difficulties with communication skills (e.g., inability to express wants and feelings and to express oneself assertively), and difficulties in managing and regulating emotions. Programs that target these skill deficits with violent male offenders have been demonstrated to contribute to a decrease in aggression and general offending behavior (Dowden, Blanchette, & Serin, 1999). Similarly, researchers have identified social cognitive processes (i.e., attribution biases) implicated in female violence (Babcock et al., 2003; Leschied et al., 2001). Further, difficulties with communication and emotional regulation have been identified among samples of incarcerated women (Blanchette, 1997; Bottos,

2007; Stewart et al., *in press*) and women arrested for domestic violence (Caldwell, Swan, Allen, Sullivan, & Snow, 2009; Henning et al., 2003; Shorey, Brasfield, Febres, & Stuart, 2011). Stewart et al. (*in press*) reviewed the files of women offenders under federal supervision in Canada (i.e., those serving sentences of two years or more) to identify a sub-group of women with a current or past history of violence in intimate relationships. A number of personal/emotional deficits were identified in 95% of the sample. The authors concluded that these women would benefit from training in emotional self-regulation and in identifying triggers (situations/events) that elevate risk for aggressive behavior.

An array of personal factors have been linked to the perpetration of violence by women offenders in both community and facility settings. It is hypothesized that many of these factors have emerged from family history variables and other environmental influences that cannot be modified directly. However, we can address factors that mediate the impact of past trauma and that place a primary emphasis on change in current relationship behavior. This includes helping women regulate and manage emotions, develop skills to build healthy relationships, alter self-defeating and hurtful cognitions, and develop a menu of adaptive coping strategies.[1]

Types of Perpetrators and Motives Surrounding Women's Use of Violence

There are several additional areas of study that advance our understanding of women and violence. These include a focus on typologies and an exploration of the motives and reasons for using violence. In this section of the brief, three important avenues of research are explored. First, a general model for understanding female perpetrated violence is presented. Second, a summary of typologies is proposed specifically to understand IPV, and finally, women's reasons and motives for engaging in violent behavior are explored.

General Model of Women Who Perpetrate Violence

Most researchers acknowledge that males who engage in violence are not a homogeneous group and many have developed typologies to characterize different groups of offenders based on use of violence, clinical needs, or motives (Holtzworth-Munroe & Stuart, 1994). Though considerably less research has been conducted with women who perpetrate violence, Babcock et al. (2003) explored differences among women who engage in violence exclusively toward their partners (*partner-only*; PO) as compared with those who use violence more broadly (*generally-violent*; GV). They hypothesized that women designated as GV would have more extensive criminal histories, abuse histories, and report higher rates of perpetrating abuse. Focusing on a small sample of women who were arrested for domestic violence and referred to treatment, they found that PO and GV groups differed significantly on a number of dimensions. Approximately 50% of the sample was characterized as generally violent. As expected, the GV group was significantly more likely to engage in physically and emotionally violent behavior toward intimates, use violence as a means to control their partners, report more trauma symptoms and psychological problems, and experience urges to harm themselves.

The findings reported by Babcock and colleagues (2003) have been replicated in more recent empirical investigations. Specifically, there is additional evidence that compared with women who limit their violence to IPV, women who manifest generalized violence have more extensive criminal histories and violations of supervision orders, are at greater risk of reoffending, engage in more severe forms of physical violence (e.g., use of weapons,

1 Note that while fewer studies have been conducted with women in homosexual relationships, Fortunata and Kohn (2003) found that childhood victimization, alcohol abuse, and indicators consistent with antisocial and borderline personality disorders were also evident among women who engage in more severe forms of IPV within the context of same-sex intimate relationships.

uttering death threats), and demonstrate a greater number of challenges related to family, mental health, and stabilization (Stewart et al., *in press*; Van Dieten, Jones, & Rondon, 2011).

Working with a sample of incarcerated women, Kubiak, Kim, Fedock, et al. (*in press*) differentiated between women who engage in *isolative violence* (women who were convicted of a violent offense but had not engaged in violent behavior over the last 12 months), *uncaught violence* (women who engaged in violent behavior in the last 12 months but were not convicted of a violent offense) and *patterned violence* (women who were both convicted of a violent offense and who engaged in violent behavior in the last 12 months). As predicted, Kubiak and colleagues found that women in the uncaught and patterned violence groups had significantly higher rates of mental health and substance use disorders, criminal justice involvement, and personality indicators of anger than the women in the isolative violence group.

There are a number of potentially important differences between women who engage in general violence versus partner-only violence. The most obvious and immediate finding is that women who rely on violence with greater frequency and across settings also appear to have a greater number of needs (both historical and current), which places them at greater risk for the perpetration of continued violence.

A seminal study by Renauer and Henning (2005) provides evidence that females charged with IPV are significantly less likely than males to recidivate with an IPV offense. Further, women who did appear in subsequent domestic reports filed by the police were most commonly identified as victims. These findings were replicated in a more recent study by Henning et al. (2009), who found that women who were convicted of IPV were half as likely to recidivate with a new domestic violence offense and were significantly more likely than men to assume the victim role in subsequent domestic violence reports.

Over the last three decades, a considerable body of research has emerged to suggest that the cumulative impact of multiple risk factors elevates the propensity for negative outcomes, including recidivism (Andrews & Bonta, 2010). Often described as risk level, this brief will explore the implications of risk with respect to treatment dosage and intensity. Though limited, the available research suggests that women who engage in violence do not constitute a homogenous group and furthermore, women at greatest risk for violent behavior appear to evidence a history of multiple problems. The correctional literature suggests that a differential response is necessary for women depending on their risk level. The implications of this finding for assessment and treatment will be explored in subsequent sections of this brief.

Typologies for Women Who Perpetrate IPV

An emerging body of research focuses specifically on women who have been charged with domestic violence or self-reported IPV, and typologies have been proposed based on the severity, frequency, and motivation for their violence. While these typologies have been given different names, the most consistently proposed categories include the following: (1) women who engage in violent aggression only in self-defense; (2) women who engage in bidirectional or mutually violent aggression and control; and (3) women who are the dominant or primary aggressor (see Table 2). Though there is considerable disagreement regarding the prevalence of women who fall within each of these categories, there is some consensus regarding the necessity to assess and deliver intervention services that reflect the differential needs of women within each group.

