GENDER AND INTIMATE PARTNER VIOLENCE: EVALUATING THE EVIDENCE

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Intimate partner violence (IPV) is a complex social problem that social workers must be trained to address, using the best available evidence. In this article we review divergent theories, research findings, and methods that underpin debates about the role of gender in IPV perpetration and victimization. We examine the literature that contextualizes IPV and identifies different types of IPV and recommend training social workers to use differential assessment tools for IPV. We conclude that gender does matter in IPV and that social work students can critically evaluate the gender debates in selecting evidence for safe and effective practice.

DOMESTIC VIOLENCE, also called intimate partner violence (IPV), is a public health issue that came to national attention in the United States in the late 1960s as part of the women's rights movement. Programs and policies responding to domestic violence that developed within this movement were framed by an explicitly feminist analysis of the issues (Schechter, 1982). In the intervening 40 years, services and policies have generally identified women as the group most likely to need services as victims of IPV. Meanwhile, political and theoretical debates have questioned the assumption that IPV is a gendered issue with women as the primary targets of male violence. Calls for policies and services that flow from different perspectives continue to focus on this central question of whether and how gender matters in understanding and addressing IPV.

Evidence-based practice is the "conscientious, explicit, and judicious use of current evidence in making [practice] decisions" (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996, p. 71). Contemporary calls for social work education to engage students in evidence-based practice (Rubin & Parrish,

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2007) in a context of as-yet limited evidence on the effectiveness of IPV interventions across diverse populations have led to heated discussions about best practices (see D. Dutton & Corvo, 2006; Hamel, 2008). This suggests the need for more evaluation research that will ensure development of best practices that are safe and effective and applied with careful attention to when and how gender as well as race and ethnicity, sexual orientation, age, social class, and other structural variables matter.

We argue that gender is an important dimension of IPV because it provides a conceptual frame for understanding complex social positions that influence people's sources of personal and social power and, hence, their risk or vulnerability for IPV. Teaching perspectives that help students understand the complexity of IPV in relation to gender will enable them to critically evaluate the existing claims to evidence and to select interventions that are least likely to harm vulnerable members of families or couples who are exposed to interpersonal violence.

Theoretical Frameworks

Theoretical explanations of IPV from sociology, psychology, criminal justice, social work, public health, and medicine can generally be characterized as either micro-oriented theories that locate the etiology of the problem within the family or individual, or macro-oriented theories that locate some or all of the etiology in the larger sociocultural environment (Jasinski, 2001). Although numerous social work writers have called for ecological models that integrate micro-, meso-, and macrolevel explanations (Edleson & Tolman, 1992; Heise, 1998; Worden & Carlson, 2005), a bifurcation continues to drive the debate regarding theoretical explanations, specifically pitting feminist/sociocultural analyses against family violence and family systems theories (Anderson, 1997; Cano & Vivian, 2003; D. Dutton, 1998; D. Dutton, & Nicholls, 2005; Jasinski, 2001; Johnson, 2006; Kimmel, 2002; Kurtz, 1989; Yllö, 1988). At the center of the debate is the discussion of gender and its role in IPV.

Feminist Perspectives

Feminist perspectives attribute the cause of IPV to patriarchal social structures that advantage men over women in social, political, legal, and economic power (Dobash & Dobash, 1979) with societal sanction and support for use of violence against women by men to secure and maintain dominance (Campbell, 1992; Dobash & Dobash, 1979; Schechter, 1982; Yllö & Bograd, 1988). These socially structured inequalities are then replicated in private intimate relationships where men expect more privilege; view women not as equals; and usually have greater control over resources, exhibit greater physical strength, and wield more public influence. Men who are socialized into believing and expecting such gender privilege may use a continuum of power and control tactics to protect their dominant position, with limited social sanctions against such tactics (Pence & Paymar, 1993; Schechter, 1982).

