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Women Who Use Force in a Family Context: Scoping Reviews

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Executive Summary

Research and practice regarding women who use force are underpinned by controversial debates. One side of the debate positions domestic and family violence (DFV) as a gendered phenomenon, asserting that apparent high prevalence rates of women's use of force result from decontextualized understandings and measures, such as the Conflict Tactics Scale. Further, it is argued that women more frequently report their use of violence than men who enact violence. In contrast, the other side of the debate claims that women perpetrate DFV at similar or higher rates than men and that research which reports low prevalence rates of women's use of force draw is methodologically flawed by drawing on skewed samples (higher proportions of male perpetrators and female victims) or, fail to ask men about their experiences of victimisation. For ease of understanding, we refer to these arguments as the 'gendered argument' and 'gender symmetry'. Those who support the gendered argument claim that women's use of force is more often than not defensive or resistive; while proponents of gender symmetry argue that women are just as likely as men to be motivated by a desire for power and control. These arguments have influenced ideas about treatment, resulting in conflict over whether women who use force should be referred to victim support groups or require specific intervention programs (often modelled on male perpetrator programs), with additional discussions around whether these programs need to be gender-specific.

Within this contested landscape, two scoping reviews have been undertaken which examined what is known about women's use of force and the nature and scope of treatment programs. A significant amount of literature has been systematically reviewed and detailed findings are reported in the remainder of this document. In summary the **key findings** are:

Finding 1: The estimated international prevalence of women's use of force is still debated in amongst researchers, this debate is likely to continue into the future as prevalence differs depending on the definitions used, the methodology for measurement and the sampling method.

Finding 2: There is strong evidence in the literature suggesting that women who use force have experienced victimisation in childhood and as adults.

Finding 3: Typologies used to categorise and understand men's violence do not appear to fit women's use of force. Furthermore, there is strong evidence in the literature to indicate that the nature of women's use of force and their motivations for using force differ significantly to that of men.

Finding 4: A range of programs seek to respond to women's use of force, many of which have been based on programs or approaches used with male perpetrators of DFV.

Finding 5: While some research has reported links between women's use of force, mental health disorders and alcohol use, the evidence is inconclusive.

Introduction

While the issue of men's violence against women has been well-established in the literature, the issue of women's use of force is mired in much more debate and controversy. Despite a growing body of evidence in the area, there is still little consensus on the nature, context and treatment of women's use of force. Even the term 'women's use of force' is contested, with some authors preferring terms such as 'women batterers' or 'women who use violence'. Women's use of force is an umbrella term used to describe the physical, verbal, and emotional behaviours used to the detriment of her intimate partner (Larance, 2006). The term acknowledges the gendered differences in the motivation, intent, and impact of the violent actions in the context of domestic violence (Larance, 2006). These terms reflect the wider debates which have emerged since the issue first surfaced. This debate is centred on notions of gender-based violence (which we call the 'gendered analysis') and gender symmetry. We describe these in more detail below.

The controversy of women's use of force

Supporters of the gendered analysis assert that domestic and family violence (DFV) - which is characterised by the presence of physical, verbal, emotional, economic, or other forms of violence - is an innately gendered phenomenon. This is due to the intention of the acts to assert power and coercive control over other family members, overwhelmingly women and children. Supporters such as Dasgupta (2002), Gondolf (2012, 2014), House (2001), Miller (2001) and Larance (2006) argue that studies reporting high prevalence rates of women's use of force tend to decontextualize violence through use of measures such as the Conflict Tactics Scale (CTS; Straus, 1979) and Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy & Sugarman, 1996). These measures capture occurrences of violence and fail to consider the severity or impact of the violence (i.e. a slap is considered the same as violence involving a weapon). It has also been suggested that women are more likely than men to acknowledge and report their own violence (Larance, 2006, 2017; Larance & Miller, 2017; Larance & Rousson, 2016); which may also account for higher prevalence rates. Further, proponents of the gendered analysis report that when motivation, intent and impact are contextualized (particularly in terms of previous experiences of victimisation), women's use of force is often defensive or resistive; whereas men's violence is usually motivated by a desire for power and control (Larance, 2006, 2017).

On the other side of the debate are those who support theories of gender symmetry, which suggest that women perpetrate DFV at similar or higher rates than men. This claim derives from the National Violence Against Women Survey conducted in the United States from November 1995 to May 1996, which reported higher rates of victimisation among men

(Tjaden & Thoennes, 2000). It is important to note that no distinction was made between violence in intimate or family contexts or other contexts (such as public places); nor was the gender of the perpetrator ascertained or reported (meaning males may have been victims of other men's violence). Despite these methodological issues, this research has been incorrectly used to argue that women are just as likely to perpetrate DFV as men. Supporters of gender symmetry in DFV, such as Dutton (2010, 2012) and Straus (2007, 2009, 2011, 2014), argue studies that demonstrate low prevalence of women's violence are often methodologically flawed. In arguing this they point to studies based on samples of men in perpetrator treatment or women in refuges, and which limit data collection relating to women's experiences of victimisation (Dutton, 2010, 2012; Dutton & Corvo, 2006). Furthermore, these authors suggest that studies reporting low numbers of male victims of DFV are skewed because men are more likely to feel stigma about victimisation and are therefore less likely to report their experiences. Supporters of gender symmetry argue that women are just as likely to be motivated by a desire for power and control as men, and couples are more likely to be engaged in a pattern of mutual violence than one of intimate terrorism (characterised by coercive control; Johnson, 2006). Straus also notes that the impact of violence is far greater on women and children than on men, but argues that the key to stopping DFV is addressing women's violence (Straus, 2014).

Countering the gender symmetry argument, robust Australian research highlights the gendered nature of experiences of violence in Australia. The 2016 Personal Safety Survey found that women are far more likely than men to experience violence, with 1 in 6 women reporting physical and/or sexual violence and 1 in 4 reporting emotional abuse since the age of 15; this compares to 1 in 16 and 1 in 6 men respectively (Australian Bureau of Statistics, 2017). Women are also far more likely to be the victims of intimate partner homicide than men, with 121 women killed by a current or former male intimate partner between July 2010 and June 2014, compared with 28 men killed by a current or former female partner (Australian Domestic and Family Violence Death Review Network, 2018). Most of the women killed by a male partner had experienced DFV at the hands of that partner, as had almost two-thirds of women who killed their male partner (Australian Domestic and Family Violence Death Review Network, 2018).

Treatment of women who use force

Just as the issue of women's use of force has been controversial, so too has its treatment. The need for treatment programs and other responses to women who have used force emerged in response to growing numbers of women being arrested for DFV offenses due to mandatory arrest policies in the United States (US; Larance, 2006). Due to the limited

options for women who have been court-mandated to attend treatment and intervention programs, many are required to attend those designed for male perpetrators (Miller, 2001). Many of these programs use the Duluth model, which is specific to male perpetrators and combines cognitive-behavioural techniques and feminist theory to address underlying attitudes and beliefs that may contribute to DFV (Miller, Gregory, & Iovanni, 2005). While it has been recognised that such programs are inappropriate for women, there has been disagreement about the type of programs most suited to women who use force. Some suggest that these women do not need specific intervention programs, as they have often experienced DFV victimisation and as such should be referred to victim support groups (Osthoff, 2002; Worcester, 2002). However, this is not always an option, as some community-based DFV programs refuse service to perpetrators (Osthoff, 2002).

This has led to the development (mostly in the USA) of gender-responsive programs for women who have used force. Very few of these programs have been implemented in Australia, and there has been even fewer programs developed in the Australian context. This may be due to the lack of mandatory arrest policies in Australia. Recently, the lack of appropriate responses to women who use force was recognised in the Victorian Royal Commission into Family Violence (2016).

This study

The study reported here comprises two scoping reviews exploring women's use of force. One focusses on how women's use of force is conceptualised and the second considers treatment responses. While the reviews were conducted separately, they relate and findings are interrelated. This means we have chosen to present the findings from the reviews in one report so that a contextualised picture is presented.

Methodology

As noted above, the findings of two scoping reviews are reported here. The first review looked at women's use of force more broadly, addressing the research question of '*what is known about women who use force*', while the second review focused specifically on interventions for women who use force. Whereas systematic literature reviews typically make use of narrow guiding questions and identify relevant study designs in advance, the scoping review methodology is appropriate to explore the topic areas broadly and review many different types of study design (Arksey & O'Malley, 2005). Arksey and O'Malley's (2005) scoping review framework is well-placed to rapidly map the topic area, identify gaps, and provide a means of summarising and disseminating research. In line with this framework, the review involved a number of stages, including identifying and refining the

research question, developing and refining search strategies, identifying relevant studies through three levels of screening (title, abstract and full text), analysing the data, and collating, summarising and reporting the results. This process is explained in further detail below and depicted in Figure 1 (p. 9).

Literature scoping

The review process began with hand-searching the work of Lisa Young Larance, a search strategy used to identify relevant studies which involves page by page analysis completed manually by the authors. Larance was identified as a relevant author in the area and her work had formed the basis of the project formation and proposal. The authors then used hand-searching techniques to explore relevant work.

Database searching began in June 2018 and finished in November 2018. Two rounds of searches were conducted. The first round was conducted on eight databases (Scopus, Cumulative Index to Nursing and Allied Health Literature [CINAHL], PsycInfo, ProQuest, Medline, Australian Bureau of Statistics [ABS], Trove and Google Scholar) and used a combination of keywords to describe women who use force and domestic violence. The second round was conducted on those databases that returned the most relevant results (Scopus, PsycInfo, ProQuest and Google Scholar) and used a combination of keywords related to female-to-male domestic violence.

Following scoping, all literature went through a process of title, abstract, and full text screening. Title screening was completed by one researcher, while abstract and full text screening were completed by two researchers to ensure consistency and adherence to the inclusion criteria (see Table 1).

Table 1 – Scoping review #1 inclusion/exclusion criteria

Inclusion criteria	Exclusion criteria
Intimate heterosexual relationships	Same-sex/queer relationships
English only	Primary focus on male victims
Published 1988 - 2018	Primary focus on the lived experience of male perpetrators
Sample - women over the age of 18	Primary focus on the lived experience of female victims
Peer-reviewed research (i.e. must include a sample and methodology)	Published prior to 1988
	Sample includes women under the age of 18 and/or men
	Sample - veterans/military families, law enforcement families
	Non-peer reviewed or not considered research

(e.g. invited commentary/response, 'overview of literature', grey literature)
Sibling, child-to-parent, parent-to-child, adolescent, and/or family violence
Elder abuse (unless IPV)
General aggression/violence
Primary focus on intervention or treatment of use of force

Development of the inclusion criteria was an iterative process, based on themes emerging from initial literature searches and screening. In recognition of the differences in relationship and abuse dynamics in intimate and non-intimate family relationships and opposite-sex and same-sex relationships, it was decided that this review would focus only on intimate heterosexual relationships. We felt that women's use of force in same-sex intimate relationships warrants its own review given the aforementioned debates on the gendered argument or gender symmetry do not apply. Limiting the review to intimate relationships only was also a way to contain the literature to a manageable size, given the volume of literature unearthed during literature scoping. We acknowledge the focus on heterosexual relationships as a limitation of the review. Further, the review is limited by time constraints which do not allow for the systematic hand searching of citations and references.

The review includes articles published between 1988 and 2018 as this date range captures foundational work (including the key debates). The review was limited to peer-reviewed research which reported methodology. This meant that non-relevant material such as position papers and subsequent responses which put forward a particular side of the gendered analysis or gender symmetry debate were excluded. While these papers and responses have been used to inform the background to the two scoping reviews, they do not provide scholarly evidence which assisted in answering our research questions. These exclusion strategies also ensured ensure that the size of the review matched the resources allocated to the project.

During abstract screening for scoping review #1, ninety-six articles were found to be relevant for scoping review #2. Database searching for the second review was conducted in February 2019. Initial searches were conducted on Scopus and Cumulative Index to Nursing and Allied Health Literature [CINAHL] databases to refine the search terms and to ensure that searches did not return the same literature as scoping review #1. Following this, two rounds of searches were conducted on seven databases (Scopus, CINAHL, PsycInfo, ProQuest, Medline, Trove and Google Scholar) using a combination of keywords relating to women who use force and treatment.

Following scoping, all literature went through a process of title, abstract, and full text screening. All three levels of screening were completed by two researchers, to ensure consistency and adherence to the inclusion criteria (see Table 2).

Table 2 – Scoping review #2 inclusion/exclusion criteria

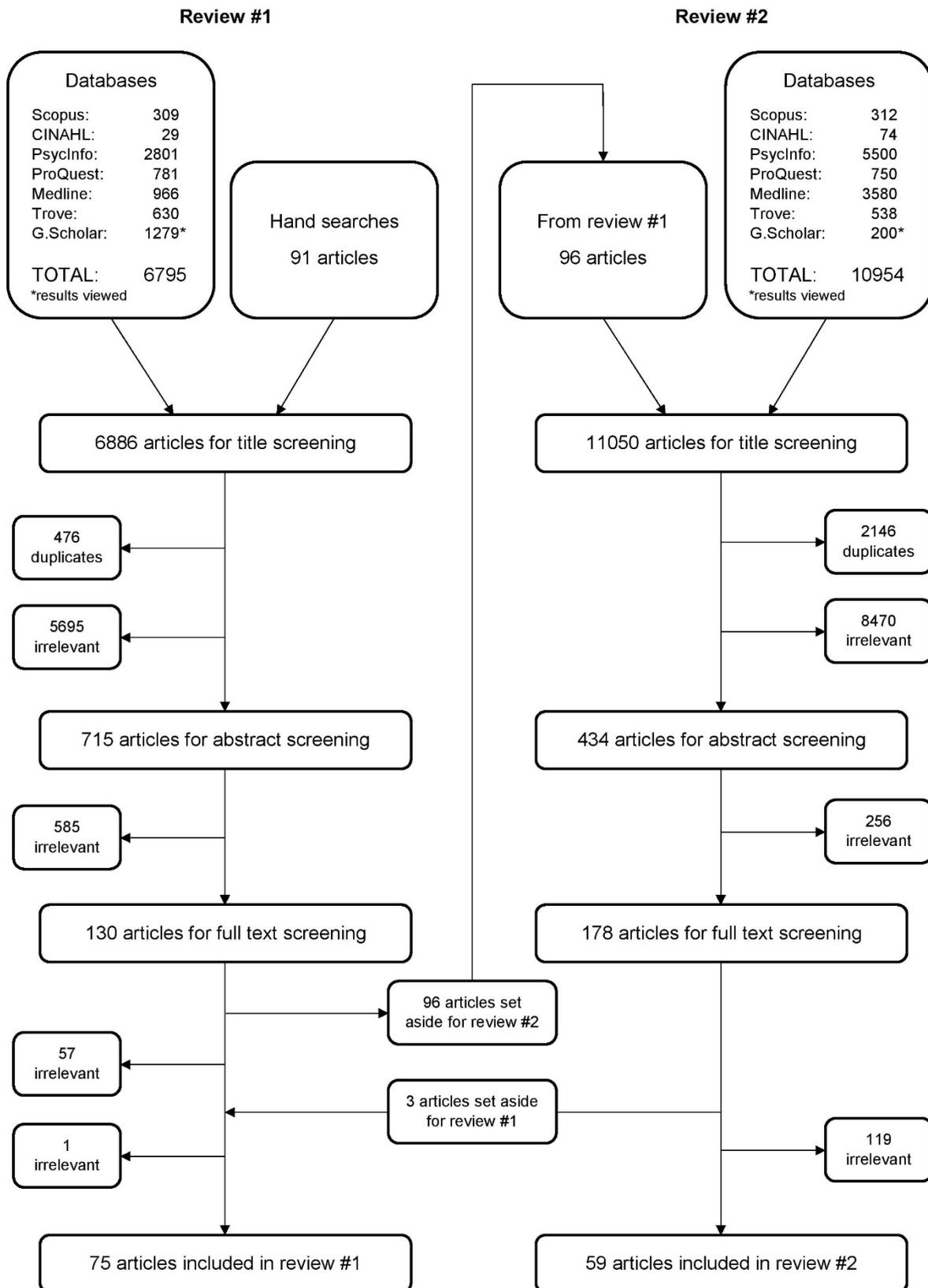
Inclusion criteria	Exclusion criteria
English only	Articles published in non-open-access journals
Published 1999 - 2019	Focus on treating male perpetrators
Sample - 18 or over	Focus on individual treatment needs rather than specific programs
Gender-specific programming for women who use force	
Generic programming for DFV perpetrators (including women who use force)	
Anger management programs for women who use force	
Child protection programs for women who use force	
Programs for violent offenders in prison	
Other programs for women who use force	

This review focused on treatment of women who use force in any context and included a range of programs. This included gender-specific DFV programming, anger management, child protection programs, and programs for violent female offenders. Generic programming for DFV perpetrators was also included in the review as long as the program had been used and/or evaluated with women who have used force. Any programs that had been used and/or evaluated exclusively with men were excluded from the review, as it was deemed outside of the scope of this study to determine whether such interventions would be appropriate to use with women.

There was also a small body of literature on programs addressing women’s sex offending. However, it quickly became apparent most of this literature focused on offenses against children; which suggested that the treatment approaches were unlikely when women use against an intimate partner. As a result this literature was excluded. It is important to note that this review focused on current approaches to addressing women’s use of force. As such, any program that had been discontinued or was no longer in operation is not included. This was intended to produce the most up-to-date review of approaches currently in use, though it is acknowledged that high quality programs which may have been discontinued due to defunding cuts may have been excluded from the review. This was one limitation of the exclusion criteria.

