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## Challenging the gendered approach to men's violence towards women

*Elizabeth A. Bates*

Up until the 1970s, intimate partner violence (IPV) was routinely ignored in Britain, the United States and Canada, unless it has escalated to homicide; Dutton (2006a) labelled this the “age of denial” (p.16), here the sanctity and privacy of the home was valued and to be upheld. However, when Erin Pizzey opened the first women's shelter in 1971 for women who were escaping abusive relationships, a research movement began to explore men's violence against women. What followed was the development of a gendered model of IPV. Proponents of the gendered, or feminist, model (e.g., Dobash & Dobash, 1979, 2004) posit that IPV is an asymmetrical problem of men's violence towards women, with gender ascribed as a causal factor. The violence exhibited is constructed as an extension of the domination and control of wives by their husbands. This male privilege and control narrative has exerted considerable influence since the 1970's and deserves considerable credit for the influence it has had politically and in terms of awareness raising; however, it might now be argued to be in danger of offering a one size fits all response to what is clearly a complex social problem. The fixation on gender as central no longer accounts for a number of contemporary research findings (see Bates, Graham-Kevan & Archer, 2014)) and thus is potentially holding back our understanding of IPV.

Within this feminist literature there are a number of assumptions made about IPV, namely that: the majority of IPV is perpetrated by men as part of a pattern of control towards their female partners (e.g. Dobash & Dobash, 1979, 2004); women's IPV is trivial and is perpetrated in self-defence (e.g. Saunders, 1988); society tolerates men's violence towards women (e.g. Pagelow, 1984); and IPV offenders are different to other types of violent

offenders (e.g. Browne, 1987). The aim of this chapter is to challenge and critique the tenants of this theory with evidence from the IPV and general violence literature.

### **Sex Parity in IPV Perpetration**

There is a wealth of research in the last three decades that details the sexual parity in IPV perpetration. Straus (1979) developed a gender-neutral survey method, the Conflict Tactics Scale (CTS), which has been utilised in many individual studies, and culminated in Archer's (2000) meta-analysis, using 82 studies and a total of over 64,000 participants. Archer found that women reported perpetrating aggressive acts towards their partners more frequently than men. Other more recent studies have also found this difference (e.g., Bates et al., 2014; Bates & Graham-Kevan, 2016)

Since the development of this body of research, more empirical attention has been paid to women's violence. Feminist researchers (e.g., Dobash & Dobash, 1979; Yllo, 1993) have suggested that women's violence only occurs in self-defence or is quite trivial in its outcomes. In contrast, studies examining IPV in community samples often find that it is mutual. For example, Gray and Foshee (1997) found that 66% of their sample reported being in a mutually violent relationship and that this violence was reciprocal, with participants reporting similar amounts of violence as perpetrators and as victims. When examining couples with only one violent partner, they found a higher proportion of men (26%) reported being victims only and a higher proportion of women (29%) reporting being perpetrators only. This is further supported by longitudinal research (e.g., O'Leary et al., 1989). Studies that have examined which partner hit out first (e.g., Stets & Straus, 1989) suggest that not only is the violence mutual in severity, but also women more often than men strike the first blow. These studies not only indicate the presence of mutual violence, but also show that

women's perpetration often occurs in the absence of violence from their partner. This does not support the belief that women's violence is mostly motivated by self-defence.

Women's violence is further seen within same-sex relationships; lesbian relationships tend to be significantly more violent than gay male relationships (e.g., Bologna, Waterman & Dawson, 1987) and more violent than heterosexual relationships (e.g., Lie, Schilit, Bush, Montague & Reyes, 1991). Further evidence from Tjaden and Thomas (2000) suggested that men were no more violent in heterosexual than homosexual relationships, which may indicate that their violence is not a function of dominance, or special attitudes towards women.

Researchers who situate themselves within a feminist, or gendered, model of IPV use crime statistics, such as police data, to support their argument. For example, Melton and Belknap (2003) support this assertion by noting that within police and court data, 86% of the defendants were male and only 14% female. They believe that this adds support to the feminist view that men are much more likely than women to be the perpetrators of IPV. This belief that runs counter to a growing body of literature that details the stigma attached to male victimization; evidence that may explain the observed differences in crime reporting by men (e.g., Steinmetz, 1978), and that male victimisation reports are not taken seriously (e.g., Buzawa & Austin, 1993).