In an extensive review of research on women's use of violence with male intimate partners, Swan et al. (2008) concluded that in comparison with men, women are more likely to be motivated by self-

defense and fear. Given that women who fight back are also more likely to be injured during domestic violence incidents (Swan et al., 2008), "victimization" is a critical topic to address when designing intervention strategies for female perpetrators. Similarly, Capaldi and Langhinrichsen-Rohling (2012) argue for a new conceptual approach to understand and address mutual violence. Research suggests that couples who engage in bidirectional violence are at greater risk for perpetrating physical aggression and experience more injuries than those who report unidirectional physical aggression in their relationship (Capaldi et al., 2007).

It should be noted that not all researchers support these typologies. For example, in their work with a probation sample, Miller and Meloy (2006) found no evidence of women acting as the dominant aggressor or primary perpetrator of IPV or of women employing violence in a bidirectional fashion. They examined the context of IPV and developed a typology with three unique patterns:

- Generalized violence – women generally employed violence in their life, without any impact on or control over their partner's behavior
- Frustration response – women exhibiting violent behavior in response to an abusive partner
- Defensive behavior – women exhibiting violent behavior in self defense

At the other extreme, Carney, Buttell, and Dutton (2007) suggest that women's use of violence occurs at the same rate as men and that for many women, there is a long developmental history of IPV that predates the current relationship. This suggests that the violence cannot be dismissed as self-defense. Contrary to Miller and Meloy (2006) who based their conclusions on official arrest data, many of the studies reviewed by Carney et al. employed a survey methodology. It is possible that in the latter context, women would be more likely to liberally self-report previous instances of IPV and more varied motives than might be captured in arrest data.

Table 2: Typologies Currently Reflected in the IPV Research

Typology	Description	Research Support
Self-Defense	Women who engage in IPV as self-defense or as a frustration-response. These are women who are primarily victims of domestic violence.	Conradi and Geffner (2009); Hamberger and Guse (2002); Miller and Meloy (2006); Renauer and Henning (2005); Saunders (2002)
Bidirectional or Mutual IPV	Women who engage in bidirectional or mutually violent control with their partner.	Conradi and Geffner (2009); Johnson (1995); Renauer and Henning (2005)
Dominant or Primary Aggressor	Women who are the primary aggressors against their partner.	Conradi and Geffner (2009); Hamlett (1998); Henning et al. (2009); Renauer and Henning (2005)

Motives for the Perpetration of Violence

Motivation for violence and the dynamics and context in which violence occurs has been examined by many researchers concerned not only with expanding our understanding of violent behavior but with exploring gender differences in the manifestation of violence. Hamberger and Guse (2002) argue that the context and motivation for use of violence in intimate partner relationships is dramatically different between men and women. They found that men use IPV predominately as a means of controlling their partners while women who engage in IPV do so in self-defense (Hamberger & Guse, 2002; Saunders 2002). In a slightly more recent review of the research, Langhinrichsen-Rohling, McCullars, and Misra (2012) summarized all available studies that reported empirical data related to men's and women's motivations for IPV. Motivations were coded using seven categories: (a) Power/Control, (b) Self-defense, (c) Expression of Negative Emotion (i.e., anger), (d) Communication Difficulties, (e) Retaliation, (f) Jealousy, and (g) Other. The authors describe a number of limitations to this review which include difficulties associated with assessing motivation, variations in sample composition across studies, and different measurement tools used by researchers. Despite these methodological challenges, the research did yield some important findings. First, they found that the most frequent motivations reported across IPV studies of both males and females included self-defense and power/control. Second, they found partial support that men were more likely than women to be motivated by power/control in their perpetration of IPV. In contrast, self-defense emerged as a more important motive for women than for men.

Miller and Meloy (2006) also found that women on probation for IPV and mandated to court-ordered treatment were more likely to employ IPV in self-defense or as a reactive/expressive means of responding to long-term/prior abuse. They discovered a small subset of women that they characterized as generally violent. However, neither group was found to engage in IPV with the same intent to use power and control as typically observed in males. Bair-Merritt et al. (2010) conducted a systematic review of published research to summarize women's motivations for the use of physical IPV. The most common motivations reported by women included "anger" and "not being able to get a partner's attention". Self-defense and retaliation were commonly cited motivations but less clearly defined. Unlike the research with males, however, domination and control did not emerge as primary motivations.

Caldwell et al. (2009) interviewed 412 women charged with IPV and discovered a number of motivational factors including self-defense, an inability to manage the expression of negative emotions, the desire to control, jealousy, and tough guise. Essentially they discovered that while self-defense is an essential component of IPV for female perpetrators, women also tended to reveal other motives that they described as "proactive." For example, women self-reported motives that included expressing anger or frustration, jealousy, or attempting physical harm. Proactive motives were not only frequently endorsed by women but were predictive of women's perpetration of IPV.

The study of motives for violent behavior has important implications for treatment. As indicated above, "victimization" emerges as a theme in a large number of studies of female perpetrated IPV. Women reporting self-defense as a motive may require safety planning and access to community resources that can help them protect themselves from their partner's violence (Caldwell et al., 2009; Swan et al., 2008). Other motives that are predictive of violent behavior for women should also be addressed. For instance, women who rely on aggression when angry or frustrated may benefit from intervention programs that focus on alternatives to violence and introduce adaptive skills such as emotional regulation, problem-solving, effective communication, and calming strategies (Caldwell et al., 2009; Stewart et al., *in press*).

PART II: IMPLICATIONS FOR ASSESSMENT

Overview

The emerging research discussed in Part I suggests that women who engage in violent behavior are not a homogenous group. Different typologies have been proposed to explore motives for using violence, the context in which violence occurs, and the nature and dynamics of violence within and across relationships. Though consensus has not been reached regarding how women should be categorized and the prevalence of women falling into various groups, there appear to be at least two distinct groups of women requiring differential intervention. First, regardless of motive, there are a number of justice-involved women who engage in violence primarily within their intimate relationships. For many, this represents their first criminal conviction. There is also a group of women who engage in generalized violence and rely on aggression in other contexts. Women who fall into this group are more likely to have a history of justice involvement, report experiences of childhood and current abuse, present with mental health issues, and report other factors that can impact risk for future criminal behavior.

Part II focuses on the assessment process as applied to women who engage in violent behavior. A comprehensive assessment (and interview) is an essential first step in ensuring that women who perpetrate violence are provided with appropriate intervention. Unfortunately, there is little agreement in the literature with regard to the most effective approach and assessment measures to use. This difficulty is compounded by the fact that relatively few studies have demonstrated the clinical relevance and utility of these tools with female perpetrators.