Seventy-five peer-reviewed research articles were included in review #1 and 59 articles were included in review #2. There were no articles that were included in both reviews.

Figure 1 – PRISMA diagram



Findings of scoping review #1

A total of 75 peer-reviewed research articles were included in scoping review #1 and these are detailed in Appendix 1. Article findings were categorised into five major themes: *prevalence of women's use of force, findings about women who use force, context of women's use of force, motivations for use of force, and consequences as a result of use of force*; which are detailed below. Though exact definitions of use of force were not usually used, some studies used the receipt of treatment for batterer or women's use of force programs as an indicator of use of force, others used self-report of perpetrating a physically aggressive act, either used instrumentally or in self-defence. As previously discussed, standardised measures such as CTS and CTS2 do not capture the context and complexity of women's. In this way, it was important to include articles despite their varying definitions of use of force.

Prevalence of women's use of force

In the studies which reported the prevalence of women's use of force within the sample (n=28), some exclusively sampled women who have used force against an intimate partner while others reported on the percentage within a sample who had used force against an intimate partner (also referred to in this report as partner). None of the studies included in the review provided population-level prevalence rates. As such these findings should be interpreted with caution and not categorised as evidence on the prevalence rates of women's use of force.

Clinical samples

Clinical samples includes incarcerated women, those involved with the criminal justice system and women participating in a domestic violence intervention program (either a domestic violence psychological assessment or a batterer intervention program). One sample was made up of public health clients and 67.3% reported perpetrating at least one act of physical violence (Ridley & Feldman, 2003). Another sample was made up mostly of clients of an inner-city health clinic, but also included clients from family violence services (batterer intervention, family violence courts and shelters; Swan & Snow, 2002). The authors did not report how many women had used force but did note that 39% had been arrested in the previous 6 months and that 85% of these were for domestic violence related charges. Of those arrested for domestic violence related charges, 58% were arrested with their partner (dual arrest).

Three studies looked at use of force amongst women who were incarcerated or otherwise involved with the criminal justice system. Of these, Hernández, Mendoza, Ruiz, Durand-

Smith, and Bermudez (2006) found that 26.8% (n=57) of women had used some kind of force towards their partners over the past two years, while Stewart, Gabora, Allegri, and Slavin-Stewart (2014) found that 15.1% (n=20) of women participants had a criminal history involving use of force against a partner. McKeown's (2014b) sample had a much higher prevalence rate, with 93% of women reporting perpetrating psychological aggression and 57% reporting perpetrating physical assault in their last relationship.

Finally, five studies examined use of force among women who were participating in some type of domestic violence intervention program. Larance and Miller (2017) reported that less than 1% of their sample could be categorised as 'primary aggressors', which they defined as women who gave no indication that they had histories of past abuse. Henning, Renauer, and Holdford (2006) found only that women were classified as the primary aggressor in only 8% of cases (n=38) according to self-reported data and 18% (n=87) according to prior police reports. This variation may be attributed to the primary aggressors being identified in the self-reported data using a calculation involving both the male and female partners' coercive control score, while prior police report data used the reporting officers' identification of the primary aggressor, or suspect one. Swan and Snow (2002) found that 12% of their sample could be classified as the primary aggressors in their relationships, with a further 50% considered to be in mixed or mutually violent relationships. Stuart and colleagues (2013) and Ward and Muldoon (2007) found much higher rates among women court-referred to batterer intervention programs, with Stuart and colleagues reporting that 75% of the sample reported perpetrating at least one act of physical violence in the previous three months and Ward & Muldoon reporting that 81% of the sample had used force.

Community samples

Seven of the studies that reported on prevalence sampled women from the community. Participants were mainly those participating in larger health focussed studies, including the Cebu Longitudinal Health and Nutrition Survey (Ansara & Hindin, 2009; Fehringer & Hindin, 2014) based on a sample from the Philippines and the Winnipeg Health and Drinking Survey based on a US sample. One study found that 36.8% of women (n=7) used force against an intimate partner (Fehringer & Hindin, 2014), while in another study, 39.1% reported using force (n=177; (Sommer, Barnes, & Murray, 1992) Sommer, Barnes, & Murray, 1992). Fritz and O'Leary (2004) examined partner aggression across a decade using self-reported data from wives in Suffolk County, New York, and found that the prevalence for women's use of force in the sample was 48% (n=98) prior to marriage, which decreased to 13% (n=27) ten years later.

Other studies reported on the prevalence of particular types of use of force, with most focusing on physical force. Ansara and Hindin (2009) found that 20.2% of the sample (n=376) reported using at least one act of physical force, though it is important to note that more than half of this was categorised as mutual violence. Weston, Marshall, and Coker (2007), in their study sampling Health Outcomes of Women study participants in Texas, reported that 31.5% of the sample (n=189) had used some kind of physical force, though noted that most of this appeared to be mutual. A study of women in Iowa by Orengo-Aguayo and Lawrence (2014) found that 50% of women in their study (n=20) had used physical force, with 40% of women (n=16) stating they initiated violence. Orengo-Aguayo and Lawrence (2014) also looked at psychological aggression and found that 70% of women in the sample (n=28) had used this against an intimate partner, while Krahe, Waizenhöfer, and Möller (2003), in their study involving mainly German women, reported a prevalence rate of 9.3% for women's use of sexual force against a male (ex)partner, friend or acquaintance (n=23).

University samples

University or college students were by far the most commonly sampled population among articles included in the study. Rates of any kind of use of force ranged from 7% (n=21; Lewis, Travea, & Fremouw, 2002) to 70% of participants (n=321; Sherrill, Wyngarden, & Bell, 2011). The large variations in the rate of use of force may be due to the sample chosen for each study, with the former recruiting participants from the general psychology and sociology student population at a US college and the latter requiring the women had reported perpetration of at least one act of physical dating violence in the past 6 months. Both Amar (2007) in their study of 411 college women, and Orcutt, Garcia, and Pickett's (2005) of 457 female undergraduate students found that more than 30% of the sample had used some kind of force against an intimate partner, however in Orcutt and colleagues' (2005) sample, most of these were in the context of mutual violence. Crane and Eckhardt (2013) found that 95.3% of their sample of 43 participants used some kind of force over the six week study period, though it is important to note that participants were only eligible for this study if they reported either or both experiences of victimisation by a partner and use of force toward a partner. This means that this study did not exclusively explore use of force and data reported experiences of both perpetrators and victims.

Eleven studies reported on the prevalence of use of physical force and ranged from 26% (Brem et al., 2016; Edwards, Desai, Gidycz, & VanWynsberghe, 2009) to 51% (Leisring, 2009), with most of these falling in the 30-34% range (Brzozowski, Gillespie, Dixon, & Mitchell, 2018; Leisring, 2013; Ortiz, Shorey, & Cornelius, 2015; Shorey, Larson, &

Cornelius, 2014), and one report of 41.1% of partnered women in the sample (Kamimura, Nourian, Assasnik, Rathi, & Franchek-Roa, 2017). Crane and Eckhardt (2013) reported that 60.4% (n=26) of their sample used physical force during the six week study period, though as noted previously, participants were only eligible for this study if they reported experiences of victimisation by and/or use of force toward an intimate partner. In Shorey, Stuart, Moore and McNulty's study (2014), 173 participants reported 62 acts of physical aggression, though it is unclear whether each act was perpetrated by a different participant or if participants were responsible for multiple acts of force.

Eight studies reported on the prevalence of psychological, emotional and/or verbal force among the sample. The lowest prevalence of psychological force among university samples was 71% (n=144; Brem et al., 2016). Most authors reported a prevalence of 80% or more for use of psychological force among their samples (Crane & Eckhardt, 2013; Ortiz et al., 2015; Shorey, Larson, et al., 2014), though Kamimura and colleagues (2017) reported a prevalence of 96.7% (n=71). In Shorey, Stuart and colleagues' study (2014), 173 participants reported 80 acts of psychological aggression, though as noted previously, it is unclear whether each act was perpetrated by a different participant or if participants were responsible for multiple acts of force. All authors reported a prevalence of 90% or more for use of emotional and verbal force among their samples (Clift & Dutton, 2011; Crane & Eckhardt, 2013; Leisring, 2013).

Only three studies reported on the prevalence of use of sexual force among the sample. Crane and Eckhardt (2013) found that 7% (n=29) of their sample used these behaviours over the six week study period, while Russell and Oswald (2001) reported a prevalence of 18% (n=51). On the other hand, Kamimura and colleagues (2017) reported that 53.3% (n=39) of participants who had ever used physical force toward a partner also reported using sexual coercion.

Findings about women who use force

Experiences of victimisation and exposure to violence

A substantial number of articles considered women's experiences of victimisation either during childhood or as an adult. Experiences of victimisation play out in the key debates mentioned previously. The gendered analysis position argues that women's use of force is mostly defensive or reactive. In contrast, the gender symmetry position argues that few women who use force have histories of victimisation, and where this is a factor, the women engage in mutual violence, not defensive use of force.

Articles supported the conjecture that a large proportion of women who use force have previously experienced DFV and childhood abuse victimisation. Twenty-four articles reported more than 50% of the women who used force also had experiences of DFV victimisation (Abel, 2001; Amar, 2007; Babcock, Miller & Siard, 2003; Bailey, 2018; Conradi, Geffner, Hamberger, & Lawson, 2009; Crane & Eckhardt, 2013; Fehringer & Hindin, 2014; Henning et al., 2006; Hernández et al., 2006; Kamimura et al., 2017; Larance & Miller, 2017; Leisring, 2009; McKeown, 2014b; Neal, Dixon, Edwards, & Gidycz, 2015; Ridley & Feldman, 2003; Russell & Oswald, 2001; Shorey et al., 2012; Simmons, Lehmann, & Craun, 2008; Stewart et al., 2014; Stuart et al., 2013; Stuart, Moore, Gordon, Hellmuth, et al., 2006; Stuart, Moore, Gordon, Ramsey, & Kahler, 2006; Stuart, Moore, Ramsey, & Kahler, 2004; Swan & Snow, 2002; Tower & Fernandez, 2008). In comparison, six articles reported low rates (less than 50%) of victimisation (Clift & Dutton, 2011; Goldenson, Geffner, Foster, & Clipson, 2007; Leisring, 2013; Orcutt et al., 2005; Sherrill et al., 2011; Swan & Snow, 2002). Other authors reported that experiences of DFV increase the likelihood or risk that a woman will use force against an intimate partner (Edwards et al., 2009; Lilly & Mercer, 2014; Stewart et al., 2014; Toews, Catlett, & McKenry, 2005). One study (Tutty, Babins-Wagner, & Rothery, 2017) reported that women who had experienced childhood sexual abuse were 2.62 times more likely to perpetrate sexual aggression towards an intimate partner than women who did not experience childhood sexual abuse.

Eight articles reported high rates (more than 50%) of childhood abuse victimisation among women who use force (Conradi et al., 2009; Goldenson et al., 2007; Hughes, Stuart, Gordon, & Moore, 2007; Mappin, Dawson, Gresswell, & Beckley, 2013; Seamans, Rubin, & Stabb, 2007; Simmons, Lehmann, & Collier-Tenison, 2008; Simmons, Lehmann, & Craun, 2008), while one study reported low rates (less than 50%) of childhood victimisation (Stewart et al., 2014). Furthermore, several authors reported that experiences of abuse during childhood increase the likelihood that a woman will use force against an intimate partner (Ansara & Hindin, 2009; Edwards et al., 2009; Ferreira & Buttell, 2014; Hughes et al., 2007; Keiski, Flinck, Kaunonen, & Paavilainen, 2018; Kendra, Bell, & Guimond, 2012; Stewart et al., 2014). One study reported that women who have experienced childhood sexual abuse are 2.62 times more likely to perpetrate sexual aggression towards an intimate partner (Krahé et al., 2003).

Some studies have compared women who use force with women who have experienced DFV. Two studies found that women who were classified as 'aggressors' used significantly more force than those classified as 'victims' (Swan & Snow, 2002; Tutty et al., 2017), another found no significant differences between the two groups in regards to use of force (Sullivan et al., 2010). One study suggests that women who use force are likely to have

shorter relationship duration than women who have been victimised, while women who have been victimised were more likely to have left the relationship and to be from 'visible minority backgrounds' (Tutty et al., 2017). Lewis and colleagues (2002) found no significant differences between women who use force and women who have been victimised.

Mental health and psychological factors

A number of mental health experiences and psychological factors such as trauma, depression, anxiety, borderline and antisocial personality traits, anger, attachment, world assumptions and mindfulness are considered in the literature.

There have been several studies exploring the trauma symptoms of women who use force. Presumably some of this interest has come from the debate about whether women who use force are also victims of violence and abuse. Four studies reported a correlation between women's symptoms of posttraumatic stress and their use of force (Cliff & Dutton, 2011; Goldenson et al., 2007; Kendra et al., 2012; Shorey et al., 2012). It should be noted that one of these also reported low rates of victimisation among their samples (Cliff & Dutton, 2011), so it is unclear what experience/s may have caused such high levels of trauma. Other studies have found high rates of posttraumatic stress symptoms among women who use force (Stuart, Moore, Gordon, Ramsey, et al., 2006; Tower & Fernandez, 2008). One study (Hughes et al., 2007) reported a negative correlation between women's symptoms of posttraumatic stress and their use of force (meaning that as women's reports of posttraumatic stress symptoms increased, their reports of use of force towards their partner decreased). One study found high rates of trauma symptoms among women who use force compared to a community sample that included women with histories of sexual abuse (Tutty et al., 2017), while another study reported that women who were participating in batterer intervention programs reported significantly lower trauma symptoms than women who were attending a victim/survivor support group (Abel, 2001). It is unclear what level of trauma the batterer intervention participants reported in this study and how it compared to victim/survivor participants. Two authors reported low levels of posttraumatic stress symptoms (Conradi et al., 2009; Simmons, Lehmann, & Craun, 2008). However, it is important to note that in Conradi and colleagues' study (2009), those women who did not meet the clinical cut-off for posttraumatic stress disorder were still identified as experiencing significant levels of trauma.

A number of studies have explored the relationship between women's use of force and some diagnoses such as depression, anxiety and personality disorders. The relationship between depression and/or anxiety and women's use of force is unclear; yet some type of relationship is reported (Amar, 2007; Crane & Eckhardt, 2013; Shorey et al., 2012; Sommer et al., 1992;

Stuart, Moore, Gordon, Ramsey, et al., 2006; Tower & Fernandez, 2008). One study found that few women met the diagnostic criteria for depression (Simmons, Lehmann, & Craun, 2008); while another reported no significant difference in levels of trait anxiety between women who used force and those that did not (Brzozowski et al., 2018). Correlations have also been found between women's use of force and borderline, antisocial, and narcissistic personality traits and disorders (Clift & Dutton, 2011; Goldenson et al., 2007; Hughes et al., 2007; McKeown, 2014a; Shorey et al., 2012; Spidel, Greaves, Nicholls, Goldenson, & Dutton, 2013). The relationship between personality disorder and women's use of force is not established, with one study finding no significant differences (Brzozowski et al., 2018), and another finding that few women in their sample met the diagnostic criteria for antisocial personality disorder (Stuart, Moore, Gordon, Ramsey, et al., 2006). Findings in regard to the relationship between psychosis and women's use of force are similarly mixed, with one study finding a correlation between the two (Sommer et al., 1992), and another finding no correlation (Stewart et al., 2014). Panic and bipolar disorders have also been reported to be associated with women's use of force (Shorey et al., 2012; Stuart, Moore, Gordon, Ramsey, et al., 2006).

A small number of studies have explored issues such as anger, attachment, and world assumptions in relation to women's use of force. Anger (particularly trait and daily angry affect; Clift & Dutton, 2011; Shorey, Brasfield, Febres, & Stuart, 2011; Shorey, Cornelius, & Idema, 2011; Shorey, Stuart, et al., 2014) and insecure attachment (Goldenson et al., 2007; Orcutt et al., 2005; Toews et al., 2005) have been found to be significantly associated with women's use of force. Women's use of force has been associated with difficulties with emotional regulation (Lilly & Mercer, 2014; Ortiz et al., 2015; Shorey, Cornelius, et al., 2011). Women who use force are also likely to be less mindful, according to a study by Shorey, Larson and Cornelius (2014). Evidence from a study by Lilly and Mercer (2014) suggests that women who use force are more likely to believe that the world and the people in it are malevolent, and that they can and should be in control of themselves and their external environment. Additionally, studies have found that women who use force report more hostility and general psychological distress (Amar, 2007), more secondary 'psychopathy' symptoms (behavioural and lifestyle factors, such as boredom and impulsivity; Brzozowski et al., 2018) and higher levels of relational dependency (Goldenson et al., 2007), than those who do not. Lie scale, self-esteem and ego strength are also reported to be negatively correlated with women's use of force (Sommer et al., 1992; Toews et al., 2005).

Two studies have considered the links between these mental health and psychological factors and victimisation among women who use force. Depression, anxiety, and borderline personality, panic and bipolar disorders are all reported to be associated with experiences of

victimisation among women who use force (McKeown, 2014a; Stuart, Moore, Gordon, Ramsey, et al., 2006). Attachment insecurity in women who use force is also thought to be associated with experiences of victimisation (McKeown, 2014a).