## **Chivalry**

Proponents of the gendered model of IPV argue that a patriarchal society allows men to abuse women, and that they are not reprimanded for doing so because they are upholding the patriarchal values and men's absolute power. Felson (2002) is one of several researchers who have argued that the norm of chivalry actually protects women from men in society – he further refers to the inadequacy of the word, it implies that this is just to protect women from men, when it includes the protection of women from other men, other women, children and

non-human sources such as natural disasters (e.g., women boarding lifeboats first on the Titanic). Support for this norm comes from studies of helping behaviour; for example, Eagly and Crowley's meta-analysis (1986) revealed women were consistently more likely to receive help from men, with men being more likely to give help compared to women. These sex differences were more pronounced when there were audiences present, suggesting that this chivalrous effect is normative.

Chivalry means that there is a greater moral condemnation of violence when the victim is a woman and also more serious punishments for the offenders. Felson believes that chivalry can reflect an exchange of submission, a sort of benevolent sexism (Glick & Fiske, 2001), which is controversial as it portrays women as weak, and is associated with traditional gender roles. He argued that this is supported by the prevalence of women's violence, but also by research on reactions to violence against women. Many studies have examined evaluations of IPV and whether violence by one sex is condemned more than the other (e.g. Harris & Cook, 1994; Sorenson & Taylor, 2005). Felson and Feld (2009) analysed a large representative sample of 810 American adults and found that participants were more likely to condemn men's assaults on women than any other gender combinations, and they were more likely to report this type of assault to the police. Furthermore, participants' condemnation of male violence to women was unaffected by the level of violence committed by women, suggesting that chivalry is not just reserved for those who comply with traditional gender roles.

## **Control**

Coercive control, emotional aggression, psychological aggression, controlling behaviour are all terms that represent a form of IPV characterised by non-physical aggression and abuse.

The use of multiple terms means there have been many definitions of what coercive control is

and how it is measured; common themes that are seen amongst the definitions include humiliation, threats, degradation, and isolation (e.g. Follingstad & DeHart, 2000). Within IPV, it entails one partner seeking domination, power and control over the other using a variety of methods such as stopping contact with friends and family, threatening physical abuse, limiting financial resources and using children as part of the manipulation. This type of aggression is the most common form of IPV with prevalence averaging around 80%, although there is a wide variation within the literature (Carney & Barner, 2012), attributed to the lack of a clear operationalised definition. Findings from the National Intimate Partner and Sexual Violence Survey found that nearly half of the men and women who took part in the survey reported experiencing some form of coercive control/emotional aggression in their lifetime.

Control and coercion are not present in this way in all relationships; Johnson (e.g. 1995) sought to create a typology of abuse within relationships that characterised physical aggression both with and without the presence of control. He labelled low control aggression as ‘situational couple violence’, and that characterised by coercion and control as ‘intimate terrorism’. The latter of which Johnson (1995) believed was primarily perpetrated by men against women. Research has since confirmed the credibility of the typology but not the predictions about gender – both men and women are equally as likely to be categorised in as aggressive and controlling to their partners (e.g. Bates & Graham-Kevan, 2016; Bates et al., 2014).

In their review, Carney and Barner (2012) found large population surveys revealed that non-physical abuse is more than four times as common as physical aggression by a current partner (Outlaw, 2009). This behaviour is also the most common amongst those also experiencing physical aggression; as well as being common in a mutual or bidirectional sense demonstrating the reciprocal nature of the behaviour (Follingstad & Edmundson, 2010). This

is further supported by studies that use both members of the couple as participants; Panuzio and DiLillo (2010) found rates upward of 90% prevalence of emotional and controlling behaviour.