A brief look at instruments and methods that hold promise when working with justice-involved women follows.

Standardized Screening and Assessment Tools

The use of empirically-derived assessments in the field of corrections has become increasingly popular. Research has demonstrated that risk prediction is enhanced with the use of statistically grounded methods over clinical judgment (Hanson & Morton-Bourgon, 2009; Monahan & Steadman, 1994). Thus, standardized assessments are routinely used to guide decisions related to classification and supervision. The acceptance of assessment as a routine practice in corrections can also be attributed to advances in theory. For example, the Risk-Need-Responsivity (RNR) model proposed and formalized by Andrews and Bonta (2010; Gendreau & Andrews, 1990) has dominated correctional reform efforts since the early 1990s. This model has three major components commonly referred to as the *principles of effective correctional intervention*. The *risk principle* is the first component and suggests that intervention efforts should be focused on individuals who are at greatest risk and most likely to reoffend. The *need principle* underscores the importance of targeting dynamic risk factors (or criminogenic needs) that have been statistically linked to criminal conduct. When these need areas are targeted appropriately in treatment (e.g., through modeling, skill training, and other cognitive behavioral interventions), the likelihood of committing further crime is diminished. The final component of the RNR model is the *responsivity principle*. While the general responsivity principle posits that the most effective services are based on cognitive and social learning perspectives, the specific responsivity principle asserts that client factors such as motivation, cognitive ability, gender, ethnicity, and cultural background may require a differential response from professionals to enhance opportunities for engagement and learning.

Ultimately, standardized assessments are an essential tool to determine the risk level of the client, the criminogenic needs that should become the focus of intervention, and the specific

responsivity issues that should be incorporated in treatment. *That said, most screening and assessment tools for criminal behavior, IPV, and more generalized violent behavior were developed and validated on male samples (or samples comprised predominantly of men).* This has led a number of scholars to question the usefulness of these tools with females (e.g., Hannah-Moffat, 2004, 2006). Given the contextual differences discussed earlier regarding female versus male perpetrated violence, it is argued that the development of gender-specific risk assessment strategies based on theories of female offending are beneficial with respect to (1) improving the accuracy of risk assessment tools in predicting future violence committed by women, and (2) appropriately informing treatment for violent women.

In fact, there is some evidence that standardized risk/need assessments amplify risk for women and lead them to be over-classified (Hardyman & Van Voorhis, 2004; Taylor & Blanchette, 2009). In other words, the assessment procedures often result in assigning women to higher risk levels than are actually warranted. There is also some research to suggest that there are gendered factors that contribute differentially to risk for males and females (Blanchette & Brown, 2006). For example, factors such as mental health, trauma, anger, and parenting appear to be more powerful in predicting outcomes for women (Van Voorhis, Wright, Salisbury, & Bauman, 2010). At the present time, many criminal justice agencies continue to rely on screening tools and assessment instruments that have not been validated with female samples and arguably do not fully or adequately explore the history and context of criminal behavior and violence. In addition to standardized assessment tools, there are three different sets of tools that have been validated with women charged with criminal behavior, IPV, and generalized violence.

General Risk/Need Assessment

The Level of Service/Case Management Inventory (LS/CMI; Andrews, Bonta, & Wormith, 2004) and the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS; Northpointe Institute for Public Management, 1996) were developed as gender-neutral measures. Both have been validated with women and predict general and violent recidivism for males and females at the aggregate level (Brennan, Dieterich, Ehret, 2009; Rettinger & Andrews, 2010). However, it should be noted that gender differences do emerge in the predictive salience of individual items and domains on these measures. In contrast, the Women's Risk Need Assessment (WRNA; Van Voorhis, Bauman, Wright, & Salisbury, 2009; Van Voorhis, Salisbury, Wright, & Bauman, 2008) and the Service Planning Instrument for Women (SPIn-W; Orbis Partners, 2006) were specifically developed for justice-involved women and include both gender-neutral and gender-specific needs related to mental health, family history, and other pertinent domains. These tools are summarized in Table 3.

Table 3: General Risk/Needs Assessments Validated with Females

Name of Assessment	Authors	Description
Level of Service/ Case Management Inventory (LS/CMI)	Andrews, Bonta, and Wormith (2004)	Administered to males and females alike, the LS/CMI stems directly from the RNR literature and serves the dual purpose of estimating risk for general recidivism and identifying viable treatment goals. The tool features 43 items and 11 sections. An abundance of literature has demonstrated that the LS/CMI composite score predicts general and violent recidivism for both males and females (e.g., Andrews et al., 2012; Rettinger & Andrews, 2010; Smith, Cullen, & Latessa, 2009).
Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)	Northpointe Institute for Public Management (1996)	The COMPAS is a software based risk/needs assessment tool that was derived on the basis of correctional theory and empirical literature. It contains 15 base scales and features a series of risks, needs, and strengths. The COMPAS was designed both to predict risk to reoffend and to guide intervention efforts. The validity of the tool in predicting arrests for general recidivism, offenses against persons, and felony offenses across a diverse range of criminal justice populations – both male and female – ranges from moderate to high (AUCs = .66 – .80) (Brennan et al., 2009).
Women's Risk Need Assessment (WRNA)	Van Voorhis, Bauman, Wright, and Salisbury (2009); Van Voorhis, Salisbury, Wright, and Bauman (2008); Van Voorhis, Wright, Salisbury, and Bauman, 2010)	Largely grounded in the feminist pathways literature, the WRNA was specifically designed as a gender-responsive risk assessment tool to assist in offender classification and case management. It features a series of domains and items that are specific or salient to women, including many of the factors mentioned throughout this monograph (e.g., anger, relationship dysfunction, depression, housing safety, poverty, self-efficacy, parental stress, child abuse, adult victimization). Some gender-neutral items are incorporated but contextualized in gender-responsive terms. The WRNA has been shown to predict recidivism among justice-involved women, and has been shown to significantly enhance prediction above and beyond the administration of a gender-neutral tool (Van Voorhis, Wright, Salisbury, & Bauman, 2010).
Service Planning Instrument for Women (SPIn-W)	Orbis Partners (2006)	Spin-W is a 100-item gender-informed risk/needs assessment tool developed on the basis of research and field practice with justice-involved women. Featuring 11 domains, the tool measures a series of risks, needs, and strengths underscored in the gender-neutral literature (e.g., attitudes, antisocial peers) and additionally features items that are salient or specific to women in conflict with the law (e.g., dependent children, mental health issues, quality of intimate relationships, etc.). Implemented in both community and facility settings, the SPIn-W was designed to aid in offender classification and to guide case management efforts. Available research on a sample of 274 female probationers in Connecticut suggests that the SPIn-W successfully predicts new arrests over a one-year period (AUC = .73), and shows good convergent validity with alternative risk/ needs tools (e.g., LS/CMI) (Millson, Robinson, & Van Dieten, 2010).