Substance use

A sizeable portion of the literature reviewed explored the relationship between substance use and women's use of force. Although there was more focus on the relationship between alcohol use and use of force, there was also some examination of the relationship between drug use and use of force. In addition, Kamimura and colleagues (2017) found that women who use force against an intimate partner were more likely to report substance misuse, and Stewart and colleagues (2014) reported that recent substance misuse or dependency was a common risk factor for women who use force.

Only one study found no difference in alcohol use between women who use force and women who do not (Lewis et al., 2002), while eight found evidence supporting a relationship between alcohol use and women's use of physical force (Ansara & Hindin, 2009; Ortiz et al., 2015; Shorey, Stuart, et al., 2014). Women's use of psychological force was also found to be associated with alcohol use (Ortiz et al., 2015; Shorey et al., 2012; Shorey, Stuart, et al., 2014). Hazardous drinking among women has been found to be significantly associated with use of force and injury infliction towards an intimate partner (Conradi et al., 2009; Stuart, Moore, Ramsey, & Kahler, 2003; Stuart et al., 2004). However, this was also linked to experiences of victimisation, with women who had used force and were hazardous drinkers reporting significantly more experiences of physical and psychological abuse from their partners (Stuart et al., 2003).

Several studies examined the presence of alcohol or substances when women have used force, with Conradi and colleagues (2009) reporting that four out of 10 women were using substances at the time of their offense, while Hernández et al., (2006) found that 5.3% of women who used force reported drinking and 9.1% reported using drugs during the most recent aggressive incident. Shorey and colleagues (2011) reported that 13.8% of women and 14.3% of their partners had consumed alcohol prior to their use of psychological force. On the other hand, Ward and Muldoon (2007) reported that drinking and/or drug use (more commonly drinking) appeared in 44% of incident reports included in the study. They also noted that women who use force usually drink in the context of desperate or unnerving circumstances, such as waiting for their partner to come home, their partner not answering their phone, or having to ask their partner for money. In contrast to these findings, Crane and Eckhardt (2013) reported that women's use of force was not more likely to occur on drinking days, while Stuart et al. (2013) reported that, compared to non-drinking days, use of physical

force was more than 10 times more likely to occur on drinking days and more than 12 times more likely to occur on heavy drinking days.

As noted previously, fewer studies found evidence to support the relationship between drug use and women's use of force. Shorey and colleagues (2012) reported that women's use of physical, psychological and sexual aggression was found to be positively associated with use of drugs. Use of psychological force was also found to be positively associated with marijuana use in particular (Shorey, Stuart, et al., 2014). However, two studies of women who were participating in domestic violence treatment programs reported low rates of drug misuse among their samples (Conradi et al., 2009; Stuart et al., 2003). These mixed findings suggest the need for further research on the extent to which drug use is associated with women's use of force.

Typologies and comparisons of different groups of women who use force

Several studies have explored whether women who use force are a homogenous group or whether typological subgroups exist. Much of this work is based on typologies applied to men who perpetrate domestic and family violence. Two different typologies of women who use force were identified in the literature; generally violent vs partner only violent women and women who use impulsive/reactive vs premeditated/proactive aggression. Both of these are discussed in more detail below.

Generally violent versus partner-only violent women

Two studies classified women into those women who were generally violent (i.e. women who used force toward other family members, friends/acquaintances and strangers) and women who were partner-only violent (J. C. Babcock et al., 2003; Stewart et al., 2014). Babcock and colleagues' sample (2003) comprised 50% generally violent women and 50% partner-only violent women, while Stewart and colleagues (2014) found that two-thirds of their sample were generally violent and one-third were partner-only violent. Though they did not use this typology, Conradi and colleagues (2009) also found that a high proportion of their sample (7/10 participants) had a history of using force toward a variety of other people, not just their partners, while Miller and Meloy (2006) reported that 5% of their sample were categorised as generally violent. The authors also noted that unlike men who use violence towards their partners, women were unable to control or change another person's behaviour or instil fear in their victims (Miller & Meloy, 2006).

Babcock and colleagues (2003) found that generally violent women used more physical and psychological force and caused their partners more injury than partner-only violent women.

Generally violent women also reported using severe force more frequently than partner-only violent women (J. C. Babcock et al., 2003) and were more likely than partner-only women to have used weapons or made credible threats of death against their intimate partners (Stewart et al., 2014). Stewart and colleagues (2014) also found that generally violent women were more likely to have past violations of conditional release or community supervision orders.

Babcock and colleagues (2003) examined the victimisation experiences of generally violent and partner-only violent women and found that both reported high rates of childhood victimisation, though generally violent women reported slightly higher rates. Generally violent women also reported witnessing their mothers using force toward their fathers more frequently than partner-only violent women.

Women who use impulsive/reactive versus premeditated/proactive aggression

Lake and Stanford (2011) explored whether it is useful to classify women who use force into impulsive and premeditated aggression groups, as has occurred in research with male perpetrators of family and domestic violence. However, the results of their study showed that this typology was not useful for classifying women who use force. Women in both groups reported using force at a similar frequency and severity and had similar levels of general psychopathology and psychopathic traits (Lake & Stanford, 2011). Brzozowski and colleagues (2018) explored both reactive (impulsive) and proactive (premeditated) aggression and found higher levels of both in women who use force, which may partly explain why this typology was not supported with women who use force as no conclusive findings can be drawn from this study.

Other findings about women who use force

Other findings about women who use force related to their demographic characteristics (age, race/ethnicity, education and employment), gender role identification, use of other forms of violence, church attendance, number of sexual partners, communication responses, and criminal justice experiences.

Sommer and colleagues (1992), drawing on data from the Winnipeg Health & Drinking Survey in Canada, found that age and race are significantly related to women's use of force. Women between the ages of 18 and 34 years reported significantly more use of force than women from other age groups. Women from 'non-white' racial groups also reported more use of force than those from 'white' racial groups. Temple, Weston, and Marshall (2010) found that African American women in particular reported using more physical force than

Euro-American or Mexican American women, however the authors noted that this may be attributed to the higher rates of economic and social marginalisation that African American women experience. Ferreira and Buttell (2014) considered the impact of education and employment on women's use of force. Women with a higher education were less likely to use force, as were women who were employed. Stewart and colleagues (2014) also found that recent employment problems increased a woman's risk of using force toward an intimate partner.

Conradi and colleagues (2009) explored gender role identification of ten women who had been court-ordered to attend domestic violence treatment. Half of these women were reported to identify more closely with a 'masculine' gender role, while one woman identified more closely with a 'feminine' gender role. No attempt was made to examine the correlations between gender role identification and use of force, so it is unclear if or how this may contribute to women's use of force.

Two studies looked at the relationship between other types of violence and women's use of force. Febres and colleagues (2012) explored the relationship between adulthood animal abuse and women's use of force and found that animal abuse is significantly correlated with severe physical assault. On the other hand, Stuart and colleagues (2004) focused on women's perpetration of general violence, reporting that general violence is significantly associated with women's use of force.

Ansara and Hindin (2009) reported that regular church attendance by both partners/spouses lowers the risk that a woman will use force, though the authors acknowledged the association may be attributed to a selection effect as those who are experiencing IPV may be socially isolated and unable to attend church services. Stewart and colleagues (2014) also considered risk, reporting that women who have perpetrated severe violence and/or sexual assault in index offense (crimes reported in the United States' Uniform Crime Report) and past violation of conditional release or community supervision orders were risk factors for more than two-thirds of their sample. Ridley and Feldman (2003) found that relative to nonviolent relationships, relationships where women used force had more unilateral verbal aggression (both male and female), more mutual verbal aggression, more male verbal aggression/female calms things down, more male demand/partner withdraw and more mutual avoidance. Partners in these relationships were also likely to communicate more destructively rather than constructively. Finally, Krahe and colleagues (2003) found that women who use sexual force against an intimate partner are more likely to have had a higher number of partners (both with whom they have and have not had intercourse) than women who did not use sexual aggression.

The context of women's use of force

A number of studies explored the context or circumstances in which women use force. Findings included those related to the types of force women most commonly use, mutual violence, and other contributing factors. Each of these is explained in more detail below.

Types of force used by women

Many studies report that women use more psychological, verbal and emotional force than any other kind of force (Crane & Eckhardt, 2013; Edwards et al., 2009; Kamimura et al., 2017; Leisring, 2013; McKeown, 2014b; Orengo-Aguayo & Lawrence, 2014; Ortiz et al., 2015; Shorey, Larson, et al., 2014; Shorey, Stuart, et al., 2014; Ward & Muldoon, 2007). Common tactics of psychological force used by women include insults, swearing, shouting, yelling, retaliatory action directed at a partner, name calling, and threats of physical aggression (Shorey, Febres, et al., 2011; Ward & Muldoon, 2007). Less common tactics of psychological force used by women include neglect, minimising, denying, blaming, economic abuse, isolation and using children (Ward & Muldoon, 2007). Leisring (2013) found that restrictive engulfment, or stopping a partner from doing things outside of the relationship, and denigration were common tactics of emotional abuse, while dominance/intimidation tactics were less common, while Clift and Dutton (2011) found these tactics to be more common.

Most studies found that women who used physical force toward their partners were much more likely to use minor or moderate, rather than severe force (Brzozowski et al., 2018; Kendra et al., 2012; Leisring, 2013; Orengo-Aguayo & Lawrence, 2014; Ridley & Feldman, 2003; Sherrill et al., 2011; Shorey, Larson, et al., 2014; Stuart et al., 2013; Weston et al., 2007). One study reported women using more severe physical force (Edwards et al., 2009). Common tactics of physical force included pushing, shoving, grabbing, throwing and/or smashing objects, slapping, punching, hitting, and biting (Hernández et al., 2006; Ridley & Feldman, 2003; Sherrill et al., 2011; Sommer et al., 1992; Ward & Muldoon, 2007). Less common tactics included poisoning, stalking, choking, tackling, head locking, flipping, and "beating up" partners (Stewart et al., 2014; Ward & Muldoon, 2007). Findings in regard to use of a weapon were mixed, with Stewart and colleagues (2014) reporting that 64.3% (n=87) of women who used physical force reported using a weapon during an incident of violence, whereas Ward and Muldoon (2007) reported that no women had used a gun, though some had used household items as weapons against their partners. This finding from Ward and Muldoon (2007) study may indicate that use of a 'weapon' by women is most likely in response to abuse from a partner, though further research is needed to confirm this.

There was far less evidence about women's use of sexual force and coercion. Only two studies explored this. Both found that sexual force is not commonly used by women (Krahé et al., 2003; Stewart et al., 2014). Krahé and colleagues (2003) also found that commonly used sexual tactics by women include exploitation of a man's incapacitated state, verbal pressure and use of physical force.

One study explored female-perpetrated homicide. As this study was conducted in Ghana its relevance to the Australian context is not established. Adinkrah (2007) found that the most common method for women who killed their husbands was poisoning, followed by burning and striking with a blunt object. Other methods included the use of a weapon such as a machete or a gun, and two men died through genital mutilation inflicted by women and both involved sexual abuse of the women by the men. (Adinkrah, 2007).

Three studies explored women's use of coercive control and attempts to terrorise their partners. Ward and Muldoon (2007) reported that 7% of their sample could be characterised as intimate terrorists who attempted to intimidate and control their partners, while Dichter, Thomas, Crits-Christoph, Ogden, and Rhodes (2018) found, in their sample of women who had attended an emergency department and complete the Women's Experience with Battering measure, that 32.2% met the criteria for coercive control. All of the women in Ward and Muldoon's sample (2007) used tactics to punish and/or enforce behaviours. Attempts at coercive control were also linked to drinking (Ward & Muldoon, 2007). Russell and Oswald (2001) reported that coercive women were more tolerant of sexual harassment, higher in 'femininity' traits and more likely to embrace particular forms of expressing love than non-coercive women.

Two studies found that claims of women using force may also be the result of false accusations from their partner (Flinck & Paavilainen, 2010; Larance & Miller, 2017). Flinck and Paavilainen (2010) attributed this to women denying their own violence, failing to consider that these women may have been experiencing DFV from their partners and that falsely accusing them of using force may have been a way for their partners to exert power and control. Larance and Miller (2017) also found that a small number of women's partners had self-inflicted injuries which had been reported to the police.

Mutual violence

Supporters of gender symmetry suggest that most violence within intimate relationships is mutual violence, meaning both partners are violent toward one another, usually at similar rates. However, this review found that mutual violence does not seem to be as common as supporters of gender symmetry claim. Rates of mutual violence were found to range from

less than 1% (Larance & Miller, 2017) to 75% (Choi & Chan, 2018). Most studies reported rates below 50% (Ansara & Hindin, 2009; Cornelius, Bell, Wyngarden, & Shorey, 2015; Fehringer & Hindin, 2014; Lewis et al., 2002), though one other study reported a rate of 55% (Goldenson, Spidel, Greaves, & Dutton, 2009). McKeown (2014b) reported that 55% of women who used physical force and 88% of women who used psychological force were in mutually violent relationships. Studies that reported higher prevalence rates of mutual violence also tended to include women who used force in self-defence. Crane and Eckhardt (2013) found that women's use of force toward their intimate partners was 9.5 times more likely to occur on days when male-perpetrated violence also occurred. This may indicate mutual violence, though it may also indicate self-defence.

Several studies found that the violence perpetrated in mutually violence couples can be classified as asymmetrical. In these studies, women were usually less violent than their partners (Orcutt et al., 2005; Temple, Weston, & Marshall, 2005; Weston, Temple, & Marshall, 2005). One study found no difference between the force or violence perpetrated by each partner in mutually violent relationships, but found differences in levels of coercion, with men much more controlling and coercive than women (Swan & Snow, 2002). Evidence from several studies suggests that women in mutually violent relationships experience more violence perpetrated towards them by their partners than women who are not (Orcutt et al., 2005; Temple et al., 2005; Weston et al., 2005). Lewis and colleagues (2002) report that women in mutually violent relationships were more likely to have witnessed physical violence towards their mothers than women who were not in such relationships. It is unclear whether mutually violent couples are more violent than couples in which only one partner is using violence, with one study indicating that women in mutually violent relationships use more force than women who are not (Orcutt et al., 2005) and another finding that mutually violent couples were less violent than couples where the woman was able to be classified as either the primary victim or aggressor (Swan & Snow, 2002).

Other contributing factors

Other factors that may contribute to women's use of force that were identified in the literature included substance use, cardiac autonomic function, and disputes over children. Two studies also looked at conditions in which women were more likely to use force.

Consideration of the conditions under which women use force highlights variation in the literature. Orengo-Aguayo and Lawrence (2014) report that women were more likely to use force when they were the first to initiate physical aggression, when their partners engaged in either moderate or severe violence, when their partners were sober, or when they were experiencing a specific emotion as opposed to a combination of emotions. On the other

hand, Shorey and colleagues (2011) focused on women's most troubling and/or distressing disagreement with their partner during the six months prior to the study, and found that women's use of force during disagreements was more likely to occur on a Friday or Saturday, and less likely to occur on a Monday or Tuesday. Their use of force was also more likely to occur between the hours of 5PM and 1AM and less likely to occur between 1AM and 6PM. Women reported that their use of force during disagreements was most likely to occur at a partner's house or apartment, over the phone or in a car, and least likely to occur at a bar or at a friend or parent's house. A third study by Ward and Muldoon (2007) found that disputes about children triggered violence between couples in less than a quarter of incident reports.

Brzozowski and colleagues (2018) explored the relationship between cardiac autonomic function and women's use of proactive and reactive aggression. They found that proactive or goal-oriented/premeditated aggression was associated with higher levels of heart rate variability. This has been linked to low resting heart rate, which is thought to be associated with antisocial behaviours and aggression.

Motivations for use of force

Women's motivations for their use of force have received significant attention in research. This may, in part, be because they are at the heart of the debate about whether domestic violence is gendered. Supporters of a gendered approach to domestic and family violence argue that women's motivations for their use of force differ significantly from men's and thus this is why domestic violence is gendered. Ten different motivations for women's use of force were identified repeatedly in the literature. In addition, there were a number of motivations identified in a small number of studies that are also considered here.

Self-defence is the most common motivation reported in the literature. The following authors reported self-defence as the most common motivation for women's use of force: Adinkrah (2007), Amar (2007), Babcock and colleagues (2003), Bair-Merritt and colleagues (2010), Bailey (2018), Caldwell, Swan, Allen, Sullivan, and Snow (2009), Fehringer and Hindin (2014), Henning and colleagues (2006), Larence and Miller (2017), Miller and Meloy (2006), Orengo-Aguayo and Lawrence (2014), Stuart, Moore, Gordon, Hellmuth and colleagues (2006), and Ward and Muldoon (2007). However Leisring (2013), Neal and colleagues (2015), and Stewart and colleagues (2014) found that self-defence was infrequently reported as a motivation for women's use of force. Similarly, Weston and colleagues (2007) did not identify self-defence as a motivation for women's use of force, however they noted this may have been due to women's perceptions of self-protective actions as pre-emptive or retaliatory rather than self-defensive.

Retaliation as a motive for using force was frequently reported in the literature (Adinkrah, 2007; Amar, 2007; Babcock et al., 2003; Bailey, 2018; Bair-Merritt et al., 2010; Choi & Chan, 2018; Flinck & Paavilainen, 2010; Larance & Miller, 2017; Leisring, 2013; Neal et al., 2015; Orengo-Aguayo & Lawrence, 2014; Shorey, Febres, et al., 2011; Stewart et al., 2014; Stuart, Moore, Gordon, Hellmuth, et al., 2006; Ward & Muldoon, 2007).