There has been a tendency in the literature to focus on female victimisation (e.g., Kaukinen & Powers, 2015), but Carney and Barner's (2012) review indicated that men and women are equally at risk of being perpetrators and victims with more recent studies supporting this (e.g. Fawson, 2015; Hamberger & Larsen, 2015). For example, Bates et al. (2014) explored IPV, aggression to same-sex non-intimates and controlling behaviour and found women were more physically aggressive, and more controlling, to their partners than men. Control was found to be a significant predictor of both IPV and aggression to same-sex others; men and women in the higher control group perpetrated significantly more aggressive behaviours to partners and same-sex others. Furthermore, it is also something that is found to be reciprocal and mutual; men and women are both perpetrating and experiencing victimisation of this abuse within the same relationships (e.g., Winstok & Smadar-Dror, 2015). Despite this gender parity in experience, Arnocky and Vaillancourt (2014) found participants held more negative attitudes towards male compared to female victims.

Traditional models have historically suggested that patriarchy is the cause of men's use of controlling behaviour towards their female partners. However, these studies demonstrating the gender parity in this behaviour and the overlap with other types of aggression have led researchers to explore other factors. For example, Clift and Dutton (2011) found that participants who recalled parental rejection, borderline personality organisation, trauma and anger all demonstrated moderately strong relationships with women's self-reported psychological abuse. Female's perpetration of psychological aggression has also been associated with emotional regulation and anger (Shorey, Cornelius & Idema, 2011).

The literature reviewed here demonstrates that control is not exclusively a characteristic of men's aggression to their partners; this overlap found between IPV, same-sex aggression and controlling behaviour suggests that IPV can be part of a more generally aggressive interpersonal style (e.g., Langhinrichsen-Rohling, 2010). This is further supported by studies of bullying suggesting that it shares similar risk factors to IPV perpetration. Corvo and deLara (2010) proposed that multiple developmental pathways can lead bullies to adult IPV perpetration, including through adolescent dating aggression. Again, this may indicate a coercive interpersonal style that originates early in development.

### **Bidirectional and Mutual IPV**

A key aspect of the debate around the gendered theory of IPV lies in the extent to which violence between partners is unilateral or bidirectional. The development of the CTS (Straus, 1979), and the use of large scale studies and meta-analyses (e.g. Archer, 2000) have revealed the extent of the symmetry between men's and women's perpetration. A consistent finding that highlights the importance of considering the dynamics that exist within violent relationships. Understanding the behaviour of both members of the couple can further aid our understanding in terms of the context of the violence. Examining the context may provide further insight into motivations and risk factors, as well as holding significant implications for risk assessment.

The Partner Abuse State of Knowledge (PASK) was a comprehensive review of the literature using 48 studies that reported rates of bidirectional versus unidirectional IPV. Langhinrichsen-Rohling, et al. (2012) selected studies for their review based on criteria around the measurement of specifically bidirectional or mutual aggression, and not just the relationship between self-reported perpetration and victimisation. Within their review they explored bidirectional and mutual aggression, and also where there were instances of

unilateral aggression within the same samples, and what the sex differences were for these. They calculated a weighted rate of violence across their collated studies of 2,991 sampling units (1,615 women and 1,376 men). The weighted rates showed prevalence of violence across these samples was 47.0% and of this, 59.6% was bidirectional violence. The remaining 40.4% was unidirectional which was further categorised into 17.5% male to female and 22.9% female to male.

Since the PASK review the examination of bidirectional violence explicitly has waned. However, a number of studies have found significant relationships between IPV perpetration and victimisation (e.g. Bates et al., 2014). Other studies have revealed varying levels of prevalence of bidirectional aggression within a range of samples. For example, Renner, Reese, Peek-Asa and Ramirez (2015) used a sample of 517 cohabiting rural couples and found 29% occurrence of bidirectional aggression. Whereas, Charles, Whitaker, Swahn and DiClemente (2011) used a large nationally representative sample of young adults and made comparisons of uni- and bidirectional perpetrators finding that 65.4% were bidirectional.