This analysis has become the conceptual basis for the most widely accepted definitions of IPV used in developing public policies and standard intervention practices for both victims and perpetrators of IPV. IPV is defined as a constellation of abusive and controlling be-

haviors including psychological abuse, sexual coercion, financial abuse, isolation, threats, stalking, and physical violence that taken together create a climate of fear and intimidation that maintain one partner in a position of domination and control with the other partner in a position of subordination and compliance (Family Violence Prevention Fund, 2004; Office on Violence Against Women, n.d.; Saltzman, Fanslow, McMahon, & Shelley, 1999; Warshaw & Ganley, 1998). The dynamics of power in a context of gender inequality in public and private matters are thought to place women at greater risk than men, an argument often supported by the fact that the majority of users of domestic violence services and legal protections have been women abused by male partners. This conceptualization, illustrated by the Power and Control Wheel (Pence & Paymar, 1993), continues to be a primary tool for intervention and safety planning with victims of IPV as well as underpinning the "pro-feminist" psychoeducational batterer intervention model widely adopted in the United States (Edleson & Tolman, 1992; Yllö & Bograd, 1988).

Early research efforts that grew out of this perspective tended to be based on small samples of women who sought domestic violence services from shelters, courts, or other social service agencies. These early studies rarely sampled men and inquired solely about victimization, not about women's use of violence against their male partners. However, small clinical samples using in-depth interviews and measures that capture the dynamics of coercion, sexual abuse, psychological abuse, and the consequences of severe abuse have documented the terrible fear, poverty, isolation, and physical and mental health injuries that battered women experience (Brandwein, 1999; Browne, 1986; Campbell, 1998; Frieze & McHugh, 1992; Pagelow, 1981; Walker, 1979). More recent large-scale studies have been conducted under the conceptual umbrella of victimization studies (Rennison & Welchans, 2000; Tjaden & Thoennes, 2000) using large probability samples. These studies survey respondents about whether they have experienced acts of violence, sexual assault, and stalking that are conceptually consistent with the pro-feminist definition of IPV.

Women of color have considerably broadened the discussion of IPV by stressing the importance of the intersections of racism and other oppressions with sexism in creating particular vulnerabilities for addressing interpersonal violence. Women of color, immigrant women, and poor women often face discrimination, coercion, and violence when they turn to institutions such as the criminal justice system and health and mental health services (Dasgupta, 2005; INCITE! Women of Color Against Violence, 2006; Kanuha, 1996; Richie, 1996; Sokoloff & Pratt, 2005). Research also shows that IPV occurs among lesbian and gay couples at about the same rates as among heterosexual couples (Merrill, 1998; Renzetti, 1992; Tjaden & Thoennes, 2000), thus expanding the focus to include additional sociostructural variables that implicate oppression and unequal access to power and resources in the risk for victimization by IPV.

This macro approach to understanding the structural inequalities that may differentiate victims from abusers in IPV is at the crux of the gender debate, although the implications of these larger structural variables are far more wide ranging than gender alone. Feminist

analyses of IPV have been critiqued for their inability to explain women's use of violence and same-sex couple violence, their limited acknowledgment of racism and oppressions other than gender based, and the lack of predictive ability in understanding which men will batter their partners (Archer, 2000; L. Bennett, personal communication, June 4, 2008; Hamel, 2007; Straus, 1999). Clearly not all or even most men batter their female partners, and a broad macroanalysis of gender-based oppression cannot help differentiate why some men batter their partners while most do not and why some women also batter their intimate partners.

Family Violence Perspectives

Family violence theory was developed by family sociologists who were interested in the prevalence, frequency, characteristics, and causes of family violence (Gelles, 1974; Straus, Gelles, & Steinmetz, 1981). They argued that IPV is not a unidimensional issue of one gender being victimized but, rather, a systemic family problem (Straus et al., 1981). They attributed the origin of violence to the family structure (Jasinski, 2001; Kurtz, 1989; Straus, 1973). They assert that family stressors such as poverty precipitate violence, that the privacy of the family creates a context in which violence can go undetected, and that our culture accepts violence as a means to resolve conflict (Anderson, 1997; Kurtz, 1989; Straus et al., 1981; Straus & Gelles, 1986). From this perspective, violence pervades all types of family relationships (including parent to child and sibling to sibling, in addition to adult partners), and both men and women are equally capable of and do engage in violence against family members and each other (Straus et al., 1981).