Anger was the most commonly reported emotional motivation (Amar, 2007; J. C. Babcock et al., 2003; Bair-Merritt et al., 2010; Caldwell et al., 2009; Fehringer & Hindin, 2014; Leisring, 2013; Neal et al., 2015; Seamans et al., 2007; Shorey, Febres, et al., 2011; Stuart, Moore, Gordon, Hellmuth, et al., 2006); although Ward and Muldoon (2007) found it was not as commonly reported as other motivations. Babcock and colleagues (2003), Bailey (2018), and Seamans and colleagues (2007) also reported frustration as an emotional motivation for women's use of force, and Flinck and Paavilainen (2010) found that some women used force as a way of venting repressed feelings. Jealousy may also be a motivation for women's use of force, as demonstrated by Larance and Miller's (2017) study of women who use force, which found that a small proportion of women were engaging in horizontal hostility, or use of force, commonly orchestrated by their partner, towards a third party (usually a female). Not knowing how to show or cope with feelings was also noted as a motivation for women's use of force in three studies (Leisring, 2013; Shorey, Febres, et al., 2011; Stuart, Moore, Gordon, Hellmuth, et al., 2006).

Six studies found a desire for revenge or to get even with an intimate partner to be a motivation for women's use of force. While Neal and colleagues (2015) noted this as a motivation for use of force, Adinkrah (2007), Caldwell and colleagues (2009), Larance and Miller (2017), and Lewis and colleagues (2002) found that this motivation was not commonly reported among their samples.

The desire for power and control was also noted as a motivator for women's use of force in six studies. Most found that this was fairly uncommon among women who use force (Fehringer & Hindin, 2014; Lewis et al., 2002; Mappin et al., 2013; Ward & Muldoon, 2007), though Seamans and colleagues (2007), and Stuart, Moore, Gordon, Hellmuth and colleagues (2006) reported that between 15 and 26.1% of their samples reported this as a motivation. Importantly, Fehringer and Hindin (2014) reported that women's desire for power and control differed from men's, in that women were more likely to want to control their husband's problem behaviours (e.g. drinking and/or gambling).

Stress was found to be a motivator for women's use of force in four studies (Flinck & Paavilainen, 2010; Leisring, 2013; Seamans et al., 2007; Stuart, Moore, Gordon, Hellmuth,

et al., 2006). Seamans and colleagues (2007) found this to be related to the birth of a child, however this was not noted by the authors of any of the other studies.

Three studies noted anticipating abuse based on previous victimisation experiences as a motivation for women's use of force. Both Stewart and colleagues (2014) and Larance and Miller (2017) noted this was an infrequent motivation, while Amar (2007) found this motivated 44% of women in her sample.

Two studies reported that women are motivated to use force to gain their partner's attention (Bair-Merritt et al., 2010; Leisring, 2013) along with coercive control as a motivating factor (Bair-Merritt et al., 2010; Caldwell et al., 2009). One study (Caldwell et al., 2009) found that women were almost equally likely to be motivated by a partner's attempt to control them as they were to be motivated by a desire to control their partner.

Other motivations for women's use of force identified in the literature included protection of children, creating deterrence (Bailey, 2018), wanting to be taken seriously or to intimidate or harm their partner (Caldwell et al., 2009), to help the family (Flinck & Paavilainen, 2010), to prove love, sexual arousal (Neal et al., 2015; Shorey, Febres, et al., 2011), loss of control (Neal et al., 2015), provocation from their partner (Shorey, Febres, et al., 2011; Stuart, Moore, Gordon, Hellmuth, et al., 2006), to increase intimacy, and in response to childhood experiences and their own and/or their partner's personal problems (Weston et al., 2007). Lewis and colleagues (2002) noted that wanting to manipulate partners was not a motivation.

Consequences as a result of use of force

Studies that looked at the consequences women experienced as a result of their use of force focused on criminal justice responses, injury, relational consequences, and expected consequences. Each of these is discussed in further detail below.

Criminal justice responses

Several studies looked at criminal justice responses to women who used force. However, most of these (e.g. Muftić, Bouffard, & Bouffard, 2007) focused on dual arrests of women who use force as a result of mandatory or pro arrest policies. As Australia does not currently have such policies, this is not considered. The other study looked at outcomes for women who murdered their husbands in Ghana. Outcomes were only available for two out of 12 cases. In both cases, the women received the death sentence (Adinkrah, 2007). As with dual arrests, this is not relevant to the Australian context.

Injury

Five studies explored whether women's use of force resulted in injury either to the woman or to her partner. Two studies reported women received more injuries than their partners (Amar, 2007; Leisring, 2013) ranging from 17% (Amar, 2007) to 2.9% (Leisring, 2013). Another study found that no women in the sample reported injuring their partner. In contrast, Stewart and colleagues (2014) reported that 68.8% of women inflicted mild injury, 30% moderate injury (i.e. injury requiring medical attention), 18.2% reported causing injury requiring hospitalisation and 11.8% murdered their partner. It is unclear how many of these injuries, if any at all, were related to women defending themselves or their children or occurred in the context of mutual violence.

Relational consequences

Three studies explored the relational consequences of women's use of force. Cornelius and colleagues (2015) found a range of consequences, the most common of which included the impact on the dynamics during confrontation between partners, an emotional reaction by one or both partners, communication about and/or resolution of the conflict, positive and negative changes in the relationship, and the partner ceasing some kind of aversive behaviour. Less common consequences included either partner removing themselves from the situation, an increase in partner's attention, and some kind of reaction from family and/or friends. While Cornelius and colleagues (2015) found that physical or verbal retaliation from the partner was less commonly a consequence of women's use of force, Ward and Muldoon (2007) found that women's use of physical and psychological abuse often facilitated or exacerbated their partner's violence. Also in contrast to the findings of Cornelius and colleagues (2015), a third study reported that women's use of force was associated with poorer conflict resolution and more emotional distance after problem arguments (Ridley & Feldman, 2003).

Expected consequences

Two studies explored expected consequences of women's use of force. A wide range of expected consequences were identified. Women who used force were more likely to report expecting that using force against their partner would result in getting their way or winning an argument, being able to escape or end an aversive interaction with their partner, increasing, retaining or removing their partner's attention, and other negative consequences (Leisring, 2009; Sherrill et al., 2011). Twenty-five percent of women reported having no expectation for their use of force and 60% reported expecting no consequences (Sherrill et al., 2011). Both Leisring (2009) and Sherrill and colleagues (2011) found that 15% of women who used force anticipated some kind of retaliation from their partners. Positive outcomes, increasing compliance, creating physical space between the two partners and an alteration in either the woman or her partner's emotional state were also reported (Sherrill et al., 2011).

Sherrill and colleagues (2011) also examined whether women's expected consequences matched the actual consequences of their use of force. While women's expected consequences were often consistent with the actual consequences of their use of force, 35% described consequences that were at least partially inconsistent with what they had expected. Furthermore 65% reported experiencing additional unanticipated consequences following their use of force, such as partner retaliation, enhanced communication or other positive relationship interaction, and relationship termination (Sherrill et al., 2011).

Findings from scoping review #2

A total of 59 articles, detailing 43 various programs which work with women who use force, were included in review #2. These programs have been separated into five different categories: *domestic violence programs, general violence programs, anger management programs, child protection programs, and couples therapy.*

Domestic violence programs

Twenty-five domestic violence programs for women who use force were located in the literature. These included both programs designed for males that had been adapted for use with females and programs that were specifically developed to address women's use of force in intimate relationships. As noted by Carney and Buttell (2004b), women have historically been referred to attend programs that were designed for male perpetrators of domestic violence. Some of these, especially those using the Duluth or other feminist models which view domestic violence through the lens of theories of patriarchy (J. Babcock et al., 2016), are inappropriate for women, and as such, work in recent times has focused on creating appropriate, gender-specific programs for women who use force.

Vista: A Program for Women Who Use Force

Vista is a gender-specific, curriculum-based, psychoeducation support group for women who use force developed through the Jersey Battered Women's Service (Larance, 2006; Larance, Hoffman-Ruzicka, & Shivas, 2009). To meet the complex needs of women who sought Vista's services, particularly in terms of attending to the motivations for their use of force in a contextual manner, the program was co-designed by group members and facilitators. After each Vista session for the first two years, index cards were given to the women and they were asked to write down what "worked for them" or "didn't work for them" after the group session. Their input, member exchanges during group, and facilitator analysis of group content are the curriculum's basis. It is designed for women who are identified as using non-self-defensive force, which means that their use of force did not meet the legal definition of self-defence, although this does not necessarily mean that the force was not resistive or defensive. The program began in 2002, commencing with a 16 week program, which was increased to 20 weeks in 2008 (Larance et al., 2009). The goals of the group are to help women identify and reduce the shame associated with the use of force, to address feelings of responsibility for having used force, and to increase their awareness and use of non-forceful behaviours. Groups are open, meaning women may enter at any time, and each weekly session is one and a half hours. It draws on the ecological nested model, recognising that domestic violence and women's use of force does not occur in a vacuum

and is influenced by women's environments and circumstances (Dasgupta, as cited by Larance, 2006, p. 626). The group content includes the dynamics of domestic violence and developing the knowledge and skills necessary to facilitate safer lifestyles. After facilitating the group for two years, one of the group founders, Lisa Young Larance, recorded her observations which focused primarily on the delivery of the group (Larance, 2006).

Meridians for Incarcerated Women

Meridians is a gender-informed and responsive, curriculum-based psychoeducational group for incarcerated women who have used force and experienced domestic violence (Larance, Cape, & Garvin, 2012). Meridians is similar to the Vista program, with some adaptations so that the program is better suited to use with incarcerated women. Meridians has been informed by Lisa Young Larance's experience of delivering Vista. Like Vista, Meridians is delivered over a minimum of 20 sessions. The Meridians group process allows for a mix of compassionate confrontation and group member interaction in order to educate and support the women. The program also includes individual exercises to be completed as homework.

Each group session begins with an opening observance, which sets the tone for the rest of the session. The group is led by a program participant, with the lead changing from week to week. Each week in the opening observance, the group leader begins with a reading of their choice, followed by candle lighting and dedications. The groups closes with a moment of reflection, followed by an opportunity for women to focus on their personal integrity and an accountability meditation. The closing also includes twelve seconds of silence, which reflect statistics that one woman experiences domestic violence every twelve seconds (Larance et al., 2012).

No evaluation was located for Meridians.

RENEW: Reflectively Embracing Nonviolence through Education for Women

RENEW is a gender-responsive, trauma-informed, curriculum-based group program for women who use force run by the Catholic Social Services of Washtenaw County in Michigan (Larance & Rousson, 2016). RENEW was founded in 2007 as a replacement for the Women's Alternatives to Domestic Aggression (W-ADA), a gender neutral, batterer-specific program that was quickly found to be ineffective with women. Fundamental to RENEW is recognition of the differences between women's use of force against their male partners and the actions of male batterers. Groups are held on a weekly basis. Much like Meridians, each group is led by one of the participants and marked with opening and closing rituals. RENEW draws on curriculum content from both the Vista and Meridians curriculums. Sessions are

also based on the issues that women bring with them and share in the opening check-in. In this way, RENEW is member and group-centred, rather than facilitator and curriculum led.

Two of the group facilitators documented their observations of RENEW over its first six years (Larance & Rousson, 2016); focussing mostly on program delivery rather than outcomes. However, Larance & Rousson (2016) did note that participating in the program provides women who have used force the opportunity to heal from past trauma, while focusing on making choices each day that promote who they want to be and how they want to live.

We Al-Li for Kungas Family Violence Program

The We Al-Li for Kungas Family Violence Program (Kungas) is a trauma-informed, culturally appropriate program for Australian Aboriginal women in the Northern Territory (Carnes, 2015). The program was developed by We Al-Li, an Aboriginal organisation that provides trauma informed training to Aboriginal communities and other organisations, and was funded in response to evidence of increasing violence against Aboriginal women and girls, increasing numbers of incarcerated women, disproportionate representation of Aboriginal people in the criminal justice system, and the lack of services identified for this population (incarcerated Aboriginal women who had experienced violence). The program fits into the larger Kungas Family Violence Program, which provides case management for women in prison and post-release, as part of their pre-release training for women.

The Kungas program is in its third iteration. The first version was a cognitive-behavioural program developed by Cross Borders for Aboriginal men in the Northern Territory, South Australia and Western Australia and was later adapted for women and delivered by consultants in 2014. This proved to be expensive and Kungas found inconsistencies between their own approaches and that of the consultants, and so decided to develop and deliver their own program internally. This, the second version of the program, drew on cognitive behavioural and strengths-based approaches and was evaluated by researchers from Charles Darwin University. Unfortunately, the evaluation was not available at the time of writing this review. However, Carnes (2015) reported that Kungas encountered some difficulties delivering the program and were required by the Northern Territory Department of Corrections to produce a written program that incorporated a violence reduction approach in order to be able to deliver it in a prison setting. It was at this stage that We Al-Li were approached, to help craft the third iteration of the program (Carnes, 2015).

Kungas incorporates trauma-informed practices and draws on an 'Educaring' model (Carnes, 2015), which is based on an Indigenous pedagogy and focuses on providing culturally safe services. The program aims to break cycles of violence and trauma, and

promote health, wellbeing and sustainable pathways of positive change for individuals, families and communities. It is designed for people whose lives have been impacted by intergenerational trauma. Kungas is delivered by trained staff with experience and suitable qualifications in working in a culturally safe manner at a community level. The program is delivered over 20 day-long sessions and covers three units: anger, violence, boundaries and safety, loss, grief and trauma, and re-creating the circle of wellbeing.

The evaluation of the program focused on its strengths and challenges rather than outcomes in women's lives (Carnes, 2015). However, the program was found to be cost-effective, estimated at costing \$92 per woman per day, compared with the cost of keeping a woman in prison at \$292 per day. Strengths of the program included the passion and support for the program from the organisations involved and the criminal justice system, the ongoing relationships between the Kungas team and local Aboriginal communities, and the experience and skill of the program developers and facilitators. Identified challenges were mostly centred around funding constraints and overcrowding in the prisons impacting on delivery (Carnes, 2015).

Mind-Body/Mindfulness Approach to Domestic Violence Treatment

The Mind-Body/Mindfulness Approach to Domestic Violence Treatment (MBB) is a 16 week individual and group program for males and females who have perpetrated domestic violence (Audo, 2012). It stems from cognitive-behavioural and acceptance commitment therapy and views understanding the mind-body state of the participant as critical to understanding the root cause of domestic violence. The program consists of two essential practices: bridging awareness practices that bring the person into the present moment through conscious focus on available sensory perceptions (e.g. sounds, physical sensations etc.), and mind-body mapping to recognise the requirements and storylines that accompany negative self-talk.

A qualitative evaluation of MBB was undertaken as part of a PhD project (Audo, 2012). The evaluation involved seven participants, two female and five male. One female participant noted a change in her emotions and improvements in her communication and conflict resolution skills as a result of the program, while the other explained that she had gained more understanding of her actions and the emotions that led to these actions. Overall, Audo (2012) noted that MBB had a calming effect on all participants, with many describing a decrease in stress and an increase in overall wellbeing.

Turning Points: A Nonviolence Curriculum for Women

Turning Points: A Nonviolence Curriculum for Women is an educational program for women who use force (Women Who Use Force Ad Hoc Committee of Ohio Domestic Violence Network, 2011). The goal of Turning Points is to help women understand the connections between the violence they experience and their own use of force. The program is divided into three parts; the first focuses on domestic violence and its impacts on relationships and families, the second addresses different aspects of violence against an abusive partner and the problems associated with this, and the third part focuses on living with anger, talking to children about violence, and understanding partners' experiences. Unfortunately, no evaluation of this program was found in the literature. Anecdotally, it is known that this program is delivered in Queensland and Victoria, though there was no reporting of this found in the literature.

Domestic Violence Treatment for Abusive Women & Non-Violent Alternatives

Domestic Violence Treatment for Abusive Women: A Treatment Manual was created in response to the lack of resources to support practitioners working with women who use force (Bowen, 2009). The manual has been written for facilitators of group programs, and includes recommendations about group size, program length and content, and the use of homework. Relevant templates and handouts are also included.

Non-Violent Alternatives (NOVA) is a 52 week program for women who use force (Bowen, 2010). NOVA was originally designed for use with male perpetrators, but was adapted for use with women using Domestic Violence Treatment for Abusive Women: A Treatment Manual (Bowen, 2009). The program primarily uses a psychotherapeutic model, incorporating social learning research, cognitive-behavioural strategies, and attachment and trauma theories. NOVA begins with a one hour long assessment interview, from which treatment goals are developed. The group also includes mandatory weekly homework, which often involves participants writing about a situation in which they experienced negative emotions and is reviewed by the group facilitator, who returns it with comments, questions and suggestions.

In her article, Bowen (2010) presented a case study of a female client who participated in NOVA. At the end of the program, the client felt that she had accomplished the programs goals, as well as her own personal goals, which the therapist agreed she had. When asked what changes she had seen in herself since completing NOVA, the client explained that she had consistently been able to recognise her physical cues when she was starting to feel angry and was able to use the skills she had learned in the program to calm down and think about how she wanted to respond.

Batterer Intervention Programs

Four male batterer intervention programs (BIPs) adapted for women who use force were identified in the literature. Three of these programs were described similarly and evaluated by the same author (Buttell, 2002; Buttell, Powers, & Wong, 2012; Carney & Buttell, 2004a, 2004b, 2005), though they differed in length. One program was 12 weeks (Buttell, 2002), another was 16 weeks (Carney & Buttell, 2004a, 2004b, 2005), and the third was 26 weeks (Buttell et al., 2012). The following description applies to all three programs and their evaluations are discussed separately.