The implications of the prevalence of bidirectional abuse are important for considering the gendered approach to men's IPV. If bidirectional aggression is the most common found between couples where there is IPV present, then this offers a powerful challenge to a model that suggests the majority of IPV is perpetrated by men against women. Furthermore, when both members of the couple are being aggressive then it suggests causes could be in dyadic areas for example around conflict management (Langhinrichsen-Rohling et al., 2012) or mismatched attachment styles (e.g. Dumas, Pearson, Elgin & McKinley, 2008). It further highlights the importance of considering women's aggression in uni or- bi-directional relationships. It is even more important to recognise bidirectional violence as a common IPV pattern because research suggests that violent relationships of this type tend to

result in worse outcomes and involve more severe violence (e.g. Sullivan, McPartland, Price, Cruza-Guet & Swan, 2013), a finding that has implications for risk assessment (Bates, 2016).

### **Are IPV offenders different to other violent offenders?**

The gendered model suggests that IPV and other types of violence are etiologically different, that men who commit IPV are different from men who commit other violent crimes. The violence perspective would hold that the motives of IPV are not much different from those of other types of violence (Felson & Lane, 2010). Research by Felson and Messner (1998) found that men and women who murder their partners were equally likely to have violent criminal records as men and women who kill in other circumstances. Additionally, personality factors and IPV perpetration are similar for men and women (e.g., Ehrensaft, Cohen & Johnson, 2006). Often feminist research that examines these issues has used a prison/treatment sample of male batterers (e.g., Mauricio & Gormley, 2001), or asks women in shelters about their violent partner's behaviour (e.g., Saunders, 1986) which biases the study in favour of the gendered perspective, as it is more likely that Johnson's (1995) "intimate terrorists", or extreme male batterers are being included.

Outside the home, the sex difference in aggression is strongly in favour of men. There are many studies (e.g., Archer, 2004), and crime statistics (e.g., Povey et al., 2008), that indicate that men are much more likely to be aggressive outside the home, and outside intimate relationships. This contrasting pattern of sex differences has been explored in the literature through looking at sex-specific, and target specific effects of aggression. Cross, Tee and Campbell (2011) presented participants with three conflict scenarios and asked them to rate the likelihood of using physical aggression, verbal aggression, explosive acts and defusing acts against three opponents: a partner, a same-sex friend and an opposite sex friend. This allowed them to separate out the effects of target sex and relationship, or intimacy.

They used effect sizes to express the shift in the behaviour from the different opponents. Women were more likely to say that they would use physical and verbal acts of aggression against a partner, and their increase of aggression to a partner appeared to be as a function of intimacy. They found that when examining the difference in aggression for men, the diminution of their aggression from same-sex to partner was as a direct result of the target sex. This finding has been replicated with self-report studies (e.g., Bates et al., 2014), and supports Felson's analysis that norms of chivalry may inhibit men's aggression towards women. Cross et al. (2011) suggest here women's increase in their aggression to partners could be due to the knowledge that their partners would not hit a woman.

### **Adverse Childhood Experience and Emotion Dysregulation**

There is a significant body of literature that demonstrates the risk and protective factors associated with men's violence. For example, men's IPV has been found to be predicted by personality disorders (e.g. Ehrensaft, Cohen & Johnson, 2006) criminality (e.g. Moffitt, 2001); psychopathic traits (Hilton, Harris, Rice, Houghton & Eke, 2008); alcohol consumption (Caetano, Cunradi, Schafer & Clark, 2000); as well as by lower levels of empathy (e.g. Joliffe & Farrington, 2004) and self-control (Bates, Archer & Graham-Kevan, 2017). Additionally, there is significant overlap found when comparing the risk factors for men's and women's aggression; for example, Medeiros and Straus (2006) found for severe acts of IPV there were nine out of 12 risk factors that were the same for men and women including jealousy, communication problems and sexual abuse history.