A key conceptual assumption from the family violence perspective is that physical violence is part of a continuum of conflict resolution strategies employed by family members to settle arguments or disagreements (Kimmel, 2002). Additionally, couples' violence is not different in concept or dynamics from any other form of family violence. This is a significant departure from the conceptualization of IPV as a constellation of coercive tactics with the goal of establishing or maintaining dominance, power, and control over another person. It also departs from the premise that within a patriarchal society men have greater power and sanction to use violence against women. Researchers who promoted the family violence perspective conducted the first national random population surveys on violence in families and designed the most widely used tool for measuring all types of family violence: the Conflict Tactics scale, or CTS (Straus et al., 1981; Straus & Gelles, 1986). Their initial reports (Straus et al., 1981) indicated that women used physical violence as often as men, countering the feminist perspective that IPV is primarily violence directed at women by men.

This brief discussion of two of the early competing perspectives on IPV demonstrates that the way one conceptualizes and defines the phenomenon can lead to considerable divergence in how research is designed and conducted, how the results are interpreted, and how policies and interventions can be supported. We next review these divergent methods and findings. We then introduce literature that considers the possibility that there

are different types of IPV being detected by these differing methods, and we consider literature on individual psychological factors that may add another dimension to careful gender analysis in assessment and intervention for different types of IPV.

Divergent Research Findings

The current body of empirical literature is mixed regarding IPV perpetration and victimization by gender. The National Family Violence Survey of 1975 and the subsequent survey in 1985 (Straus & Gelles, 1986, 1990) reported that of the couples sampled, 12.1% of men had been physically violent toward their female partners and 11.6% of women had used physical violence toward their male partners. Of the couples who were reported to use violence, 49% were described as mutually violent.

Numerous studies, nearly all of which use a version of the CTS, have replicated the family violence survey findings that the likelihood of women perpetrating minor, and sometimes severe, violence toward their male partners is equal to or even greater than the likelihood of their male partners perpetrating violence toward them (Magdol et al., 1997; O'Leary, 2000; O'Leary et al., 1989), and meta-analyses have also supported this conclusion (Archer, 2000, 2002). However, other reviews that compare women and men on severity of violence used and injury rates report that women are more likely to be severely injured, use more minor forms of aggression, and express higher levels of fear in response to their partner's use of violence (Belknap & Melton, 2005; Kimmel, 2002). Some reviews (Belknap & Melton, 2005; Dasgupta, 2001) argue that the majority of female-to-male intimate violence is motivated by self-defense, as is often cited in discussions of domestic homicide (see Browne, 1986). Furthermore, Belknap and Melton (2005) estimate that only 5% of primary aggressors in heterosexual intimate partner battering are women.

National surveys using a victimization perspective and gathering more contextual information than measured by the CTS consistently report much higher ratios of male-to-female IPV. For example, the National Crime Victimization Surveys, conducted over many years, continue to report that 85% of IPV is perpetrated against women by current or former male partners (Rennison & Welchans, 2000). The National Violence Against Women Survey, conducted in 1996 with a national random sample of 16,000 individual women and men, found that 22.1% of women and 7.4% of men reported lifetime victimization by intimate partners (defined as physical, sexual, and stalking violence by a current or former dating, cohabiting, marital, or divorced partner). This survey also measured injuries severe enough to require medical attention and reported that women were seven times more likely to be injured by male partners compared to men injured by female partners (Tjaden & Thoennes, 2000).