Screening and Assessment of Intimate Partner Violence

Two additional assessment instruments have been validated with justice-involved women who have perpetrated domestic violence (see Table 4 below).

Rud, Skilling, and Nonemaker (2010) examined the predictive validity of the DVSI and the SARA in Hennepin County, Minnesota. Drawing on a sample of 1,497 males and females charged with domestic violence, the authors were able to determine the accuracy of these tools in classifying offenders as high or low risk for future domestic violence. Although 90% of the sample was male, several results of this study are relevant to this discussion. First, for both males and females, the SARA and the DVSI predicted general reoffending and domestic violence offenses. Second, the SARA was superior to the DVSI in predicting first time domestic violence offenders and showed greater predictive accuracy for females than males. This is likely related to the fact that the DVSI focuses primarily on criminal history and women are less likely to have prior contact with the courts than men. In contrast, the SARA also explores psychological functioning and current social adjustment – factors that more adequately identify women at risk for future violent behavior (e.g., Benda, 2005; Blanchette & Motiuk, 1995; Van Voorhis et al., 2010).[2] Finally, consistent with other studies comparing males and females charged with domestic violence, results suggest that women are significantly less likely than males to recidivate in general, as well as with violent crimes.

2 Additional research related to the use of SARA with female populations can be obtained directly from P. Randall Kropp, Ph.D. at rkropp@sfu.ca.

Table 4: Instruments Validated with Female Perpetrators of Domestic Violence

Name of Scale	Authors	Description
Domestic Violence Screening Instrument (DVSI)	Williams and Houghton (2004)	The DVSI is a 12-Item scale designed as a risk screen. High scores indicate a higher level of risk and a need for additional intervention. Information to score this tool is obtained by a review of prior court and other legal records. The DVSI was developed as a domestic violence screen to be followed by more intensive evaluation with higher risk cases. The available research suggests that the DVSI and the DVSI-Revised are good predictors of new family violence incidents and IPV recurrence (e.g., Williams, 2012).
Spousal Assault Risk Assessment (SARA)	Kropp, Hart, Webster, and Eaves (1998)	This is a 20-item scale designed to assess risk of perpetrating spousal assault. The first 10 items focus on criminal history and general violence risk factors (e.g., prior assaults, lifestyle instability, substance use, mental illness, homicidal/suicidal ideation), while the second set of 10 items address spousal violence risk factors (e.g., frequency and severity of recent assaults, minimization/denial of abuse, violence-endorsing attitudes, weapon use, violations of protective orders, etc.). The SARA is completed based on file review and a semi-structured interview.

Screening and Assessment Tools for Violent Recidivism

In addition to the screening and assessment instruments that have been developed for intimate partner violence, a number of instruments are available to predict violent recidivism. Two of the most commonly used instruments to assess violence are discussed below. It should be noted that these instruments were developed on predominantly male samples and research suggesting their generalizability to female populations is limited (see Table 5).

Table 5: Instruments Predictive of Violent Recidivism Validated with Women

Name of Scale	Authors	Description
Psychopathy Checklist – Revised (PCL-R)	Hare (2003)	The PCL-R is regarded as the gold standard in the assessment of psychopathy. The instrument comprises a dual factor structure: Factor 1 encompasses the affective and interpersonal features of the disorder (e.g., pathological lying, manipulation), whereas Factor 2 taps antisocial lifestyle/behavioral traits (e.g., criminal versatility, early behavior problems). The instrument features 20 items, each scored on a 3-point scale. The total score can range from 0 to 40, with higher scores indicative of a greater degree of psychopathy. The most frequently used cut-off score for the categorical determination of psychopathy in research settings is 30. Psychopathic traits are more prevalent in males than females (e.g., Cottler, Campbell, Krishna, Cunningham-Williams, & Ben-Abdallah, 2005), and there also is evidence to suggest that collectively, these features are more salient predictors of criminal outcome in males (e.g., Vincent, Odgers, McCormick, & Corrado, 2008). However, a recent study indicated that PCL-R Factor 1, containing the affective components, was predictive of violent reoffending in a sample of women but not men (Coid et al., 2009)[3].
Historical, Clinical, Risk Management – 20 (HCR-20)	Webster, Douglas, Eaves, and Hart (1997)	The HCR-20 is a structured professional judgment tool comprising 20 putative risk factors for future violence. The instrument is divided into 3 subscales: 10 historical items (i.e., static risk factors related to criminal history, previous diagnoses of mental illness, past substance abuse issues, family background, etc.), 5 clinical items (i.e., dynamic items including current symptomatology, criminal attitudes, etc.), and 5 risk management items (i.e., situational factors that can aggravate/mitigate risk such as ability to set realistic goals, presence/absence of social support, etc.). The few studies that disaggregated samples by gender did not find significant differences in the predictive accuracy of the tool across gender with respect to violent recidivism (e.g., Strand & Belfrage, 2001; Webster et al., 1997). In fact, the HCR-20 Historical subscale, which contains diagnoses of Axis I disorders such as affective disorder, psychoticism, and history of substance abuse, predicted violence in women with a greater degree of accuracy than for men (AUCs = .79 vs. .58, respectively).

3 Coid et al. (2009) reported an AUC of .65 ($p < .01$) for women. The AUC for men (AUC = .54) was not statistically significant.

Self-Report Measures for the Prediction of Violence

A search for self-report measures that have been validated with women yielded very limited findings. One instrument showing promise that has been validated with women in predicting violent and non-violent recidivism is described in Table 6.

Table 6: Self-Report Measure for the Prediction of Violence Validated with Women

Name of Scale	Authors	Description
Self-Appraisal Questionnaire (SAQ)	Loza (1996)	The SAQ is a 72-item self-report measure initially designed to predict criminal justice outcomes with male offenders (Loza, 1996). Loza, Neo, Shahinfar, and Loza-Fanous (2005) conducted a cross-validation study with two groups of incarcerated women in Pennsylvania and in Singapore. The authors concluded that this instrument has sound psychometric properties, with acceptable reliability and validity with justice-involved women. Kubiak, Kim, Bybee, and Eshelman (under review) have subsequently conducted a series of studies to assess the utility of the SAQ to assess risk and the need for programming in a large sample of incarcerated women. They found that the SAQ was a strong predictor of self-reported or "uncaught" violence. However, the SAQ was less effective in identifying women previously convicted of a violent offense. The authors concluded that women with violent convictions represent two groups: those who use violence in an isolated way and those that have a more patterned history of using violence. They suggest that the former group is at lower risk and the latter group requires more intensive intervention.