With many of the important risk factors being found to emerge earlier on in development, it is unsurprising the events during formative childhood years become impactful for later behaviour. There is a body literature that has explored the impact of witnessing parental IPV, and the intergenerational transmission of violence through which it

is seen in cycles within families (e.g. Straus, 1991). Stith et al. (2000) performed a meta-analysis to examine the relationship between growing up in a violent home and going on to be in a violent relationship: they found a weak to moderate relationship between the two. In support of this, Erin Pizzey's work with men and women involved in domestic violence revealed patterns of destructive behaviour. Pizzey and Shapiro (1982) refers to this pattern as being "prone to violence"; the notion that growing up in a violent family can mean some people have a tendency to be attracted to violent relationships, and are themselves also violent through understanding this as a method of dealing with conflict. What has emerged through the literature that has explored violence within the family, is the effects of being exposed to violence as children and the impact this has on the development of future relationships (e.g., Holt, Buckley & Whelan, 2008).

Witnessing IPV within the family home is an example of a stressful or traumatic experience in childhood. These experiences are often referred to as adverse childhood experiences (ACE), and are thought to have a negative and detrimental impact in adulthood including being associated with health issues, behavioural and social problems (Brown et al., 2009). Indeed, childhood interpersonal trauma has significant and longstanding impact on adult psycho-relational functioning; different ACE are identified as such based on their actual or potential for harm in the context of a relationship where there is power, trust and some level of responsibility (Dugal, Bigras, Godbout & Bélanger, 2016).

Research has demonstrated the impact of ACE individually, but more recently it is thought that the cumulative impact of multiple ACE (Dong et al., 2004). For example, Dube, Anda, Felitti, Edwards and Croft (2002) found each of eight ACE (verbal, physical and sexual abuse, witnessing parental violence, household substance abuse, mental illness in the household, parent separation/divorce and incarcerated household members) were associated with an increased risk of alcohol abuse in adulthood. This increased twofold to fourfold when

there were experiences of multiple traumatic experiences. This impact of ACE extends to wider negative outcomes including other health behaviours (Dube, Felitti, Dong, Giles & Anda, 2003); suicide attempts (Dube et al., 2001) and depressive disorders (Chapman et al., 2004). When children experience trauma in their formative years, it impacts on their development, and the way they learn to respond to their experiences. When there is some form of impaired functioning, children find alternative ways to cope with negative or emotional experiences (Dube et al., 2002).

ACE have been found to be associated with perpetration and victimisation of IPV in adulthood (e.g. Whitfield, Anda, Dube & Felitti, 2003; Ehrensaft et al., 2003), with research demonstrating that men and women who experience childhood victimisation are also at risk for violence victimisation as adults (Desai, Arias, Thompson & Basile, 2002). ACE and childhood trauma can affect the development of interpersonal skills that are required for adult romantic relationships, for example the ability to trust significant others and the ability to understand and monitor the emotional and mental states of others' behaviour (Godbout, Runtz, MacIntosh & Briere, 2013). For these adults, their parents were not able to provide a safe and secure base (Dugal et al., 2016), perhaps through their own experiences of ACE, and so as children they may have experienced a "betrayal trauma", when their caregiver or trusted person violates that trust or well-being in some way (Freyd, 1998).

The interdependency that is created within adult relationships renders the possibility of conflict inevitable at some point (Finkel, 2007). People who have experienced ACE and interpersonal trauma generally present a hyperactivation around experiences of abandonment anxiety which may lead to a sensitivity to threats of rejection (perceived or actual), demands for affections and a desire to have control over a partner's behaviour (Dugal et al., 2016). Conflict and hostility is one such situation where a threat may be perceived to the security of the relationship. This may then be expressed through aggression or attempts to control;

indeed, the impact of ACE has been previously linked the higher manifestations of control and domineering behaviour (Messman-Moore & Coates, 2007). This notion links in with what Dutton (1998) described as an “Abusive Personality”; here attachment theory is used as a way of explaining interpersonal functioning of adults is linked to and related to early childhood experiences with caregivers that impact on the models developed of “self” and “other”. Perceived threats to abandonment create intimacy anger which is then directed towards their attachment figure. This anger is then replaced by their fear of abandonment and a cycle is created where anger is followed by violence, and then leads to contrition and dependency. As Dutton (1998) describes it: “These men are literally at their wives’ knees or at her throat” (p.94).