In summary, family violence surveys based on counting conflict resolution tactics used by each partner tend to report that women use physical violence against men about equally to men's use of violence against women in intimate relationships. However, victimization studies using a more contextualized conceptualization of abuse report that although both men and women use physical violence, women are more likely to be the

victims of violent abuse and to be harmed by it. To understand these varied results, it is important to consider the methods used to produce them, and then to examine some studies that have looked more closely at the context and motivation for the use of physical violence by gender.

Methodological Debates

Attempts to account for the varied rates of violence and the gender disparities across studies most commonly point to methodological variations, specifically operationalization and measurement of IPV, sampling, and reporting bias (Archer, 2000, 2002; Frieze, 2000; Johnson, 1995, 2006; Kimmel, 2002; O'Leary, 2000; Saunders, 1988; Schwartz, 2000; White, Smith, Koss, & Figueredo, 2000; Yllö, 1988).

The CTS (or current CTS2), developed by family sociologists (Straus, 1979; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), is arguably the most prominent measurement instrument in IPV literature, and it has consistently been at the core of the debate between the feminist and family violence perspectives. Conceptually, the family violence framework approached violence as discrete actions (hitting, slapping, punching, etc.) that occur within a context of normal family conflict resolution. The introduction to the CTS states:

> No matter how well a couple gets along, there are times when they disagree on major decisions, get annoyed about something the other person does, or just have spats or fights because they're in a bad mood or tired or for some other reason. They also use many different ways of trying to settle their differences. I'm going to read a list of some of the things that you and your (husband/partner) might have done when you had a dispute. (Straus, 1979, p. 87)

The CTS counts how many times one partner used specific tactics to resolve disputes, ranging from talking or yelling to minor, moderate, and severe acts of violence, usually over the past 12 months. Rates of IPV are reported based on respondents who endorsed having used minor to severe forms of physical violence. The CTS does not inquire about motivation or context for use of violent acts (Saunders, 1988), or who initiated the violence. Thus, the operationalization of IPV does not contextualize violent actions as part of a pattern of abuse tactics or other coercive, controlling, and violent behaviors over time (Schwartz, 2000; Smith, Tessaro, & Earp, 1995). It does not consider the history of coercion, control, and violence in creating a climate of fear and dominance in the relationship. Critics of the CTS claim that it operationalizes violence by omitting the power and control elements used to maintain dominance that feminist researchers argue are at the core of IPV, and that it does not differentiate the purpose or meaning of violence (i.e., self-defense versus primary aggression) (Weston, Marshall, & Coker, 2007). Additionally, even the revised CTS2 has limited measures of psychological abuse and does not include these in counting how many acts of violence each partner reports.

Psychological abuse has been defined by the Centers for Disease Control and Prevention as humiliation, isolation, and instilling fear with threats such as losing custody of children

and/or destruction of property (Saltzman et al., 1999). A number of instruments have been developed to measure this construct, including the Psychological Maltreatment of Women Inventory (Tolman, 1989, 1999), the Women's Experience With Battering (WEB) scale (Smith, Earp, & DeVellis, 1995), and the Dominance scale (Hamby, 2001). An entire edited volume has been devoted to reporting studies using diverse measures of psychological abuse (O'Leary & Maiuro, 2001). From a feminist perspective, IPV is about securing and maintaining dominance by using tactics that may instill fear and terror so that the victim becomes and remains submissive. These may include psychological as well as physical, sexual, and financial abuse; threats against children and others; and stalking. This is an important distinction because if measures of violence omit these variables in their overall construct of IPV, the reported prevalence rates may be distorted by not distinguishing who is victimized and who is the aggressor, particularly since other abusive aspects of a violent relationship will not be captured. Some efforts to move beyond merely counting frequency and severity of acts of physical violence are incorporated into the Brief Coercion and Conflict scale (Cook & Goodman, 2006; M. A. Dutton & Goodman, 2005; Tjaden, 2006) and the Proximal Antecedents of Violent Episodes scale (Babcock, Costa, Green, & Eckhardt, 2004), both of which attempt to differentiate between violence as used to resolve conflict and violence used in a context of coercion and control.