As noted above, the BIPs were adapted from curriculums designed for use with male perpetrators. As such, the curricula are almost identical, with the exception of victim pronouns and a focus on the possibility of past victimisation when delivered with female participants. Groups consist of approximately 15 women, are co-led by two facilitators, and meet for two hours each week. The programs are cognitive-behavioural in nature and incorporate confrontation, therapy and educational components. There are three phases of treatment: orientation and intake interview, psychoeducational classes, and group therapy regarding termination, though the length of each of these phases differs based on the length of the overall program. The psychoeducational component of the program can be divided into three successive series of group experiences; overcoming resistance through insight into use of defense mechanisms, exploring beliefs that promote violent behaviour (including issues of past victimisation), and increasing interpersonal skills by providing participants with a range of alternative, more appropriate behaviours.

It is important to note that most of these BIPs have been evaluated in terms of treatment attrition, which is outside of the scope of this study. However, the evaluation of the 12 week program found that there was no significant change in participants' moral reasoning from pre and post program, and that 52% of women had been rearrested for a domestic violence offense within two years of program completion (Buttell, 2002). An evaluation of the 16 week program found that women who completed treatment were less passive-aggressive and less likely to use physical force against their partners (Carney & Buttell, 2004a), though it also found that participants had higher levels of interpersonal dependency after completing the program (Carney & Buttell, 2005).

The fourth BIP draws on the themes of the Duluth model and other experiential and process-oriented interventions, but has been modified to better address women's use of force. In addition to the above programs, there is an emphasis on both acknowledging women's experiences of victimisation and their accountability for their own behaviour (D. A. Schmidli,

as cited in Dowd, 2001, p. 90). No evaluation data on the program was found in the literature.

Supplemental Batterer Intervention Program

As part of a PsyD study, a narrative-informed supplemental curriculum was designed for women participating in traditional batterer intervention (Montoya-Miller, 2016). The curriculum consists of four modules which cover content related to both violence victimisation and perpetration. The supplemental curriculum was reviewed by current and past female-exclusive batterer intervention program facilitators in California. Expert feedback was largely positive, with all participants indicating that the curriculum mostly addressed the unique needs of women who use force. Expert reviewers were also supportive of the narrative approach used in the curriculum, describing it as providing a useful and positive framework for clients to reexamine their history of abusive behaviour. Module three, which covered attachment, was found to be the most applicable to women who use force, though the other three modules were also considered relevant. Participants suggested that modules be split into multiple sessions, to allow more time to present and work through the content (Montoya-Miller, 2016).

Women Who Resort to Violence

Women Who Resort to Violence (WWRTV) is a weekly group program for women who have experienced domestic violence and have used force against a partner in self-defence or retaliation (D. Gardner, 2007). The program draws on feminist, social learning, and cognitive behavioural theories. The goal of WWRTV is empowerment, increased knowledge and skills, and changed attitudes. Various tools are used to achieve these goals, including lecture, discussion, exercises, videos, and homework. Topics discussed in group sessions include DFV statistics and facts, safety planning, anger management, healthy communication strategies, and the effects of violence on children and parenting.

WWRTV has not been formally evaluated, however, facilitators speak with women throughout the group and post-completion about the barriers and opportunities identified from their participation. Results of such conversations are mixed, with some women feeling that the group may have saved their lives, while others expressed difficulties attending the group or that being mandated to treatment has prevented them from being able to move away from their batterer and move on with their lives (D. Gardner, 2007).

Esuba

Esuba is a manualized psychoeducational group program for both incarcerated women and women in the community (Ward & Roe-Sepowitz, as cited in King, 2017, p. 682). The program incorporates educational components with sharing of experiences to address abuse. Ten topics are covered in Esuba:

- Identifying violence
- Stereotypes
- Cultural and historical abuse
- Sexual battery and abuse
- Abuse in families
- Child abuse
- Elder abuse
- Abuse of people with disability
- Perception versus reality
- Self-abuse

The purpose of the program is to increase awareness of abuse and teach healthy communication and anger management skills. It is unclear whether the program is focused on women's experiences of violence as victims and/or perpetrators, though given that the evaluation was focused on trauma-related outcomes, it is likely that this program is focused on women's experiences of victimisation. As women's use of force is usually resistive, as evidenced by literature exploring motivations for use of force in Scoping Review #1, this intervention may also be effective with this population. One evaluation of Esuba found that incarcerated women experienced statistically significant changes in depression, intrusive experiences, defensive avoidance, impaired self-reference and overall trauma, while women in the community sample experienced statistically significant changes in intrusive experiences, dissociation and overall trauma (Ward & Roe-Sepowitz, as cited in King, 2017, p. 682). Esuba was further tested with incarcerated women, and found to have statistically significant impacts on participants' levels of trauma (Roe-Sepowitz et al., as cited in King, 2017, p. 683).

Responsible Choices for Women

Responsible Choices for Women is a narrative-style group program for women who have used force (Tutty, Babins-Wagner, & Rothery, 2006, 2009). The program was on programs

targeted towards men, and draws on social learning and cognitive behavioural therapy. The overarching goal of Responsible Choices for Women is a cessation of violence. The program is delivered over 15 weeks, through two hour long weekly sessions with groups of approximately six to 12 women, facilitated by a female-male team. Techniques used in Responsible Choices for Women include cognitive restructuring, relaxation techniques, communication skill building, sex role socialisation strategies, modeling appropriate behaviour, monitoring conflict situations through “responsible choice logs”, time outs, role playing, and the use of audio and video. At the beginning of the program, each participant receives a workbook which includes information on the various topics covered in the group, and self-directed exercises and homework assignments to complement learnings in group.

An initial evaluation of Responsible Choices for Women indicated that the program was effective, with women reporting significant improvements in non-physical force towards partners, self-esteem, general contentment, clinical stress, and adult self-expression (Tutty et al., 2006). Participants also reported reductions in physical force towards partners, though this change was not statistically significant. A follow-up evaluation also found statistically significant improvements in depression, clinical stress, and non-physical force towards partners (Tutty et al., 2009). Interestingly, this study found that women’s self-esteem worsened significantly after participating in Responsible Choices for Women, and also found that women reported significantly less physical and non-physical abuse perpetrated against them by their partner, though this is not thought to be related to their participation in the program.

Women Ending Abusive Episodes Respectfully

Women Ending Abusive Episodes Respectfully (WEAVER) is a group intervention program for women who have used force (Koonin, Cabarcas & Geffner, as cited in Trombley, 2007, p. 34). The program is based on the notion of gender symmetry, that is that women and men perpetrate partner violence at similar or equal rates, however acknowledges that the treatment needs of women and men often differ. WEAVER draws on cognitive behavioural and social learning theories and covers the major topics of foundations, self-management, family of origin, communication, parenting, intimacy and relapse prevention over 34 sessions. Group sessions utilise a combination of techniques, including lectures, discussions, in- and out-of-group exercises, and homework (Trombley, 2007). Unfortunately, no evaluation of this program was located in the literature.

Women Who Abuse in Intimate Relationships

Women Who Abuse in Intimate Relationships (WWAIR) is an individual and group intervention for women who have used force (Hamlett, as cited in Trombley, 2007, p. 34). The program acknowledges the significant differences between partner violent men and women who use force, and thus does not rely on the traditional male psychoeducational group format. The program consists of 16 weekly two hour long group sessions which take place over the course of 20 weeks. Group sessions are preceded by individual sessions, which allow for intake, assessment and group preparation. The first hour of group is education on topics related to domestic violence, while the second allows for process time and client presentations. Topics covered in WWAIR group sessions include definitions of and factors contributing to domestic violence, shame and responsibility, negative self-talk, time-out, communication, effects of violence on children, anger, and accountability (Trombley, 2007). No evaluation of this program was found in the literature.

Women Who Resort to Violence

Women Who Resort to Violence (WWRV) is an 18 session group program for women who have used force (Waller, Malloy & Gardner, as cited in Trombley, 2007, p. 35). Women who have experienced violence and resorted to using resistive or defensive force against a partner are the intended audience for the program. WWRV draws on feminist, social learning and cognitive behavioural therapies, and also includes in its manual a Primary Aggression Assessment Tool to determine which partner is the primary aggressor in the relationship. New members are admitted to the group once per month, after attending a separate initial session to prepare them for group. It is recommended that WWRV be delivered by two female facilitators who can pay specific attention to culture and privilege. Topics covered in the group include the dynamics, prevalence, characteristics and consequences of domestic violence, safety planning, anger management, time-out, health relationships, anger, effects of violence on children and relationships, and parenting. Importantly, the authors of the manual note that group sessions may be tailored to meet the needs of the group and any issues members may be experiencing (Waller, Malloy & Gardner, as cited in Trombley, 2007, p. 35). Strategies used in the program include check-ins, processing time, group discussions, lectures, exercises (usually role plays), homework, and an exit interview for each woman leaving the group. Unfortunately, no evaluation of this program was located in the literature.

Women and Violence Explored

Women and Violence Explored (WAVE) is a specialised group treatment for women who have used force (Walker, 2013). The program draws on elements of the Duluth approach, which have been adapted to be more gender-specific to women. The overarching goal of

WAVE is to give women an insight into the possible causes of their violence, increase their self-awareness, and teach them alternative strategies and behaviours to violence. Two hour long weekly group sessions are facilitated by two females and include up to eight participants. The program runs for six weeks in total.

A qualitative evaluation of the WAVE program explored how seven women experienced the intervention. All participants experienced the groups as a source for learning to control their use of force. When asked to evaluate the program, all women expressed that they felt that had changed as a result of their participation, with the program representing a turning point in their lives. The findings of the evaluation also indicated differences in the ways women managed their anger from pre to post (Walker, 2013).

Partner Intervention Program

The Partner Intervention Program (PIP) is an individual and group intervention for women who have used force (Williams, 2005). The program was created in an attempt to address the complex issues of women's use of force and provide therapeutic intervention for these women. The program runs for 16 weeks in total, and includes an in-depth assessment, a 12 week long closed group, and an in-depth exit session. The following topics are covered in the closed group:

- Identifying and expressing emotions
- The legal system
- Problem solving, coping, and self-care strategies
- Healthy relationships
- Safety
- Cognitive awareness
- Assertiveness
- The impact of violence on children
- Self-esteem and self-empowerment

PIP was evaluated as part of a PsyD study (Williams, 2005). Participants in the study reported decreases in social isolation as a result of meeting other women in similar circumstances through the closed group, and an increase in support and resources, as well as their own understanding of their abuse histories. Women also reported that the program provided them with an opportunity to process their experiences being involved in the criminal

justice system and receive support for this, and noted that after completion of PIP they had learned strategies for safety, were better able to recognise unhealthy relationships, and were prepared to take steps toward healthy change.

Women Who Batter: A Clinical Training Program

Women Who Batter: A Clinical Training Program is a curriculum-based program for women who use force, developed as part of a PhD study in response to the lack of gender-specific interventions for this population (Chavez, 2004). Though it was described as a training manual for practitioners, examination of the manual revealed that it is, in fact, a curriculum that can be used with women. The curriculum is designed to complement existing 52 week long batterer interventions, with the nine new modules intended to replace modules that focus on male issues and violence. The following topics are covered in Women Who Batter:

- Introduction to domestic violence and the female batterer
- Shame and the female batterer
- Anger and depression
- Spirituality
- Alcoholism and the female batterer
- Female roles and self-identity
- Attachment and relationships
- Assertiveness and communication skills
- Accountability

The Women Who Batter: A Clinical Training Program manual was evaluated by six practitioners identified as experts in the area (Chavez, 2004). The manual was very highly rated among all six experts, with a mean response of five (on a five-point Likert scale) for usefulness. Questions addressing the quality and use of the manual in clinical settings were also rated highly, indicating that the manual both useful and appropriate for use with women who use force.

Improving Responses for Women Who Use Violence

Improving Responses for Women Who Use Violence (Mieux Intervenir auprès des Femmes qui Exercent de la Violence) is a Canadian group program for women who use non-self-defensive force against an intimate partner (Damant et al., 2014). Women who use force in self-defence are not eligible to participate in the program. The overarching goal of the

program is to help women find non-violent alternatives. The program draws on the mutual aid approach, which emphasises group processes, focuses on strengths rather than deficits, and aims to empower women. The program is made up of three modules; the first addresses women's violence, the second focuses on socialisation, paying particular attention to socialisation of mothers, and the third and addresses living conditions. The program runs over 15 weeks, with a three hour long group held each week. Groups are made up of two facilitators and no more than eight women.

Improving Responses for Women Who Use Violence was first piloted in two organisations in Québec in 2009. Some modifications to the program occurred based on this pilot, which was then trialled by an additional four organisations. From this trial, a final version of the program was developed. As of 2014, 26 organisations and 41 practitioners in 14 regions of Québec had been trained in the program, which had been delivered to more than 100 women (Damant et al., 2014). Unfortunately, no evaluation of the program was found in the literature.

Female Offender Program

The Female Offender Program (FOP) is a 12 week open group intervention for women who have used force (Miller et al., 2005). The program draws on the Duluth model and feminist theory and utilises a range of techniques including lectures, group and individual activities, videos, and written homework assignments. The group is facilitated by a female practitioner, who focuses on accountability, options, and choices, rather than trying to label participants as 'victim' or 'offender'. Anger education features prominently in all sessions. Though the program has not been formally evaluated, at the end of their final session participants were invited to share with the group how the program had affected them (Miller et al., 2005). Many women reported an increased sense of responsibility for their own use of force, increased capacity to recognise and cope with signs of anger in themselves or their partners, and increased knowledge of strategies to resolve situations before they escalate into conflict. Participants also reported increased understandings of their right to say no, as well as the self-respect and validation that comes with this.

Circles of Peace & Healing Circles

Circles of Peace (CP) is a 26 week program for perpetrators of violence, designed by the criminal justice system as an alternative to traditional batterer intervention (Mills, Barocas, & Ariel, 2013). Originally named Peacemaking Circles, CP uses a restorative justice circle approach to reduce violence in families. The program is flexible enough to be able to deal with both single incident and ongoing patterns of violence. The intervention involved

conferences or “circles” with the perpetrator of the violence and other interested parties including trained community volunteers, a support person for the perpetrator, and family members. Victims of the abuse may also be involved, and may bring a support person along with them, though they were not mandated to do so. CP is guided by a Circle Keeper (a restorative justice trained facilitator) whose role is to engage the perpetrator and other participants in a recovery and restoration process that is broad but also personalised to those involved. Circles develop a sustainable plan for change with the perpetrator that focuses on restoration to the victim, family and community. Mills and colleagues (2013) note that the most distinct difference between CP and traditional batterer intervention is that, through circles, perpetrators are confronted with the idea that they have an obligation to the victim, family, and community following their violent behaviour, which is thought to create conditions for the possibility of accounting for their behaviour in the future. No evaluation for this program was found in the literature.

Healing Circles (HC) are an alternative to traditional batterer intervention programs developed specifically for use with the Orthodox Jewish community (Zakheim, 2011). Much like CPs, HCs aim to reduce violence by involving the perpetrator of abuse and various family and community members in treatment. HCs are also led by a Circle Keeper. The program begins with individual interviews with the perpetrator, the victim, other family members, and a trained community member (usually a Hatzola member or rabbi) to ensure there is no risk of new incidents of violence. From here, a process similar to that of the CP program is undertaken, with elements of Orthodox Jewish culture (such as gender roles within the family) incorporated. At the end of the intervention, families have a unique, individualised plan which has been created with the perpetrator who commits to making efforts to change, and with other circle participants who agree to support the plan. Though the author notes that traditional batterer intervention programs have been found to be unsuitable for the Orthodox Jewish community and that HCs, which focus on healing and peace in the home, are much more appropriate (Zakheim, 2011), no evaluation of the approach was found in the literature.

Coeducational, mixed gender groups

Hexham (2010) describes an unnamed 26 session coeducational, mixed gender group for people who have used violence against a partner. The program consists of two phases: orientation and treatment. The orientation phase is run separately to the group; once this is completed, clients may join the established group. Content presented in the group includes time outs, communication and conflict resolution skills, and emotional regulation. This

content is supported by weekly journal exercises, which allow for the application of learning and give participants a space to explore their thoughts, feelings and behaviours.

At the time of reporting, a total of 352 adults had participated in the program. Of these, 44 were women (Hexham, 2010). Though the program does not appear to have been evaluated in terms of outcomes, there does seem to be some exploration of the benefits of mixed-gender groups. Hexham (2010) reports that none of the issues flagged with mixed-gender groups, such as danger to female participants, inability of women to speak openly or express themselves fully or posturing by males, occurred in any of the groups. The benefits of mixed-gender groups identified by the author include participation in a social microcosm that more honestly reflects participants' usual environments, the opportunity for women to experience open, respectful interactions with men, and the ability for men to see women as peers, and even teachers, and develop greater respect (Hexham, 2010).

Acceptance and Commitment Therapy

In their review of interventions for women who have used force, Babcock and colleagues (2016) described a 12 week long program that drew on acceptance and commitment therapy (ACT). The program was delivered in a group format to both male and female perpetrators. An evaluation of the program (Zarling et al., as cited in Babcock et al., 2016, p. 396) found that participants in the ACT reported reduced physical and psychological abuse perpetration post-treatment and at six month follow up.