Conducting a Comprehensive Interview

One of the most powerful strategies to advance our understanding of women and violence is a comprehensive interview. When well conducted, the interview serves to clarify the context and dynamics in which violence occurs, the sources of relationship conflict, and the process of conflict escalation. The interview is also necessary to gauge a woman's perceptions regarding the use of violence, and the perceived short- and long-term consequences of using violence.

Building a collaborative working alliance with each woman who is interviewed is critically important. Consider the woman who has experienced pervasive childhood abuse, IPV victimization, and is now in the position of being formally charged as a perpetrator of violence. This can contribute to strong experiences of confusion, despair, and outrage. It is important that efforts be made to listen to her story and to unpack and separate these experiences. The message that should be conveyed at all times is that women have responsibility for their behavior and how they choose to interact with others. At the same time, understanding the dynamics related to violence, and that these women are not deserving or responsible for what is done to them must also be clearly emphasized.

The following are guidelines for practitioners in their interactions with women convicted of a violent offense.

1. Begin by exploring the reason for the referral or current situation, which may be imprisonment or supervision.

2. Explore motives, context, and dynamics behind the current offense.
The research reviewed in Part I demonstrated that there is considerable variation across individuals with respect to motives and the context in which abuse occurs. Conduct a functional analysis to explore the nature and dynamics underlying violent and aggressive behavior, situational triggers, the consequences of using violence, and to identify non-violent coping strategies and skills that the client possesses and can be mobilized.

3. Administer a standardized and/or gender-informed risk assessment.

4. Assess for past and current victimization and personal safety.
Trauma survivors are often reluctant to volunteer detailed information unless directly asked due to embarrassment, a desire to avoid reactivating traumatic memories, or because they sense the interviewer is reluctant to proceed. Interview questions to consider prefacing this segment of the interview might include:

- I'd like to ask you some questions about experiences you may have had in the past. If you feel uncomfortable at any time, please let me know. Okay?
- Sometimes people have experienced things in their past that affect how they feel right now. If it is okay, I'd like to ask you some questions about things that may have happened to you.

Use an interview strategy to introduce questions in a non-threatening way by integrating questions about trauma history into the flow of other mental health/medical questions, and/or when she is discussing her family and current relationships. Many women report interpersonal violence in their past or current intimate relationships. Begin by asking a general question as in the examples below. You can then use the same methodology described in the behavioral analysis to establish the frequency, severity, and patterns of violence experienced by the client in her current relationship.

5. Explore existing strengths and resources, including the following:

- Personal incentives/motivations for change;
- Past efforts and successes she has had to support change;
- Natural supports (e.g., family and friends) and professional supports (e.g., counseling services, treatment groups, etc.); and
- Personal strengths and resources.

The assessment process described above provides the content and structure necessary to more fully and accurately assess the needs and strengths of women who perpetrate violence. As such, assessment is clearly the first step in the intervention process. Part III of this brief focuses on case work and treatment programs that show promise in reducing violent behavior and the risk for victimization.

PART III: IMPLICATIONS FOR INTERVENTION APPROACHES AND STRATEGIES

Overview

Recent reviews of the treatment literature suggest that relatively few empirically validated intervention resources have been developed for women who commit IPV or engage in other forms of violent behavior (Bottos, 2007; Kubiak et al., 2012; Stewart et al., *in press*). Female perpetrators of domestic violence are often mandated to batterer programs designed for men (Dutton et al., 2005). This continues to be the dominant practice, despite the fact that there is little outcome research to support the efficacy of IPV treatments with males (Dutton et al., 2005; Goldenson, Spidel, Greaves, & Dutton, 2009; Hines & Douglas, 2009) and preliminary evidence to suggest that these approaches may be contra-indicated for females (Buttell, 2002). There is also considerable research to suggest that women who perpetrate violence are not a homogenous group and that at a minimum, interventions should be modified in scope, content, and intensity to reflect the needs of at least two groups: (1) women who are primary perpetrators, engage in generalized violence, and present as high criminal risk and need, and (2) women who do not have a history of criminal behavior or IPV, and use aggression in retaliation or self-defense. Finally, Capaldi and Langhinrichsen-Rohling (2012) emphasize that we are only beginning to fully understand the etiology and complexity of intimate partner violence. They suggest that in light of emerging evidence, we should remain open to new approaches for prevention and intervention.

Despite the preliminary nature of the research summarized in Part I, the available information in conjunction with best practices advanced previously for working with justice-involved women provide a useful guide to facilitate the design and delivery of intervention approaches and strategies for women who engage in violence (Benedict, 2005; Blanchette & Brown, 2006; Bloom, Owen, & Convington, 2005). This segment of the brief draws from these two bodies of literature to highlight essential treatment considerations and identify core components. Several promising intervention programs that have recently emerged to address the needs of females who engage in violence are also discussed.

General Considerations for Treatment

The emerging research highlighted in this report suggests a number of considerations that should shape both the delivery and development of intervention services. Four of the most salient issues and recommendations to address them are discussed below.

1. Women who perpetrate violence are not a homogenous group. A critical issue faced by agencies is the need to provide a continuum of services that addresses the differential needs of women who perpetrate violence. This means that as much as possible, intervention services for lower risk cases should be delivered within the community by mainstream agencies. The emphasis of intervention should be psycho-educational with a focus on safety planning, the nature and dynamics of violence, and exposure to non-violent alternatives to address relationship conflict. Alternatively, women with a history of violence and criminal behavior and who have multiple needs including substance abuse, mental health, and so forth will require more intensive intervention and service options.

2. Many women who perpetrate violence have a history of child and adult victimization. A second consideration concerns the number of women entering the justice system who have a history of child and adult victimization. Research suggests that victimization elevates risk for violent behavior

Questions about Family and Relationships

- As an adult, has anyone ever hurt you (physically, emotionally, or sexually)? How old were you? Were you injured? Did you receive medical attention or talk with anyone about this?
- Additional questions might include:
  - What was your childhood like?
  - Who did you grow up with?
  - When you were a child what was home like?
  - Were both parents at home?
  - Did you witness any violence at home when you were a child?
  - How were you punished when you were a child?
  - When you were a child, was anyone abusive to you in any way?
  - Did anyone ever do anything sexual to you when you were a child, or make you do something sexual to them?