Sampling techniques also influence prevalence rates of IPV. The National Family Violence Surveys of 1975 and 1985 (Straus & Gelles, 1986, 1990) sampled only households of heterosexual currently married and cohabiting couples. They omitted all dating, separated, or divorced people who might be experiencing IPV from an ex-partner or a dating partner and whose lifetime rates of victimization or perpetration might have been higher than those who remained in relationships and were surveyed (Kimmel, 2002).

An additional limitation of the family violence method of studying IPV is the possibility of reporting bias. Kimmel (2002) argues that women tend to overreport their own use of violence and underreport their partner's, while men tend to underreport their own use of violence and overreport their partner's. If this is in fact the case, gender matters methodologically. Johnson (1995, 2006) also notes that national probability samples may not reflect the true prevalence of the most severe forms of violence because of victims' fear of reprisal and perpetrators' fear of disclosure. As Johnson (1995, 2006) points out, clinical samples such as those from battered women's shelters, courts, batterer intervention programs, and hospitals will be sampling from the more severe cases of violence. National samples of men and women in the general population are more likely to capture less extreme but more prevalent acts of violence and are less likely to capture the more statistically rare, but serious, forms of extreme abuse that are of interest for targeting policies and services.

Distinguishing Among Different Types of IPV

Conflicting data thus lead to the possibility that there are indeed different types of IPV. A closer examination of different ways of reporting violence as well as the differential context and

consequences of each type of violence by gender provides a more nuanced understanding of how interpersonal violence is identified and addressed. Johnson's (1995) typology and empirical studies of perpetrators charged with assaults inform these developments.

Johnson's Typology of IPV

Johnson (1995) asserted that (a) IPV is not a unitary problem; (b) differing sampling strategies have identified different types of violence; (c) distinctions cannot be based merely on the severity of violence reported, but what differentiates the violence in these samples is the use of coercive control tactics; and (d) these differences suggest potentially different causes, consequences, and, ultimately, different interventions. He argued that there were at least two distinct forms of violence between intimate partners—*common couple violence* and *patriarchal terrorism*—and that common couple violence was more likely found in the family violence literature while patriarchal terrorism was more likely found in the feminist literature and victimization studies.

Johnson (2006) tested and expanded his typology based on data from Frieze (1983) with 274 married or formerly married women and their partners drawn from shelters and courts matched with women drawn from a community sample. He identified four different kinds of IPV. In the first type, *intimate terrorism,* one partner used violence and control tactics to terrorize and dominate the other partner (97% of the 97 partners whose experiences were rated as intimate terrorism were women who were the target of violence perpetrated by men). In *violent resistance,* one partner used violence to respond to a partner who used both violence and control tactics (96% of the 77 partners in this group were women responding with violence to a male partner who used both violence and control). In *mutual violent control,* both partners used violence and control tactics (only 5 couples). Finally, in *situational couple violence* (146 partners), neither partner used control tactics but nearly equal numbers of men and women used violence toward each other. Injuries were most likely to occur with intimate terrorism (76% of the cases compared to injuries occurring in 28% of situational couple violence). It is important to note that although "intimate terrorism" types of violence may pose greater risk for injuries, the more prevalent form of "situational" or "common couple" violence still places partners at risk more than one-fourth of the time and should be taken seriously in policy and intervention planning.

Motivation and Context in IPV

Another approach to constructing differential typologies of IPV examines motivation and context of physical aggression. These include use of violence as self-defense in a context of prior and ongoing abuse to protect oneself or children, as a tactic for obtaining and maintaining power and control, or as a function of specific personality and mental health profiles. Studies of men's and women's motivations for and explanations of their use of violence suggest some important gender differences.