Brain-Change Focused Domestic Violence Treatment

Brain-change focused domestic violence treatment is a group program for people who have used violence against an intimate partner (Potter-Efron, 2015). It draws on theories of brain change, which are used as the basis for the formation of treatment goals. Participants in the group must use the idea of brain change, which is explained to them in plain language, to develop and defend their own brain-change plan, with the help of handouts. These plans are then reviewed each month with the group. This makes up between 20-30% of the program; the rest of the program is made up of more traditional batterer intervention content. No evaluation of this treatment was found in the literature.

Building Better Families

Building Better Families (BBF) is a batterer intervention program originally used with men but later expanded to be used with women and teenagers (Mesmer, 2008). The program aims to end family and other forms of violence and help participants to better manage their anger. BBF promotes respect and responsibility as essential to healthy relationships, presenting

responsibility as empowering rather than burdensome. The program uses lectures, meditation, group exercises, and individual check ins and storytelling to achieve its goals. Unfortunately, no evaluation of this program was noted in the literature.

General violence programs

Nine general violence programs for women who use force were located in the literature. Most of these programs were gender-specific, though some were designed for use with both men and women. These programs were mostly for incarcerated or justice-involved women and focused on reducing all violent behaviour, rather than just partner violence or use of force.

Spirit of a Warrior

Spirit of a Warrior is a gender-specific, high-intensity violence prevention program for incarcerated Aboriginal women in Canada (Bell & Flight, 2006). It was piloted in 2002 and at the time of evaluation had been delivered ten times, with 51 women successfully completing the program. Spirit of a Warrior draws on cognitive-behavioural strategies to target attitudes, beliefs and behaviours, and sees finding the roots of one's violence as the first step to healing and learning alternative ways to deal with anger. It was designed to help Aboriginal women understand how violence evolves and how it is passed from generation to generation, in the hopes of reducing and ultimately eliminating violent behaviour.

Spirit of a Warrior is made up of 92 possible sessions, varying in length from one to two hours. The entire program is divided into four sections: Introduction, Childhood, Adolescence, and Adulthood/Alternatives to Violence, which address the core components of anger, violence and family of origin awareness, self-awareness, individual and group skill development, cultural awareness and cognitive learning. The program is divided into three five-week phases. In the fifth week of the first and second phases, participants are expected to participate in activities such as craft or one-on-one counselling. After completion of each phases, participants receive a certificate of 'graduation' which is intended to serve as an incentive for women to remain involved in the program (Bell & Flight, 2006).

The program is delivered by one principal facilitator and one co-facilitator, and includes attendance by an Elder, on either a full or part-time basis. Each day begins with a ritual that is culturally appropriate for those participating (e.g. a sweetgrass ceremony) and an opening prayer. Each week also begins with a sharing circle, where participants may debrief and share their feelings about and experiences of the program (Bell & Flight, 2006).

Spirit of a Warrior was evaluated through data collected from program facilitators and participants. Each of the program components was ranked highly by both facilitators and

participants and Bell & Flight (2006) found that women experienced statistically significant changes across the physical, emotional, mental and spiritual domains. Participants' self-esteem and internal locus of control were also found to have increased from pre-to post-, and levels of anger decreased.

Women's Violence Prevention Program

The Women's Violence Prevention Program (WVPP) is a moderate intensity modular Canadian group program for repeatedly violent incarcerated women (Rubinfeld, Trinneer, Derkzen, & Allenby, 2014). The program draws on social learning, feminist ecological and relational theories, as well as evidence-based approaches commonly used with female offenders. The goal of WVPP is to help women live non-violently and reduce the likelihood of violent reoffending upon release. The program is made up of seven modules which are delivered over 40 sessions. These modules include understanding the context of violence, emotion management, thoughts and beliefs supportive of violence, effective communication, relationships, survival strategies, and lifestyle. The program is delivered by one facilitator to no more than 8 women at a time, with between four to six hour long sessions delivered per week. Participants must also attend an individual interview prior to beginning the program and at the end of each module.

WVPP was piloted from February 2008 to November 2010 at five regional federal prisons in Canada using treatment and matched comparison groups (Rubinfeld et al., 2014).

Participants in the program were found to have increased knowledge about violence, criminal behaviour and effective coping, lower levels of physical and verbal aggression, anger and hostility, and increased decision making and problem solving abilities. Program participants also provided more prosocial responses, indicating lower tolerance for law violation, lower identification with criminal others, and more positive views of law, courts and police. Participants also reported being generally satisfied with the program, however, organisational data indicated that treatment did not have a statistically significant difference in immediate or intermediate outcomes. This may have been due to the comparison group being drawn from a limited sample and being mismatched to the WVPP group (Rubinfeld et al., 2014).

Beyond Violence

Beyond Violence is a curriculum-based program for criminal justice involved women who have been convicted of a violent offense (Covington, 2013). The program is made up of 20 two hour long group sessions, divided into four modules: self, relationships, community, and society. Beyond Violence uses a multimodal approach and draws on the ecological

framework for violence prevention adopted by the World Health Organization, as well as a range of evidence-based therapeutic strategies to address issues of mental health, substance abuse, trauma, and anger regulation (Kubiak, Fedock, Kim, & Bybee, 2016; Kubiak, Kim, Fedock, & Bybee, 2012; Kubiak, Fedock, Tillander, Kim, & Bybee, 2014; Kubiak, Kim, Fedock, & Bybee, 2015). The overarching goal of Beyond Violence is to prevent future violence for women. The program is described as trauma-informed and gender-responsive because of the specific attention it pays to women's experiences of victimisation, gender socialisations, and either separate or co-occurring substance use and mental health disorders. The materials used in the groups focus on building women's skills in emotion management, communication, conflict resolution, decision making, making amends and restitution, and self-soothing and calming strategies.

Beyond Violence has been quite extensively evaluated with incarcerated women in both Michigan (Fedock, Kubiak, & Bybee, 2019; Kubiak et al., 2016; Kubiak et al., 2012; Kubiak et al., 2014; Kubiak, Kasiborski, & Schmittel, 2010; Kubiak et al., 2015) and California (Messina, 2014; Messina, Braithwaite, Calhoun, & Kubiak, 2016). The Michigan pilot study indicated high feasibility and fidelity of the program, and that the content was perceived well by the women (Kubiak et al., 2014). A follow up study examined short-term outcomes in Michigan, the results of which included significant decreases in depression, anxiety, and symptoms of serious mental illness, and less consistent changes seen in measures of anger, conduct problems and aggression/hostility (Kubiak et al., 2012). Following this, the program was evaluated using a randomised control trial, which indicated that Beyond Violence had significantly greater effects on participants' levels of anxiety and state anger when compared to treatment as usual, that is, the assaultive offender program (AOP) for which no previous evidence of efficacy exists and which was created for male offenders but is used with female offenders (Kubiak et al., 2015). Women in the Beyond Violence group also reported higher satisfaction and better mental health outcomes than women in the treatment as usual group. Beyond Violence has also been evaluated in regard to its effect on substance abuse and was found to have a significant, positive impact on recidivism and relapse (S. Kubiak et al., 2016).

The California pilot of Beyond Violence found that the program led to reductions in posttraumatic stress disorder, anxiety, anger and depression, and symptoms of serious mental illness (N. Messina, 2014; N. P. Messina et al., 2016). It is also indicated that the program may be appropriate for use with women serving long or life sentences, and other previously identified difficult populations to treat, such as those previously assigned to segregated housing units and those who refuse intervention. The program was later piloted in Michigan with women with life sentences, who often are not entitled to any programming

because they will not be reentering the community and therefore do not require any rehabilitation (Fedock et al., 2019). This study indicated that Beyond Violence was also beneficial for these women (Fedock et al., 2019).

Another resource, Beyond Anger and Violence, was developed for women in the community, based on the Beyond Violence curriculum. Unfortunately, Beyond Anger and Violence does not appear to have received any evaluation, most likely due to its similarity with the original Beyond Violence program.

Moving On: Living Safely and Without Violence

Moving On is a 26-session curriculum-based intervention program for justice-involved women (Dieten, Jones, & Rondon, 2014; Gehring, Van Voorhis, & Bell, 2010). The program draws on relational theory, motivational interviewing and cognitive-behavioural intervention. The primary goal of Moving On is to provide women with opportunities to mobilise and enhance existing strengths and to access personal and community resources. The program consists of nine modules:

- Setting the context for change
- Women in society
- Taking care of yourself
- Family messages
- Relationships
- Coping with emotions and harmful self-talk
- Problem-solving
- Becoming assertive
- Moving on

The Moving On program was implemented with female probationers by the Iowa Department of Corrections in 1998. Women attended the program for one and half to two hours each week for six months. An evaluation compared women who participated in the program (both completers and non-completers) to matched probationers, and found statistically significant differences in re-arrests and convictions and no differences in incarcerations. Interestingly, there were statistically significant differences in terms of technical violations, with program participants having significantly more violations than matched probationers. Further analysis found more positive outcomes for program completers, with statistically significant

differences in re-arrests, convictions, and incarcerations, and no difference in technical violations (Gehring et al., 2010).

Living Safely and Without Violence is a supplementary program to Moving On for women who have been charged with violent crimes and/or report a history of aggressive behaviour (Dieten et al., 2014; Orbis Partners, 2018). Living Safely and Without Violence is made up of 15 sessions which may be delivered to women after they have successfully completed the first five modules of Moving On (Orbis Partners, 2018). The program draws on advances in the cognitive intervention field, related to neuroscience, mindfulness, social and emotional learning, and positive psychology. The goal of the program is to closely explore how and why women use violence and how they can live safely, without violence. To do this, program content is focused on building resilience through the development of emotion regulation practices, relationship skills, self-awareness and social awareness. It is important to note that Living Safely and Without Violence does not appear to have been evaluated separately from the core Moving On program.

Choices, Actions, Relationships and Emotions

The Choices, Actions, Relationships and Emotions (CARE) program is a gender-sensitive, trauma-informed offending behaviour program (Smith, Tew, & Patel, 2015). It is intended to be used with medium to high risk female offenders with a history of violence and complex presentations. The program draws on a range of approaches including mindfulness, narrative and cognitive behavioural therapies, emotion approach coaching, mentoring, advocacy, pro-social modelling and psychoeducation. The overarching goals of CARE are to help women to better understand their risk and needs and to help them live more meaningful and pro-social lives. While the main intended outcome of CARE is a reduction in violence, other intended outcomes include improvements in service engagement and psychological wellbeing. The program covers topics such as motivation and engagement, insight and awareness, attitudes and beliefs, emotion management, interpersonal skills, social inclusion and resettlement. CARE is delivered by a multidisciplinary team made up of practitioners from the health, psychology and probation fields in an individual setting. There does not appear to be any evaluation of CARE in the literature, however, in their article Smith and colleagues (2015) noted plans for evaluation of the program in the future.

Violent Offender Treatment Program

The Violent Offender Treatment Program (VOTP) is a cognitive behavioural program designed specifically for offenders with a mental illness or personality disorder who present with violence (Braham, Jones, & Hollin, 2008). The program targets a wide range of

violence, including both that related to the symptoms of the participant's mental illness or personality disorder and that which is not. Participants attend two hour group sessions led by two facilitators twice a week over a 14 month period, which is supported by individual weekly sessions with a nurse facilitator. VOTP consists of nine manualised treatment modules based on criminogenic factors attributed to violent recidivism; these are delivered in four overlapping phases based on the transtheoretical model of change. In each module, the participant is given a workbook, which includes exercises, learning tips, skill practice and theory, to support the group and individual sessions.

The evaluation of VOTP consisted of administering of pre- and post-treatment psychometric tests which were self-reported and assessed factors linked to violence. The evaluation indicated that participants of the program experienced lower levels of violent recidivism and impulsivity, decreases in state and trait anger, outward anger expression, criminal thinking and interpersonal hostility, and increases in outward anger control (Braham et al., 2008). Data collected from participants' clinical teams indicated improvements in acceptance of guilt and personal responsibility, increased empathy and reduced tendency to minimise the consequences of violence.

Mindfulness programs

Two mindfulness-based violence intervention programs were found in the literature. There is limited evidence as to the effectiveness of these programs in reducing violence, however they have been recommended for use with violent offenders (Gillespie, 2015). The first is Mindfulness-Based Stress Reduction (MBSR), which is usually delivered in weekly group sessions over eight weeks (Gillespie, 2015). Each session includes mindfulness and yoga exercises, and participants are also encouraged to practice these techniques outside the session. Positive outcomes of using MBSR to treat mental health are well documented in the literature. The program has also been found to decrease emotional reactivity and shift participants from engaging in harmful and ruminative thoughts. When tested with incarcerated populations in Massachusetts, MBSR was found to lead to reduced hostility, and increases in self-esteem and mood states (Gillespie, 2015). Interestingly, the program had a greater effect on women than men.

The other program found in the literature is called Mindfulness-Based Cognitive Therapy (MBCT). Though no detail was given about the program, it has also been found to have positive outcomes when used with clients with depression (Gillespie, 2015).

Victim Impact Awareness Classes

Victim Impact Awareness Classes aim to teach participants about the effects of crime on victims (Kenyatta, 2007). The program consists of ten hour and a half long weekly classes that address the following topics:

- Community justice
- Drunk driving
- Sexual abuse
- Homicide
- Domestic violence
- Hate/bias crimes
- Child abuse
- Crimes against the elderly
- Robbery and property crime
- Assault

Victims of crime attend the program and tell participants about how crimes have hurt them both physically and non-physically. Program participants are also given an opportunity to tell their stories. Victim Impact Awareness Classes use a range of teaching methods, including pre- and post-tests, role playing, surveys, case studies, quizzes, small group discussions, and written exercises. The program was delivered to incarcerated women in Ohio from September to November in 2005 and evaluated as part of a PhD study (Kenyatta, 2007). Qualitative data indicated that the Victim Impact Awareness Class changed participants' thinking about their victims, themselves and their families, and led to emotional growth and a shift from self-centred thinking to caring about the wellbeing of others. The researcher concluded that this indicated an increase in empathy amongst all participants, however this was only partially supported by quantitative data, which found that only half of the women had scores that indicated increased empathy (Kenyatta, 2007).

Seeking Safety

Seeking Safety is a curriculum-based intervention for incarcerated women (Najavits, as cited in (Willison & Lutter, 2009), p. 145). The program does not specifically address violence perpetration, but addresses safety from use of substances and extreme psychiatric symptoms or self-destructive behaviours, as well as safety within relationships. The program may be delivered in individual or group settings. An evaluation of Seeking Safety found that

the intervention reduced women's suicidal risk, social adjustment problems, depression, substance abuse, and trauma-related symptoms (Zlotnick, Najavits & Rohsenow, as cited in Willison & Lutter, 2009, p. 146). The program has not been evaluated in regard to its effects on women's use of force, however given its effect on trauma and focus on safety within relationships may well be an effective intervention for this population.

Anger management programs

In recognition of the likelihood that women who use force would be referred to anger management services, these programs were also included in the review. Three relevant anger management programs were identified in the literature. Two of these were specifically for women, while one was for both men and women.

Contextual Anger Regulation Therapy

Contextual Anger Regulation Therapy (CART) is an alternative treatment for clients who are referred for anger management and/or interpersonal or domestic violence (F. L. Gardner & Moore, 2014). CART draws on a range of therapies including acceptance and commitment, mindfulness-based cognitive and emotion-focused therapies, as well as functional analytic psychotherapy. The focus of the program is on emotional regulation, emphasising the emotion of anger. The goals of CART are the acceptance of anger, the ability to reflect on and use the information provided by emotions (particularly anger) to solve problems and manage conflict, and to give participants new ways to respond to anger-eliciting situations. The program is often delivered in individual sessions, though may be modified for a group format, and consists of nine modules, which may take anywhere from between nine and 20 sessions to complete. Each module must be fully completed before moving onto the next module. These modules are:

- Psychoeducation, values identification and motivation enhancement
- Using the therapeutic relationship to recognise and modify clinically relevant behaviour
- Developing mindful emotion awareness
- Cognitive defusion and the reduction of problematic rule-governed behaviour
- Understanding anger and anger avoidance
- Acceptance and anger regulation
- Commitment to values-based behaviour

- Interpersonal skills training
- Integration, relapse prevention, and treatment termination (F. L. Gardner & Moore, 2014)

Two evaluations of CART were noted in the literature (F. L. Gardner & Moore, 2014). One of these was a trial involving children and as such has not been reported. The other trial was ongoing as of 2014, and involved 45 adult clients mandated to domestic violence intervention. Preliminary findings included significant increases in experiential acceptance, emotion regulation, and quality of life, and a reduction in the scope of situations that were triggers of aggressive responses (Gardner, Moore & Pess, as cited in Gardner & Moore, 2014, p. 178).

University of Massachusetts' anger management program

The University of Massachusetts' anger management program is a psychoeducational support group for women who display behaviours that reflect anger management difficulties, particularly partner aggression and other forms of violence (L. Dowd, 2001; L. S. Dowd, Leisring, & Rosenbaum, 2005; Leisring, Dowd, & Rosenbaum, 2003). The program draws on cognitive behaviour theories. Ninety minute long group sessions are held on a weekly basis for 20 weeks. Program content includes responsibility for aggressive behaviour, increased awareness of emotional arousal, communication skills, stress management, the role of substance abuse in interpersonal aggression, trauma, and physical and mental health conditions that may trigger or exacerbate violence. Content is presented through lecture, video, role play and other activities. Brainstorming is also a common feature, as it allows women to examine their own experiences. Based on the available literature, the program does not appear to have been evaluated in terms of outcomes. Previous evaluation has focused on participant characteristics (L. Dowd, 2001) and treatment attrition (L. S. Dowd et al., 2005).