Questions about Mental Health and Medical

- Have you ever had any serious medical problems? Tell me about that.
- Have you ever seen a counselor or spoken with your doctor because you were sad, depressed, anxious, etc.? Tell me about that.
  - How long did you feel that way?
  - How did the doctor/counselor treat the issue?
  - Were you ever on medication?
  - If YES, what medications were you on and what are you currently taking?
- Have you ever witnessed a violent event? For example, see someone get beaten, shot, etc.
- Have you ever been physically assaulted by anyone?
  - If YES, how old were you?
  - Were you injured?
  - Did you receive medical attention afterward?
- Has anyone ever touched you sexually in a way that made you feel uncomfortable?
  - Did anyone ever make you do something sexual to them that made you feel uncomfortable?
  - If YES, how old were you?
  - Did you receive medical attention or talk to someone about this?

and further victimization, and is linked to problems throughout the life span including substance abuse, mental health issues, and other negative outcomes. Furthermore, victimization may contribute to difficulties while women are under supervision or incarcerated (Ney, Ramirez, & Van Dieten, 2012). There is growing consensus from organizations that serve justice-involved women (e.g., National Institute of Corrections, Substance Abuse and Mental Health Administration Services, etc.) that policies and practices should be trauma-informed. For example, it is strongly recommended that all staff be provided with training to understand the impact of trauma, the consequences, and calming strategies used with trauma victims. Women with personal histories of victimization should be given

the clear message that they are not responsible for what has been done to them. Access to treatment options including individual therapy or group intervention should be available.

3. Women who engage in violence are at greater risk for victimization in current relationships. Relationships are central to female socialization and development. For many justice-involved women, exposure to abusive and neglectful environments characterizes their primary context for learning about relationships. This can have a profoundly negative influence on interpersonal expectations and social behaviors. As such, a relational approach to build rapport and to model interpersonal skills is strongly recommended. This approach recognizes that the desire to connect with others and to form relationships is healthy and should be encouraged. However, the use of violence, regardless of motive, is considered ineffective and can actually place women at elevated risk for physical injury. Ultimately, women must learn to manage conflict and to change how they relate to others.

4. Women who engage in violence are more likely to have symptoms of depression and to be economically disadvantaged. Earlier in this brief, a number of factors that elevate risk for female violence were discussed. Many of these factors are also associated with male perpetrated violence. However, in contrast to violent men, violent women are more likely to be unemployed, to report symptoms of depression, to turn anger inward, and to report strong feelings of hopelessness and inadequacy. Addressing the multiple needs faced by women is essential. However, the most powerful way to accomplish this goal is through a strength-based approach (e.g., Covington & Bloom, 2007; Hannah-Moffat & Shaw, 2001; Morton & Leslie, 2005). Strength-based approaches start with the premise that all clients have talents, abilities, competencies, and resources that can be mobilized. By honoring what the client brings to the interaction and encouraging her to make decisions for change, we move from an emphasis on challenges to a focus on possibilities.

These four general considerations for treatment are consistent with best practices in working with justice-involved women. However, research on the generalizability and effectiveness of these practices is still in a state of infancy. There are several outcome studies suggesting that when the above recommendations are integrated in group interventions and case management, the results are positive (Millson, Robinson, & Van Dieten, 2010; Stewart et al., *in press*). For example, Millson and colleagues evaluated the impact of the Women Offender Case Management Model (WOCMM; Van Dieten, 2006) with women on probation in Connecticut. Women rated as moderate to high risk on a standardized assessment were randomly assigned to a WOCMM officer or traditional probation (n = 174 per group). Though this model was not developed specifically for women who perpetrate violence, 50% of the sample had been charged with a violent offense and 29% had a previous conviction for violence. Similar to the profiles described earlier, the majority of WOCMM participants demonstrated multiple needs. The most frequently noted areas included substance abuse, lack of employment, domestic violence victimization, financial issues, and a history of mental health and abuse. One-year follow-up data revealed that WOCMM participants had a significantly lower rate of new arrests compared to women in the control group. WOCMM participants also demonstrated significant changes across other intermediate targets including enhanced coping strategies and resources. Millson et al. attributed these favorable outcomes to the gender-responsive practices described above.

Treatment Programs to Address Violence

Research suggests that there are multiple predictors of violent behavior that should inform our work with women who engage in violence. A comprehensive assessment will help to determine the level of intensity necessary to address violent behavior

as well as specific criminogenic and other needs. Figure 1 provides a summary of treatment targets that might be addressed for women charged with IPV and deemed to be lower risk. For this group the emphasis is on safely planning, increasing awareness, and introducing alternatives to violence. Women in the low intensity group may also require access to concurrent interventions; however, an emphasis should be placed on mobilizing natural and mainstream professional supports. Women who have a history of generalized violence and IPV should be provided with intensive intervention that focuses on the development of emotional regulation and interpersonal skills. This group is more likely to have multiple or complex needs and thus, a number of interventions should be provided concurrently or through a continuum of care.

Several gender-responsive programs that were developed for women charged with IPV and generalized violence were identified. A review of these programs suggests some common features. First, each of the programs described below were developed specifically for women. Second, without exception, these programs acknowledge the importance of past victimization and the need to address the impact of trauma within the intervention process. Third, consistent with evidence-based practices in corrections, each program acknowledges that women need to learn new ways to resolve conflict in their relationships. The use of cognitive-behavioral strategies to teach communication, emotional regulation, and interpersonal problem-solving skills has demonstrated favorable outcomes across settings and offender clients (Andrews & Bonta, 2010). Similarly, mindfulness techniques and other methods introduced in Dialectical Behavior Therapy[4] (Linehan, 1987) have been found to address trauma reactions including self-harm and suicidal behavior. The programs outlined in Table 7 and other skill-based interventions provide an excellent framework to expose women to a range of coping skills and resources. Finally, preliminary research is availablefor two of the programs and is described below.

4 Originally developed for the treatment of borderline personality disorder (BPD), dialectical behavior therapy (DBT) is a form of psychotherapy that combines traditional cognitive-behavioral techniques with elements of emotion regulation, mindfulness, acceptance, and distress tolerance. The technique has since demonstrated effectiveness in treating clients suffering from mood disorders, those with substance abuse issues, those with self-injurious or suicidal tendencies, and survivors of sexual abuse (e.g., Feigenbaum, 2007; Linehan, 1993).