A number of studies have examined the psychological and criminal profiles of men in batterer intervention programs and have developed typologies of men who use violence against their female partners (Babcock, et al., 2004; Cavanaugh & Gelles, 2005; D. Dut-

ton, 1998; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000). Although findings vary, generally four categories emerge from these studies: (1) men who are family-only abusers who exhibit little personality disturbance and little criminal activity outside the home; (2) low-level antisocial violent men; (3) generally violent men who are also violent outside of the home and are more seriously criminal and sociopathic; and (4) men who exhibit a borderline/dysphoric personality profile characterized by extreme dependency, jealousy, and fear of abandonment (Holtzworth-Munroe et al., 2000).

Some studies of couples' communication patterns have found that maritally violent men tend to exhibit poor interaction and communication skills and react with excessive aggression to their partner's less aggressive communication efforts (Holtzworth-Munroe et al., 2000; Lloyd, 1999). Research and clinical work with men who batter (D. Dutton, 1998; D. Dutton, Saunders, Starzomski, & Bartholomew, 1994; Sonkin & Dutton, 2003) suggest that intimate partner abusers exhibit discernable personality traits rooted in early attachment disorders. Fearful, preoccupied, and avoidant attachment styles may be correlated with different types of abusers (Sonkin & Dutton, 2003). For example, separation abuse and spousal homicide may be products of the fear of abandonment converted to rage, which Sonkin and Dutton note is "more consistent with male sex-role conditioning" (p. 110). They argue that differential interventions focused on repairing the trauma of different types of early attachment disorders can help abusive men develop affect regulation and more realistic interactions with their intimate partners. Future research may advance our ability to distinguish among types and etiologies of IPV in order to develop more targeted interventions.

Because arrest rates of women for domestic assault have increased in recent years, a few studies have examined this group of women identified as IPV perpetrators. These studies offer some preliminary data on the motivations and contexts surrounding women's use of violence and are beginning to identify typologies of women who use violence in intimate relationships (Babcock, Miller, & Sirad, 2003; DeLeon-Granados, Wells, & Binsbacher, 2006; Hughes, Stuart, Gordon, & Moore, 2007; Larance, 2006; Muftić, Bouffard, & Bouffard, 2007; Simmons, Lehmann, Cobb, & Fowler, 2005; Weston et al., 2007). Although few studies are large enough to generalize about what proportion of women using violence fall into each category, each study lists self-defense or response to imminent perception of danger from their partners as the primary motivation, followed by retaliation or response to past history of abuse. To a lesser degree, violence was used in an effort to increase intimacy, as a response to the partner's emotional problems, or as a result of the woman's own emotional problems. Hughes and colleagues. (2007) found that women arrested for domestic assault shared some similarities with the profile of the male borderline/dysphoric group. Although D. Dutton, Nicholls, and Spidel (2005) argue that females are as abusive as males in IPV and share many of the personality and psychological profiles of men who batter, most of the studies of female IPV perpetrators continue to find a significant group of women who are primarily victims rather than primary aggressors.

An interesting gender difference emerges when examining risk factors for becoming an abuser. Childhood history of witnessing parental abuse triples the risk of physical violence used by men (Straus et al., 1981) and increases the risk of severity of violence (Kalmuss, 1984), but it is not as consistently a direct risk factor for women (Hughes et al., 2007; Kernsmith, 2006; Shafer, Caetano, & Cunradi, 2004). This may be because boys are more likely to respond to trauma and abuse by externalizing behaviors (directing their distress outward toward others) whereas girls are more likely to internalize by directing their distress inwardly (D. Dutton, 2000; Hughes et al., 2007; Jaffe, Wolfe, & Wilson, 1990). Shafer et al. (2004) argue that these kinds of mixed findings "underscore the importance of disaggregating gender effects in research on IPV whenever possible" (p. 137).

Clearly there is a need for more detailed studies of male victims and female perpetrators of IPV to deepen our understanding of men's experiences of victimization and women's motives for engaging in violence. It should also be stressed that nearly all of the research on typologies of violence and motivations for use of violence has been conducted with small clinical and court samples representing very little racial, cultural, linguistic, or other kinds of diversity.