The Anger Workbook for Women

The Anger Workbook for Women is an intervention for women wanting to address their anger problems (Petracek, as cited in (Trombley, 2007), p. 33). The workbook covers fourteen different topics, including socialised gender roles, dealing with anger, self-esteem and communication issues, healing from abuse, and the physical impacts of anger. No evaluation of the intervention was found in the literature.

Child protection programs

Interestingly, only two child protection programs were found in the literature. Both of these were directed at mothers and aimed to reduce the risk of child maltreatment. Though neither of these programs directly addressed domestic violence, both were found to reduce women's use of force towards their partners.

Hawaii Health Start Home Visitation Program

The Hawaii Home Start Home Visitation Program was a home visitation program for new mothers who were identified as being at risk for child maltreatment (J. Babcock et al., 2016). The program ran for 3 years in total and was tested in a randomised control trial (Bair-Merritt et al., as cited in Babcock et al., 2016, p. 396). Though the program contained little content related to domestic violence, it was found to reduce mothers' physical partner violence perpetration and victimisation. This is speculated to be a result of the intervention lowering parenting stress and increasing parenting efficacy and support (Bair-Merritt et al., as cited in Babcock et al., 2016, p. 396).

Mothers Overcoming Violence Through Education and Empowerment

Mothers Overcoming Violence Through Education and Empowerment (MOVE) is a 13-session domestic violence safety and parenting group program for mothers who have experienced domestic violence and have been court-mandated to services (Macy, Rizo, Guo, & Ermentrout, 2013). MOVE draws on social cognitive and empowerment strategies, including modeling and reinforcements. Importantly, the program included child care for children under the age of four, therapeutic support group services for children aged five to 13 years, dinner for mother and children, transportation to and from the program as needed, and a security guard to ensure the safety of staff, mothers and children. Though the program focused on women's experiences of domestic violence as victims, and was found to have a significant effect this, it was also found to have a significant effect on women's physical and psychological abuse, and injury perpetration (Macy et al., 2013).

Couples therapy

Couples therapy is one of the more controversial approaches to addressing domestic violence, with many criticising it as unsafe for the victim. However, supporters of this approach highlight that, while it is not appropriate for all couples, it may safely be used with those couples that are engaged in situational/mutual violence or less severe violence (Armenti & Babcock, 2016). When using couples therapy to address domestic violence, the safety of both partners must remain paramount at all times. The four approaches considered

here mostly focus on treating couples where the male spouse was violent, though were found to also have effects on women's use of force, and thus have been included in the review

Creating Healthy Relationships Program

The Creating Healthy Relationships Program (CHRP) is a 22 week multicouple group program based on sound relationship house theory (Bradley et al., as cited in Armenti & Babcock, 2016, p. 118). The program focuses primarily on building skills such as conflict management and creating a shared meaning within the relationship. During the groups, video vignettes of other couples discussing relationship topics such as communication, conflict management and intimacy, are shown to prompt self-reflection and discussion (Bradley et al., as cited in Babcock et al., 2016, p. 375).

CHRP was evaluated through two studies. The first was a randomised controlled trial among 115 situationally violent couples recruited from the community (Bradley et al., as cited in Armenti & Babcock, 2016, p. 118). This study found significant reductions in conflict and psychological abuse among the treatment group, and though there was no significant reduction of physical abuse, it was noted that the treatment group tended to report lower levels of violence post-treatment. The follow up study (Cleary, Bradley & Gottman, as cited in Armenti & Babcock, 2016, p. 118) found that the reductions in psychological abuse were attributed to the therapeutic principles of the program, noting that improvements in relationship skills were particularly a mechanism of change.

Domestic Violence-Focused Couples Therapy

Domestic Violence-Focused Couples Therapy (DVFCT) is a form of couples therapy, based on solution-focused therapy, that has been designed for use with couples experiencing domestic violence (Stith, McCollum, & Rosen, 2011). The focus of DVFCT is on strengths and competencies, though the authors do caution that this is only if there are not safety concerns or other constraints that warrant the use of other therapies. The primary goal of this intervention is cessation of all forms of violence (i.e. not just physical violence). For some couples, DVFCT may also allow them the time and space to reflect on whether or not they wish to continue the relationship. The intervention runs for a total of 18 weeks and is made up of a combination of gender-specific sessions (where each partner meets with the therapist separately) and conjoint sessions, and may be delivered as individual couples counselling or in a multicouple group format. In the sessions, couples focus on both the violence itself and other related issues, such as those in the relationship that create conflict which may trigger or exacerbate the violence.

DVFCT has primarily been evaluated with male batterers and female victims, however one evaluation indicated completing the program led to a reduction in physical violence toward a partner for both men and women, and a reduction in psychological violence and marital conflict for women who participated in the multicouple group format (Stith et al., 2011). A second evaluation of the program reported that participation in the program helped clients understand more about themselves, their behaviours, their roles in relationship problems, and their own issues with anger (Mendez, Horst, Stith, & McCollum, 2014). Most participants also reported improvements in communication with and respect towards their partner, as well as an increased capacity to cope with conflict, though many were cautious about the permanency of these changes, particularly early in the treatment program.

Couples Abuse Prevention Program

Couples Abuse Prevention Program (CAPP) is a cognitive-behavioural couple therapy (CBCT) for couples using psychological and mild to moderate physical aggression (LaTaillade et al., as cited in Epstein, Werlinich, & LaTaillade, 2015, p. 391). The program is delivered to individual couples over ten 90-minute sessions or twenty 45-minute sessions, and includes psychoeducation, anger management training, cognitive restructuring, problem-solving training, and strategies to help couples recover from past relationship trauma associated with aggression. The intervention addresses risk factors for partner aggression through intervening in couples' interactions.

A randomised controlled trial comparing CAPP with treatment as usual found that both treatments decreased psychological aggression, and had positive impacts on couples' relationships (LaTaillade et al., as cited in Epstein et al., 2015, p. 405). CAPP produced significant decreases in negative communication by both partners, but did not lead to any increase in positive communication, and had a significant impact on physical aggression used by male partners. The program was also thought to decrease physical aggression used by the female partner, though decreased noted were not statistically significant.

Couples therapy complementing batterer intervention

Mesmer (2008) presented a case study of couples therapy used in a situation where the female partner was identified as the primary aggressor. No specific approach was used, though it was noted that the therapist drew on their prior experience and training. Homework, handouts and exercises were all used in the sessions, the content of which was mostly driven by the clients. While they were attending couples therapy, the female partner was also participating in a batterer intervention program. The therapist took this into account, selecting materials that would complement the client's learning in the program.

The couple participated in eleven sessions of about 45 minutes each in total. Though the therapist wanted to continue the treatment, the couple chose to stop attending suddenly. When they advised the therapist of this, the male partner spoke about the changes he had seen in his wife's ability to regulate her anger, while the female partner spoke of her husband's increased assertiveness at home. The therapist also observed ways in which the couple grew more respectful of each other over the sessions, though noted that it is difficult to know how much of this change was attributable to the couples therapy and how much was because of the female partner's participation in batterer intervention (Mesmer, 2008).

Discussion

We present our discussion on each scoping review and then explore implications.

Scoping review #1

The first scoping review explored how women's use of force has been conceptualised in academic literature. Several studies have examined the characteristics of women who use force in an attempt to identify specific indicators or risk factors. These studies have considered age, socio-economic status, cultural heritage, religious affiliations and observances and social inclusion/exclusion. Due to the small number of these studies and their groundings in specific cultural and geographic contexts, no generalizable conclusions can be drawn from these studies, particularly to the Australian context.

Further, a number of different issues have been considered by researchers, yet these do not tend to present a unifying picture. Some of these include the cognitive and emotional attributes of women who use force (i.e. mindfulness, world view, relational dependency etc.), the triggers and conditions for women's use of force (for example one study examined the time, day of the week and location of women's use of force) and the consequences of women's use of force. Many of these issues have only been explored in one study and as such there is not enough evidence to conclusively state what role they may play in women's use of force. In addition, some studies focus on the same topic (i.e. anger, attachment, emotional regulation), yet take significantly different methodological and design approaches, and, as such, are not comparable. Given these findings are not generalizable, we do not consider them in detail in this discussion.

However, there are a number of themes represented frequently in the literature and we consider these now.

Prevalence

Population level prevalence research has not been undertaken on women's use of force. This means, when prevalence is reported, it is documenting the prevalence within the given sample of the individual study – not across the entire population. Despite this, we found a large amount of literature reporting 'prevalence' which led us to categorise the reports according to whether they were receiving services (clinical sample), located in the community (community sample) or a college/university student (university sample). Across these groups, prevalence within studies ranged from 15-93% for those in the clinical sample to 9-70% in the community samples and 7-95% in university samples. Even within sample types, it is difficult to compare these rates, due to the variability in sample characteristics and

recruitment. For example, among university samples, some studies included students who had experiences of DFV and/or used force against a partner (e.g. Cornelius et al., 2015; Crane & Eckhardt, 2013) while others were open to all female university students (e.g. Edwards et al., 2009; Kendra et al., 2012). Given this, and the lack of population level data, it is not possible to draw firm conclusions about the prevalence of women's use of force. Reliable, population-based research is needed to accurately determine prevalence.

Experiences of victimisation

The literature demonstrates a link between child or adult victimisation and women's use of force. Some studies suggested that those women with experiences of family and domestic violence were more likely to use force. However, no conclusions were drawn on the nature of the force used by these women. This indicates the need to locate women's use of force in the broader context of DFV, both in research and practice. It is especially important that the likelihood of women's experience of victimisation is addressed in programmatic responses.

Mental health

There has been considerable research exploring the links between various aspects of women's mental health and their use of force. A predictable relationship has been found between depression, use of force and victimisation. Similar correlations are reported between anxiety and use of force; although these studies do not consistently consider the link to victimisation. A smaller number of studies have explored the relationship between Borderline and Anti-Social Personality Disorders and use of force, but the picture is inconclusive. Outside of the area of women's use of force, there is an emerging body of evidence and knowledge drawing the links between trauma, victimisation and mental health. These findings suggest that a trauma informed perspective should inform policy and service delivery responses to women who use force.

The literature scoped indicates a relationship between alcohol use and women's use of force. The link between drug use and use of force is not as well established. There is also evidence to suggest that alcohol use may play a role in specific incidents in which women use force. This is a somewhat predictable finding, given the well-established link between alcohol and both DFV and violence in other settings. However, the relationship between alcohol use, use of force and victimisation does not appear to have been considered. This is interesting, given that the relationship between trauma and alcohol use is well-documented in the literature (e.g. Dvorak, Arens, Kuvaas, Williams, & Kilwein, 2013; Read, Radomski, & Borsari, 2015), and indicates the need for this to be considered in both research and programs for women who use force.

Typologies

There is limited evidence to support the claim that women use force in the same way or as often as men. Typologies used to categorise and understand men's violence have been applied in research examining women's use of force. The limited literature scoped indicates that overall, these typologies do not fit women's use of force. The small number of studies exploring women who use violence outside and within relationships is contradictory and does not provide a clear direction. Similarly, the two studies found which explored premeditated versus spontaneous force by women are inconclusive. This raises questions about whether typologies used to understand and categorise men's violence have any use or functionality in understanding or categorising women's use of force.

Context of and motivations for women's use of force

In relation to the context of women's use of force, the literature indicates that women are more likely to use psychological, verbal and emotional force than any other type of force. When women do use physical force, they more often than not use moderate or minor forms of force and they are unlikely to use weapons or sexual force. A small number of studies reported on injuries associated with women's use of force and reported mixed findings; some suggesting women received worse injuries than their partners and others reporting no injury. Discussions about mutual violence must be located in the context of debates about gender symmetry, reflected in the use of tools like the CTS or CTS2. Again, the prevalence of mutual violence has not been measured at a population level and prevalence rates within studies range from 1-75%. Another feature of men's violence against women is coercive control. The small number of studies (n=3) examining this in women reported this ranged from 7-32% of participants, indicating that coercive control is not a common feature of women's use of force.

Connected to these points is women's motivations in relation to the use of force. Self-defence and retaliation are frequently reported as the major motivations for women who use force. Some studies conflate the two concepts, other separate them. However, a response to violence or abuse is a common motivator for women who use force. Other motivations such as anger and frustration are reported, while revenge has been explored and found to not be a motivating factor in women's use of force. Similarly, the issue of power and control has been explored by a small number of researchers, yet no connection has been found to the motivating factors behind women's use of force.

The research on the type of force used by women and their motivations suggest significant differences to men's use of force and violence within intimate relationships. Commonly,

women use force in self-defence and the force is more often than not psychological, verbal and emotional. While we do not know the extent of women's use of force, we do know that women are likely to be victimised at higher rates than men (Australian Bureau of Statistics, 2017) and experience mental health impacts. The application of typologies used to categorise men's violence do not appear to fit women's use of force; indicating the difference in motivation and impact of the use of force or violence. While this scoping review has explored and examined a wide range of literature, some relevant and some not, it is clear that men's use of force and violence is not the same phenomenon as women's use of force. Given this, a more contextual and nuanced approach is needed to understand women's use of force, from a research, policy and practice perspective.

Scoping review #2

The second review identified five types of programmatic responses to women who use force and violence. The most common involved family and domestic violence programs and 25 of these were examined. A significant number of these were based on batterer intervention programs developed in response to men's violence. Many were adapted; some changes involved simply changing the pronouns in existing program materials and delivering them as they would be to men. Others involved the development of new programs, based on the cognitive-behavioural group approach used in men's batterer intervention, yet recognising women's experiences of victimisation, the use of self-defence and resistive violence and women's motivations. All of the programs identified in this review involved group work, though some included additional individual sessions. One Australian program, Kungas, from the Northern Territory was located. Not all programs were evaluated, and a number of articles referenced programs developed through PhD studies, yet it was unclear if the programs had been implemented or evaluated.

Several programs were found to respond to women who use violence and force in a range of contexts. More often than not, these were located within the criminal justice system and reflective of knowledge in this sector. Most programs relied on cognitive behavioural therapy and were run in prisons. Many had been evaluated from both a programmatic and impact level, including the use of randomised control trials in some studies. The results from these evaluations suggest a moderate impact on women's use of violence and force.

Other programs such as anger management, child protection and couple's therapy were found. Given these represent small numbers, no firm conclusions can be drawn about their impact or usefulness in addressing women's use of force. Importantly, none of these programs appeared to take into account women's experiences of victimisation, motivation or type of force used.

While there are limitations within the programs identified through this scoping review, the findings suggest that a number of programs take into account the context of women's use of force and which could be adapted to the Australian context. Such adaptations might include implementing or improving evaluation tools, and developing localised, culturally responsive content for programs like Kungas to be translated to other Australian locales. We suggest this means that new programs do not necessarily need to be developed.

Limitations

A limitation of this review is that it did not include any systematic hand searching of citations and references, as is usually done in scoping reviews. This was due to time constraints and the sheer volume of literature found in database and preliminary hand searches and has meant that some literature may have been missed. The review focused on heterosexual relationships, and through doing so, limited the number of included studies to a manageable size.

Conclusion

The findings of this review indicate significant differences between the type, nature and impact of force used by women and men within intimate heterosexual relationships.

Women's use of force is commonly defensive or resistive, as a result of DFV victimisation, and more likely to be psychological, verbal and emotional. Furthermore, typologies used to categorise and understand men's violence do not appear to fit women's use of force. Given these gender differences, it raises the question of whether we should be responding to women's use of force in the same way we respond to men's violence.

Our review highlights a number of other untested assumptions that may sit in this area and influence treatment approaches. Such assumptions include that women who use force share the same motivations and intentions as men who use force or violence. The findings of this review indicate that this is not the case and that women's use of force is different. Another assumption is that group programs are the most effective way to treat women's use of force. This is based on the notion that the model of response to men's violence is transferable to women, rather than any evidence suggesting that group programs are effective for this cohort. It is also important to note that, if not done sensitively and respectfully, groups have the potential to be shaming for women, which is particularly problematic given the likelihood that participants will have experienced some kind of victimisation in childhood and/or adulthood. There is also an assumption that existing group batterer intervention programs can be adapted to be gender specific and take into account these experiences of victimisation and other differences in their use of force compared to men's violence.

Overall, this scoping review has explored a wide range of literature and highlighted the differences between men's use of violence and women's use of force. Given these findings, a more contextual and nuanced approach is necessary to better understand women's use of force, from a research, policy and practice perspective.