Figure 1: Targets of Intervention

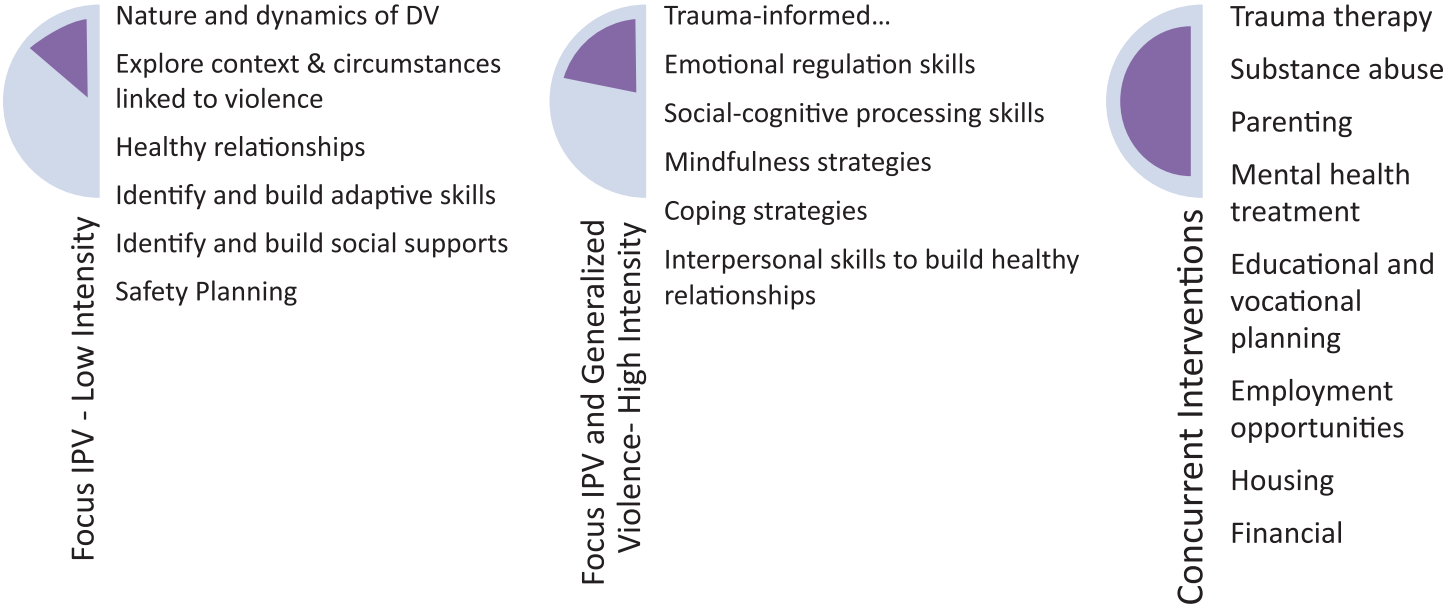

Table 7: Gender-Responsive Programs for Women Charged with IPV and Generalized Violence

Domestic Violence Treatment for Abusive Women: A Treatment Manual ***(Bowen, 2009)***	This is a 52-week psycho-educational program that was developed exclusively for women who have been charged with domestic violence. The goals of this program include helping the client to: • stop violent behavior; • take responsibility for her violent and abusive behavior; • identify physical, emotional, and behavioral cues that signal escalating danger; • establish safety – both physical and emotional – for herself, her children, and her partner; • understand the dynamics and effects of domestic violence; • learn skills for respectful communication, problem-solving, and conflict resolution; • learn skills to respond to daily life stressors; • learn emotional self-regulation; • overcome the effects of childhood and adult trauma; • increase capacity for empathy and compassion for self and others; and • increase autonomy and self-esteem.
Vista: A Program for Women who Use Force ***(Larance, Hoffman-Ruzicka, & Shivas, 2009)***	This is a 20-session program designed exclusively for women who have used force in their intimate relationships. The goals of the program are to: • provide women with the opportunity to plan for their safety; • address feelings of shame and/or guilt related to their use of force; • encourage appropriate levels of responsibility; and • raise awareness of viable alternatives to using force.
Beyond Violence: A Prevention Program for Women ***(Covington, 2013)***	*Beyond Violence* (BV) is an evidence-based manualized curriculum for women in criminal justice settings (jails, prisons, and community corrections) with histories of aggression and/or violence. It deals with the violence and trauma they have experienced, as well as the violence they may have committed. It addresses the factors that put people at risk for experiencing and/or inflicting violence. This model is used by the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and was used in the Prison Rape Elimination Act (PREA) research on women in prison. This is a 20 session (40 hour) intervention that consists of a facilitator guide, participant workbook and DVD. Kubiak and colleagues have conducted a series of studies to explore the impact of this program. The found that women who participated in Beyond Violence showed a reduction of depression, anxiety, PTSD, and serious mental illness symptoms. They also showed a reduction in unhealthy anger styles and an increase in healthy anger management (see Kubiak, Fedock, Kim, Tillander, & Bybee, D., in press; Kubiak, Fedock,, Kim, Tillander, & Bybee, 2013 and; Kubiak, Kim, Fedock, & Bybee, 2012).
Beyond Anger and Violence ***(Covington, 2014)***	*Beyond Anger and Violence* (BAV) is a manualized curriculum for women who are struggling with the issue of anger and who are in community settings (outpatient and residential substance abuse treatment programs, domestic violence shelters, mental health clinics, etc.). Beyond Anger and Violence offers a comprehensive framework for addressing the role past trauma plays in the lives of women who struggle with anger. This is the community version of the evidence-based Beyond Violence curriculum. This 21 session (42 hour) intervention consists of a facilitator guide, participant workbook and DVD.