Implications for Social Work Education and Practice

As a significant social problem, IRV affects millions of lives and can result in injury or death, has serious mental health consequences, causes harm to children, and endangers untold others. Social workers in nearly every setting interact with families and individuals who are affected by IPV, and it is paramount that they have the knowledge and skills to provide the safest and most effective possible services and interventions (Danis, 2003).

Social work curricula should systematically train students in the research evidence, theoretical perspectives, and practice skills necessary to fully understand, properly assess, and intervene with victims and perpetrators of IPV (Danis & Lockhart, 2003). Although electives that focus on IPV are important and necessary given the magnitude of this social problem, not all students will have the opportunity to enroll in such courses. Incorporating IPV course content into human behavior in the social environment (HBSE), policy, research, and practice courses can provide the necessary opportunity for all students to critically evaluate the complexities and implications of this social problem. Through IPV content in HBSE curricula students can learn about IPV from individual, family, and societal perspectives and examine its impacts across the life span. The conceptual and methodological debates in IPV research offer rich pedagogical material for research courses. Including IPV course content in the policy curriculum can give students tools to analyze federal, state, and local responses to IPV and an opportunity to evaluate the implications of differing IPV conceptualizations on service provision and criminal justice policies for victims and perpetrators of violence. Finally, IPV content in practice courses in all concentration areas is essential to provide all social work students with specific skill sets to assess and intervene with victims, per-

petrators, and their children. All social work students should acquire the skills to understand the dynamics of an abusive/violent relationship and use appropriate assessment tools to develop effective treatment planning and intervention strategies that maximize safety and reduce harm.

Students should be trained to take gender seriously but not automatically assume that gender is the only variable that places one in a risk category. M. A. Dutton and Goodman's (2005) conceptualization of coercive control in IPV relationships can be introduced for understanding the context of violence as a dimension of power in intimate relationships. Some examples of coercive tactics are exploiting vulnerabilities (e.g., making threats to the children; threats of deportation; or threats of outing a gay, lesbian, bisexual, or transgender [GLBT] partner); depleting financial, social, or concrete resources (e.g., limiting access to transportation or the telephone); and enforcing emotional, physical, or financial dependency or isolation. We can train prospective social workers to conduct careful assessments to determine whether there is a primary aggressor using violence in a context of abusive and coercive control and to determine whether one partner is more at risk for harm. Selection of interventions will follow careful assessment.

Domestic violence service providers have long held to the maxim of "safety first" when working with potentially violent situations (Davies, 1998; M. A. Dutton, 2000; Family Violence Prevention Fund, 2004; Warshaw & Ganley, 1998). A few generally accepted safe practices are recommended:

- Always interview partners separately when taking a violence history and assessing risk and danger.
- Determine who is the primary aggressor by assessing who engages in coercion, threats, psychological abuse, and other tactics of abuse in addition to physical and/or sexual violence, versus who is responding in self-defense against the threat and danger of the other partner.
- Remember that couple or family counseling is contraindicated in clear cases of intimate terrorism and in any cases in which violence is ongoing.
- Consider couple counseling only after separate interviews and if a no-violence contract can be established and safely monitored.
- Do safety planning with vulnerable members of the couple and the family.
- Increase efforts to monitor and contain the use of violence.

In conducting a thorough assessment we recommend a few assessment tools that have shown preliminary validity and reliability (see Rathus & Feindler, 2004). Social workers can be trained to administer these tools in a variety of settings, using multiple sources of information to assess IPV. In cases in which workers are uncertain about whether there is mutual use of violence, workers can be trained to determine whether there is a primary aggressor. Agencies that provide IPV services to GLBT communities have been at the forefront in developing assessment tools and procedures to determine the primary aggressor in same-sex IPV (GLBTDVC, 2003). These assessment tools incorporate careful

history taking of the context in which violence occurs including the prior history and severity of the violence; the dynamics of power and control; psychological abuse; the use of coercive tactics; and unequal access to financial, legal, and social resources. These tools need to be evaluated for use with male-to-female and female-to-male aggression and may be promising for helping practitioners differentiate whether a situation involves intimate terrorism, violent resistance, mutual control, or situational couple violence.