A factor thought to mediate the relationship between ACE and later adult outcomes is that of emotion dysregulation (ED). ED has been defined as a multidimensional construct that involves a lack of awareness and understanding of emotions, a lack of appropriate strategies for coping with intense emotions and a lack of control around behaviour when emotional distress is high (Gratz & Roemer, 2004). In short, ED reflects maladaptive mechanisms for coping with strong emotions and emotional distress (Gratz, Paulson, Jakupcak & Tull, 2009). The link between ACE, ED and IPV victimisation has been found within the literature (e.g. Lilly, London & Bridgett, 2014)

It is thought ED as a mediator could be more impactful for men due to the way each gender is socialised around experiencing and expressing emotions; it has the potential to intensify the impact of the childhood trauma and increase the likelihood of ED (Gratz et al., 2009). It has been suggested that men utilise and express anger through violence in place of, and as a method of avoidance for, less socially acceptable emotions for men (e.g. fear, upset) and coping strategies that are not consistent with a masculine identity (e.g. crying, talking about emotions; O’Neil & Harway, 1997). Jakupcak, Tull and Roemer (2005) found men’s

fear of emotions was significantly associated with their overt hostility and anger. The authors concluded these findings were in line with findings that suggest men's aggression is a coping mechanism to deal with distressing feelings, due to them being socialised with fewer alternative emotional expressions.

If the relationship between ACE and IPV is strong as the literature suggests then it not surprising that IPV rates are so high; studies exploring ACE demonstrate how common they are, for example Chapman et al. (2004) report two-thirds of participants had one ACE with a third having at least two. Because ACE are interrelated and not independent (and so co-existing), the authors recommended studying the impact of ACE collectively rather than keeping a narrow focus on one (e.g., witnessing interparental violence). This fits with literature that suggests that witnessing of parental violence is one of many ACE which could co-occur with others; this leads to the notion that a more ecological perspective could be useful in understanding the holistic experiences that are influencing men's violence (Bevan & Higgins, 2002). Rather than social learning theory alone explaining the impact of witnessing violence in the home, rather the culmination of experiences could lead to the development of a more aggressive interpersonal style that is associated with IPV (Corvo & deLara, 2010; Dugal et al., 2016)

Taken together, this literature suggests childhood experiences appear to be influential over the development of antisocial and aggressive behaviour (both in general and to intimates), and once developed this is often found to remain stable over time. Whilst the gendered model of IPV would proposed men's abusive behaviour is rooted in their patriarchal beliefs about being able to control and dominate women; the evidence presented here indicates that this control is instead rooted in early childhood trauma. Violent experiences in childhood can impact on the development of dysfunctional interaction patterns (Godbout et al., 2013) including abusive and controlling behaviour.

## **Conclusion**

This chapter has presented evidence that challenges the gendered approach to understanding men's violence in relationships. It suggests that the development of abusive behaviour is complex, multi-faceted, and often originates in early childhood relationships and trauma. Interventions aimed at reducing men's violence need to capture this complexity, and be tailored to individual need and risk. Despite this body of evidence, as a theoretical model, the gendered approach is still influential within practice. The Duluth Model was established in the United States in 1981 as an intervention with a curriculum developed by activists within the battered women's movement and five battered women (Pence & Paymar, 1993) who believed IPV was caused by men's patriarchal ideology. Using the "Power and Control Wheel" was central as IPV was understood as being motivated men's need for power and control over women. Research has been consistent in demonstrating the popularity of this model whilst also indicating a lack of effectiveness of this programme (see Bates et al., 2017 for a full review). Studies that have examined the success rates of the Duluth Model intervention program have unsurprisingly found it to be unsuccessful (e.g., Babcock, Green & Robie, 2004). Dutton (2006b) reviewed both its lack of efficacy and the wealth of evidence contradicting its feminist foundations, concluding that its continued use is impeding effective treatment and judicial responses. Despite this, the Duluth model has experienced an "immunity" from having to answer to any external empirical evaluation with political concerns seeming more important than science and a strong evidence base (Corvo, Dutton & Chen, 2008; p.112). With the increased evidence base detailing both women's perpetration and the prevalence of bidirectional IPV, there is a need to work with perpetrator and victims groups across the gender and sexuality spectrum to ensure we are developing interventions that are inclusive and effective.

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