Moving On: Living Safely and Without Violence ***(Orbis Partners, 2012)***	*Moving On* is an intervention program designed specifically for justice-involved women. This program is based on relational theory and integrates strength-based and cognitive behavioral intervention strategies. The primary goal of this program is to assist women to mobilize and develop personal and social resources that have been found to mediate the impact of risk for future criminal behavior. *Moving On* contains five core modules that are organized around specific target areas including interpersonal communication, healthy relationships, understanding and managing emotions, coping strategies, and community connections. The initial program was evaluated by Gehring, Van Voorhis, and Bell (2010) using a matched control sample to compare outcomes of 300 women who received traditional probation and 300 women who received the *Moving On* program. In comparison with the traditional probation group, women in the Moving On group demonstrated significant reductions in recidivism at 6, 12, and 30 months follow-up. A 10-session supplement, *Living Safely and Without Violence*, was developed specifically for women who have been charged with violent crimes and/or report a history of aggressive behavior. This module is delivered after women have successfully completed modules 1-5 of the *Moving On* program. Women participate in an assessment to explore the context and use of violence and to begin to develop a "living safely plan". An emphasis is then placed on (1) the nature, dynamics, and development of violent behavior, (2) the relationship between negative emotions and violence, (3) self-regulation, problem-solving, mindfulness, and other coping strategies, (4) responding to past victimization and trauma, and (5) developing healthy relationship skills with children, intimate partners, family members, and beyond.

PART IV: CONCLUSION

The available evidence clearly suggests that women who perpetrate violence are not a homogenous group. The study of risk factors, typologies, and motives has advanced our understanding of female perpetrated violence and despite the fact that results are preliminary, they point to the differential treatment needs of female perpetrators.

The available research also supports the need for gender responsive interventions and services. Gender differences discussed in this review are summarized in Table 3. There are four critical findings that have a direct impact on policy and practice. First, research with violent and non-violent female offenders suggest that generally speaking, women are less likely to recidivate than men (Renauer & Henning, 2005; Wooldredge, & Thistlethwaite, 2002) and as a group, should be considered lower risk than men (Becker & McCorkel, 2011). Even when women are incarcerated for violent crimes, most do not reoffend with another violent crime (Deschenes, Owen, & Crow, 2006; Langan & Levin, 2002). Second, women are more likely than men to report childhood victimization and to present with behaviors and symptoms consistent with trauma reactions (e.g., depression and alcohol abuse). Third, there appears to be at least one group of women who are arrested for acts of self-defense, who do not have a history of violent behavior, and who do not have a high-risk profile indicating the presence of other major criminal risk factors (Renauer & Henning, 2005). Renauer and Henning emphasize the aversive consequences that result when women who are victims are also charged with violence:

> *"...the criminalization of female victims for acts of self-defense has numerous consequences including – loss of access to victim services, financial instability, increased vulnerability to their abusive spouse/partner, and a reluctance to rely upon the criminal justice system for assistance" (p.1113).*

Finally, and perhaps the most striking gender difference, is the fact that women perpetrators are likely to suffer more severe physical and psychological injuries than male perpetrators (Bair-Merritt et al., 2010; Banwell, 2010; Dutton et al., 2005; Straus, 2009). Thus, regardless of motive and intent, a woman's use of violence places her at risk for continued victimization.

PART V: RESOURCES

National Clearinghouse for the Defense of Battered Women. This is a resource and advocacy center for battered women charged with crimes related to their battering. http://www.ncdbw.org/lewis.htm

National Coalition Against Domestic Violence. http://www.ncadv.org/contactus.php

National Center on Domestic Violence, Trauma and Mental Health – National Domestic Violence Organizations. http://www.nationalcenterdvtraumamh.org/resources/national-domestic-violence-organizations/

Canadian Research Institute for the Advancement of Women. http://www.criaw-icref.ca/ViolenceagainstWomenandGirls

National Resource Center on Domestic Violence. The National Resource Center on Domestic Violence (NRCDV) provides a wide range of free, comprehensive, and individualized technical assistance, training, and resource materials. http://www.acf.hhs.gov/programs/fysb/fv-centers

National On-line Resource Center on Violence Against Women. A complete list of up-to-date contact information for all domestic and sexual violence coalitions across the United States and its Territories. http://www.vawnet.org/links/state-coalitions.php

Sacred Circle, National Resource Center to End Violence Against Native Women. Sacred Circle provides culturally relevant training, curriculum/material development, sample code, policy, and procedure for the establishment of advocacy/ shelter programs and coordinated community responses to violence against native women, in native communities. Major focus is placed on advocates, law enforcement, criminal justice system personnel and tribal leadership. http://www.ncdsv.org/images/SacredCirclebrochure.pdf

Women's Health – Violence Against Women. http://www.womenshealth.gov/violence-against-women

Best Practice Toolkit for Working with Domestic Violence Survivors with Criminal Histories (Kubiak, Sullivan, Fries, Nnawulezi, & Fedock, 2011). The toolkit was produced by the Michigan Coalition Against Domestic and Sexual Violence to provide authoritative information useful for practitioners and agencies who work with justice-involved women who are also survivors of domestic abuse. The Toolkit can be downloaded directly from the following link: http://www.mcadsv.org/projects/Toolkit/Files/Best_Practice_Toolkit_Entire_Document.pdf

Partner Abuse State of Knowledge Project: Findings At-A-Glance. Sponsored by the journal *Partner Abuse* and edited by John Hamel, this is a series of papers that review the available research on issues relevant to IPV. To access free manuscripts focused on the domestic violence research literature, go to www.springerpub.com/pa under "Online Resources": The Partner Abuse State of Knowledge Project Free Online Data Base.

National Center for Trauma-Informed Care (2011). *Creating a trauma-informed criminal justice system for women: Why and how.* Rockville, MD: SAMHSA. http://gainscenter.samhsa.gov/cms-assets/documents/62753-983160.ticjforwmn.pdf

Violence Help Hotlines for Assistance in the United States:

Call the hotlines below for help if you have been hurt by someone you know or have been attacked by a stranger. You will not have to pay for the call, and you can ask to have your information kept confidential. Even though these calls are free, they may appear on your phone bill. If you think an abuser may check your phone bill, try to call from a friend's phone or a public phone.

The National Domestic Violence Hotline

- Call 800-799-SAFE (7233) or 800-787-3224 (TDD).
- Staff are available 24 hours a day, 7 days a week.
- More than 170 languages are available.
- You will hear a recording and may have to wait for a short time.
- Hotline staff offer safety planning and crisis help. They can connect you to shelters and services in your area.
- Staff can send out written information on topics such as domestic violence, sexual assault, and the legal system.

The National Sexual Assault Hotline

- Call 800-656-4673.
- Staff are available 24 hours a day, 7 days a week.
- You will hear a recording that asks whether you prefer English or Spanish and if you want to talk to a hotline staff member.
- You can get live online help through the National Sexual Assault Online Hotline 24 hours a day, 7 days a week. http://rainn.org/get-help/national-sexual-assault-online-hotline

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