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Appendices:

1. Overview of articles included in scoping review #1

Article	Method	Sample	Findings	Limitations
Abel (2001)	Quantitative Survey	Clinical sample 118 women (67 enrolled in batterer intervention; 51 receiving domestic violence victim services)	Common findings about women who use force	Retrospective data Some inconsistencies in reporting of findings Not generalizable due to sample characteristics
Adinkrah (2007)	Media analysis	12 homicide case newspaper reports of wifely perpetrated conjugal homicide	Context of use of force Motivations for use of force Consequences as a result of use of force	Generalisability limited due to sample size and specific cultural context
Amar (2007)	Quantitative Survey	University sample 411 women	Prevalence of women's use of force Common findings about women who use force Motivations for use of force Consequences as a result of use of force	Retrospective data Limited generalisability due to sample size and specific cultural context
Ansara & Hindin (2009)	Mixed methods Interview	Community sample 1,861 women who participated in the 2002 Cebu Longitudinal Health and Nutrition Survey and were married or living with a partner at the time	Prevalence of women's use of force Common findings about women who use force Context of use of force	Self-reported data

Babcock, Miller & Siard (2003)	Quantitative Survey	Clinical sample 60 female clients of a service for domestically violent women	Common findings about women who use force Motivations for use of force	Generalisability limited due to sample characteristics
Bailey (2018)	Qualitative Interview	Community sample 30 Jewish women who were psychologically aggressive in bidirectionally violent relationships	Common findings about women who use force Motivations for use of force	Generalisability limited due to sample characteristics
Bair-Merritt, Crowne, Thompson, Sibinga, Trent & Campbell (2010)	Systematic review	23 articles that directly investigated women's motivations for perpetrating nonlethal physical DFV	Motivations for use of force	
Brem, Khaddouma, Elmquist, Florimbio, Shorey & Stuart (2016)	Quantitative Survey	University sample 203 women over the age of 18	Prevalence of women's use of force Common findings about women who use force	Cross-sectional data Generalisability limited due to sample characteristics
Brozowski, Gillespie, Dixon & Mitchell (2018)	Quantitative Study 1 - survey Study 2 - cardiovascular activity test	University sample Study 1 - 443 heterosexual women Study 2 - 92 heterosexual women	Common findings about women who use force Context of use of force	Self-reported data Generalisability limited due to sample characteristics Measure of cardiovascular activity
Caldwell, Swan, Allen, Sullivan & Snow (2009)	Quantitative Interview	Community sample 412 women	Motivations for use of force	Self-reported data Measure of motivation
Choi & Chan (2018)	Mixed methods Evaluation	Clinical sample Case records of 12 women who	Context of use of force Motivations for	Small sample size Limited generalisability due

		had completed an intervention for women who use force	use of force	to specific cultural context, though findings are consistent with research done with Western women
Clift & Dutton (2011)	Quantitative Survey	University sample 914 women	Prevalence of women's use of force Common findings about women who use force Context of use of force	Did not consider force used in self-defence Limited generalisability due to sample characteristics
Conradi, Geffner, Hamberger & Lawson (2009)	Mixed methods Interview	Clinical sample 10 heterosexual women court-ordered to treatment for domestic violence offenses	Common findings about women who use force Context of use of force	Limited generalisability due to sample characteristics
Cornelius, Bell, Wyingarden & Shorey (2015)	Mixed methods Interview	University sample 25 women who had perpetrated at least one form of physical dating violence in the last 6 months	Context of use of force Consequences as a result of use of force	Small sample size Retrospective data Limited generalisability due to sample characteristics
Crane & Eckhardt (2013)	Quantitative Daily diary log	University sample 43 women who reported recent DFV victimisation or perpetration	Prevalence of women's use of force Common findings about women who use force Context of use of force	Limited generalisability due to sample characteristics Study design did not allow for the determination of causation High rates of attrition and incomplete data Short study period (6 weeks)
Dichter, Thomas, Crits-Christoph, Ogden & Rhodes	Quantitative Secondary analysis of RCT	Clinical sample 553 women who attended ED and	Context of use of force	Limited generalisability due to sample

(2018)	data	completed the Women's Experience with Battering measure		characteristics Self-reported data
Edwards, Desai, Gidycz & VanWynsberghe (2009)	Quantitative Survey	University sample 374 women	Prevalence of women's use of force Common findings about women who use force Context of use of force	Limited generalisability due to sample characteristics Did not look at other variables that may influence violence perpetration
Febres, Shorey, Brasfield, Zucosky, Ninnemann, Elmquist, ... Stuart (2012)	Quantitative Survey	Clinical sample 87 women court ordered to batterer intervention	Common findings about women who use force	Limited ability to detect significant differences between groups due to sample size Self-reported data
Fehringer & Hindin (2014)	Qualitative Interviews	Community sample 19 women who reported DFV in the 2005 Cebu Longitudinal Health and Nutrition Survey	Prevalence of women's use of force Common findings about women who use force Context of use of force Motivations for use of force	Retrospective data
Ferreira & Buttell (2014)	Quantitative Survey	Clinical sample 485 women referred to batterer intervention who attended at least two sessions and completed assessment	Common findings about women who use force	Limited generalisability due to sample characteristics
Flinck & Paavilainen (2010)	Qualitative Interviews	Community sample 24 women	Context of use of force Motivations for use of force	Self-selecting sample Not generalisable due to sample size

Fritz & O'Leary (2004)	Quantitative Interviews	Community sample 79 women who participated in a longitudinal study of marriage	Prevalence of women's use of force	High attrition rate Self-reported data Did not control for the possibility that participants may have sought treatment for partner violence
Goldenson, Geffner, Foster & Clipson (2007)	Quantitative Survey	Clinical sample 55 women (33 offenders mandated to domestic violence treatment, 32 clinical comparison group)	Common findings about women who use force Context of use of force	Self-reported data Limited ability to match two groups of women
Henning, Renauer & Holdford (2006)	Quantitative Survey and criminal justice data	Clinical sample 485 women court-ordered to complete a comprehensive psychological assessment at a centralised DFV Assessment Centre	Prevalence of women's use of force Common findings about women who use force Motivations for use of force	Self-reported data Context of assessment may have influenced answers Limited generalisability due to specific study context and sample characteristics
Hernández, Mendoza, Ruiz, Durand-Smith & Bermudez (2006)	Quantitative Interviews	Clinical sample 213 incarcerated women	Prevalence of women's use of force Common findings about women's use of force Context of use of force	Small sample size Self-reported data Cross-sectional study No consideration of motivations Limited generalisability due to study context, though findings are consistent with community studies
Hughes, Stuart, Gordon & Moore	Quantitative	Clinical sample	Common findings about	Limited generalisability due

(2007)	Survey	103 women court referred to domestic violence intervention	women who use force	to sample characteristics Self-reported, retrospective data Use of cross-sectional data makes it difficult to infer causal links among variables
Kamimura, Nourian, Assasnik, Rathi & Franchek-Roa (2017)	Quantitative Survey	University sample 73 partnered Indian women who participated in the International Dating Violence Study (IDVS) 2001-2006	Prevalence of women's use of force Common findings about women who use force Context of use of force	Limited generalisability due to sample characteristics Tool used for data collection
Keiski, Flinck, Kaunonen & Paavilainen (2018)	Qualitative Interviews	Clinical sample 19 women who were voluntarily attending a group intervention for violence intervention	Common findings about women who use force	Small sample Self-reported, retrospective data Only included women who were aware of and had processed their violent behaviours in group intervention for at least 4 months
Kendra, Bell & Guimond (2012)	Quantitative Survey	University sample 496 women	Common findings about women who use force Context of use of force	Limited generalisability due to sample characteristics Did not consider additional variables that have previously been identified as potential mediators of the relationship between PTSD and IPV perpetration
Krahé, Waizenhöfer & Möller (2003)	Quantitative Survey	Community sample 248 women	Prevalence of women's use of force Common	Sample size

			findings about women who use force Context of use of force	
Lake & Stanford (2011)	Quantitative Survey	Clinical sample 87 women court ordered to domestic violence intervention	Common findings about women who use force	Some missing data Small sample size Self-reported data Lacked a nonaggressive control group
Larance & Miller (2017)	Qualitative Intake interviews Questionnaires	Clinical sample 288 women participating in anti-violence intervention programming	Prevalence of women's use of force Common findings about women who use force Context of use of force Motivations for use of force	Need for additional context regarding violent incident that resulted in intervention
Leisring (2009)	Quantitative Survey	University sample 118 heterosexual women	Prevalence of women's use of force Common findings about women who use force Consequences as a result of use of force	Limited generalisability due to sample characteristics
Leisring (2013)	Quantitative Survey	University sample 348 heterosexual women	Prevalence of women's use of force Common findings about women who use force Context of use of force Motivations for use of force	Limited generalisability due to sample characteristics

			Consequences as a result of use of force	
Lewis, Travea & Fremouw (2002)	Quantitative Survey	University sample 300 women	Prevalence of women who use force Common findings about women who use force Context of use of force Motivations for use of force	Limited generalisability due to sample characteristics Self-reported, retrospective data No consideration of motivations or function of the aggressive behaviour
Lilly & Mercer (2014)	Quantitative Survey	Community sample 254 women	Common findings about women who use force	Limited generalisability due to sample characteristics Cross-sectional, self-reported data
Mappin, Dawson, Gresswell & Beckley (2013)	Qualitative Interviews Case file reviews	Clinical sample 3 female clients of Probation and NHS Psychology	Common findings about women who use force Motivations for use of force	Reliance on self-reported data
McKeown (2014a)	Quantitative Survey	Clinical sample 92 incarcerated women	Common findings about women who use force	Low response rate Overrepresentation of violent female offenders
McKeown (2014b)	Quantitative Survey	Clinical sample 92 incarcerated women	Prevalence of women who use force Common findings about women who use force Context of women's use of force	Small sample size Self-reported data
Miller & Meloy (2006)	Qualitative Observations of	Clinical sample 95 women participating in a	Common findings about women who use	Self-reported data

	group sessions	female offender program	force Motivations for use of force	
Muftić, Bouffard & Bouffard (2007)	Quantitative Criminal justice records	Clinical sample 70 women court ordered to have a domestic violence assessment monitored through a local community corrections agency	Consequences as a result of use of force	Small sample size Limited generalisability due to sample characteristics Reliance on official data/records which may not provide a complete picture of offense and offender characteristics
Neal, Dixon, Edwards & Gidycz (2015)	Quantitative Survey	University sample 484 women	Common findings about women who use force Motivations for use of force	Retrospective data Cross-sectional study
Orcutt, Garcia & Pickett (2005)	Quantitative Survey	University sample 457 women	Prevalence of women's use of force Common findings about women who use force	Small sample size Self-reported, retrospective, data Cross-sectional study
Orengo-Aguayo & Lawrence (2014)	Quantitative Survey	Community sample 40 women	Prevalence of women's use of force Context of use of force Motivations for use of force	Limited generalisability due to sample size and characteristics
Ortiz, Shorey & Cornelius (2015)	Quantitative Survey	University sample 379 women	Prevalence of women's use of force Common findings about women who use force Context of use of force	Limited generalisability due to sample characteristics

Ridley & Feldman (2003)	Quantitative Survey	Clinical sample 153 women recruited from a public health clinic	Prevalence of women's use of force Common findings about women who use force Context of use of force Consequences as a result of use of force	Methodological limitations
Russell & Oswald (2001)	Quantitative Survey	University sample 285 women in cross-gender relationships	Prevalence of women's use of force Common findings about women who use force Context of use of force	Self-reported data
Seamans, Rubin & Stabb (2007)	Qualitative Interviews	Clinical sample 13 women who had sought counselling at battering intervention programs	Common findings about women who use force Motivations for use of force	Limited generalisability due to sample characteristics
Sherrill, Wyngarden & Bell (2011)	Quantitative Survey	University sample 20 women	Prevalence of women's use of force Common findings about women who use force Context of use of force Consequences as a result of use of force	Limited generalisability due to sample characteristics
Shorey, Brasfield, Febres & Stuart (2011)	Quantitative Survey	Clinical sample 80 women court referred to batterer intervention	Common findings about women who use force	Self-reported data Cross-sectional study Limited generalisability due

		programs		to sample characteristics
Shorey, Elmquist, Ninnemann, Brasfield, Febres, Rothman, ... Stuart (2012)	Quantitative Survey	Clinical sample 88 women court referred to batterer intervention programs	Common findings about women who use force	Self-reported data Cross-sectional study Limited generalisability due to sample characteristics
Shorey, Larson & Cornelius (2014)	Quantitative Survey	University sample 379 women	Prevalence of women's use of force Characteristics of women who use force	Retrospective data Cross-sectional study Limited generalisability due to sample characteristics
Shorey, Stuart, Moore & McNulty (2014)	Quantitative Daily diary log	University sample 173 women	Prevalence of women's use of force Circumstances of women's use of force	Limited generalisability due to sample characteristics
Shorey, Cornelius & Idema (2011)	Quantitative Survey	University sample 145 women	Characteristics of women who use force	Self-reported retrospective data Cross-sectional study Limited generalisability due to sample characteristics
Shorey, Febres, Brasfield & Stuart (2011)	Quantitative Survey	University sample 97 women	Circumstances of women's use of force Motivations for use of force	Limited generalisability due to sample characteristics Lack of comparison sample Retrospective data Cross-sectional study
Simmons, Lehmann &	Mixed methods	Clinical sample 77 women court-	Characteristics of women who use	Limited generalisability due

Collier-Tenison (2008)	Surveys Police reports and statements	ordered to participate in a domestic violence diversion program	force	to sample characteristics Self-reported data
Simmons, Lehmann & Craun (2008)	Quantitative Survey	Clinical sample 82 heterosexual women identified by the criminal justice system as the sole aggressor in a domestic violence incident	Characteristics of women who use force	Lack of comparison sample Limited generalisability due to convenience sample
Sommer, Barnes & Murray (1992)	Quantitative Survey	Community sample 452 women participating in the Winnipeg Health & Drinking Survey	Prevalence of women's use of force Characteristics of women who use force	Retrospective data Limited generalisability due to sample characteristics
Spidel, Greaves, Nicholls, Goldenson & Dutton (2013)	Quantitative Survey	University sample 136 women who had been involved in a romantic relationship in which they perpetrated some form of violence against their male partner	Characteristics of women who use force	Self-reported data Limited generalisability due to sample characteristics No consideration of context of the violence
Stewart, Gabora, Allegri & Slavin-Stewart (2014)	Quantitative Offender records	Clinical sample 135 women offenders under federal supervision who had a current or past history of violence in intimate relationships	Prevalence of women who use force Characteristics of women who use force Circumstances of women's use of force Motivations for use of force	Some data self-reported Limited generalisability due to sample characteristics
Stuart, Moore, Elkins, O'Farrell, Temple, Ramsey	Quantitative	Clinical sample 105 women court	Circumstances of women's use of	Retrospective data No consideration

& Shorey (2013)	Survey	referred to batterer intervention programs who met the criteria for hazardous	force	of context of the violence Limited generalisability due to sample characteristics
Stuart, Moore, Gordon, Hellmuth, Ramsey & Kahler (2006)	Quantitative Survey	Clinical sample 87 women court referred to batterer intervention programs	Characteristics of women who use force Motivations for use of force	Retrospective data No consideration of broader context of violence within the relationship Limited generalisability due to sample characteristics
Stuart, Moore, Gordon, Ramsey & Kahler (2006)	Quantitative Survey	Clinical sample 103 women court referred to batterer intervention programs	Characteristics of women who use force	Self-reported data Cross-sectional study Limited generalisability due to sample characteristics
Stuart, Moore, Ramsey & Kahler (2003)	Quantitative Survey	Clinical sample 35 women court referred to batterer intervention programs	Characteristics of women who use force	Small sample size Limited generalisability due to sample characteristics
Stuart, Moore, Ramsey & Kahler (2004)	Quantitative Survey	Clinical sample 103 women court referred to batterer intervention programs	Characteristics of women who use force	Self-reported, retrospective data Limited generalisability due to sample characteristics
Sullivan, Titus, Holt, Swan, Fisher & Snow (2010)	Quantitative Secondary analysis of data from 2 previous studies	Community sample Study 1 - 150 African American women who had perpetrated at least one act of physical aggression against a male partner in the last	Characteristics of women who use force	Self-reported data Self-selected sample Limited generalisability due to sample characteristics

		6 months Study 2 - 128 African American women who had experienced at least one act of physical victimisation by a male partner in the last 6 months		
Swan & Snow (2002)	Quantitative Interviews	Community sample 108 women who had used some form of physical violence against a male intimate partner in the last 6 months	Characteristics of women who use force	Limited generalisability due to sample characteristics
Temple, Weston & Marshall (2005)	Quantitative Interviews	Community sample 835 low income, heterosexual women	Prevalence of women's use of force	Limited generalisability due to sample characteristics
Temple, Weston & Marshall (2010)	Quantitative Interviews	Community sample 489 low income, heterosexual women	Characteristics of women who use force	Limited generalisability due to sample characteristics
Toews, Catlett & McKenry (2005)	Quantitative Survey	Community sample 147 women who have divorced within the past 2 years and have children under the age of 18	Characteristics of women who use force Circumstances of women's use of force	Non-random sample Low response rate Limited generalisability due to sample characteristics
Tower & Fernandez (2008)	Quantitative Case records	Clinical sample 125 English- and Spanish-speaking women court-ordered to a batterer intervention program	Circumstances of women's use of force	Self-reported data

Tutty, Babins-Wagner & Rothery (2017)	Quantitative Survey	Clinical sample 262 women (157 attending female batterer intervention; 105 attending a domestic violence survivors' program)	Characteristics of women who use force	Self-reported data Exploratory study Limited generalisability due to sample characteristics
Ward & Muldoon (2007)	Qualitative Incident reports	Clinical sample 43 women court referred to batterer intervention	Motivations for use of force	Limited generalisability due to sample characteristics
Weston, Marshall & Coker (2007)	Quantitative Survey	Community sample 835 women	Motivations for use of force Characteristics of women who use force	Limited generalisability due to sample characteristics
Weston, Temple & Marshall (2005)	Quantitative Survey	Community sample 445 low income women who had experienced mutual violence	Circumstances of women's use of force	Limited generalisability due to sample characteristics