The Abusive Behavior Inventory, developed to be administered with men who batter female partners, measures the frequency of physical and psychological abuse perpetrated over the most recent 6-month period (Shepard & Campbell, 1992; Zink, Klesges, Levin, & Putnam, 2007). The Danger Assessment tool is a two-part procedure that assesses the victim's experience of severity and frequency of violence and the level of risk for severe or lethal escalation of violence (Campbell, 1986, 2004; Campbell et al., 2003). The WEB scale assesses the victim/survivor's overall experiences of abuse rather than the discrete acts of violent behavior of perpetrators (Smith, Earp, & DeVellis, 1995; Smith, Tessaro, & Earp, 1995). The Psychological Maltreatment of Women Inventory is designed to measure the level of psychological abuse experienced (Tolman, 1989, 1999). Most of these assessment tools have been developed and tested for use with only one gender—typically for women who are battered or for men who batter—and with heterosexual samples. Future research is needed to test and validate adaptations of these instruments appropriate to each gender, and with more diverse samples, so that we can assess risk and safety in a more refined way for both women and men in heterosexual and GLBT couples.

These assessment tools and procedures can provide a useful template for practice by taking into account the patterns of violence and abuse over time, the use of abuse tactics and coercive control, the context and meaning of the violence, and the consequences of exposure to violence, all of which are useful in making treatment recommendations. Further validation of these instruments in future research and practice evaluation will improve our ability to conduct differential assessment of the type, severity, and impact of IPV.

If the practitioner assesses coercion and violence more in line with intimate partner terrorism, couples therapy is not indicated and may prove to be harmful to the victim (Bograd & Mederos, 1999), but safety planning and victim support services would be indicated for the abused partner, while criminal justice involvement and batterer intervention referral may be indicated for the abusing partner. There is some evidence that differential treatment is indicated for different types of abusive partners (Cavanaugh & Gelles, 2005). For example, D. Dutton (1998) suggests that cognitive behavioral interventions may work best for generally violent abusive men while trauma-focused psychotherapy groups may be helpful for borderline/dysphoric male abusers. Larance (2006) offers differential treatment approaches for different types of women who use violence against male partners, depending on whether they are acting in self-defense, reacting to prior abuse, or acting as primary aggressors. When careful assessment indicates cases in which violence is used

in self-defense (as in Johnson's category of "violent resistance"), social workers may be in a position to advocate against criminal justice sanctions for that partner and develop alternative interventions that reduce risk and, hence, the need to use violence for self-protection. Careful use of couples therapy with provisions for safety and no-violence contracting needs further evaluation but may merit consideration when situational, noncoercive, low-level couples violence is assessed (Hamel, 2008; Goldner, 1999; Goldner, Penn, Sheinberg, & Walker, 1990). The "cultural context model" of assigning each partner to gender-specific cultural groups may have promise for addressing cultural diversity in IPV (Almeida & Lockhard, 2005).

Conclusion

Feminist analyses of IPV attend to dimensions of power inequality within intimate relationships. This perspective has been broadened to include social positions in addition to gender that can lead to such power inequality including race, class, immigration status, age, disability, and sexual orientation. Defining abuse in terms of coercion and control is necessary for a comprehensive understanding of the dynamics of IPV. Family violence analyses of IPV help us recognize a broader spectrum of IPV, including the reality of woman-perpetrated violence in intimate relationships. Neither perspective alone fully explains IPV in its varied forms, contexts, and levels of severity.

We conclude that gender does matter as a central variable in understanding the context and meanings of IPV. Based on the current state of evidence, gender needs to be considered along with other structural and individual variables in a comprehensive assessment that establishes the history, severity, context, and meaning of violent and coercive acts for each partner. Teaching students to understand the nuances of IPV in relation to gender will help them evaluate the current state of evidence and aid them in the selection and evaluation of safe and effective interventions.

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