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A Model for Female-Perpetrated Domestic Violence

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ABSTRACT
Child abuse often coexists with intimate partner violence. However, limited studies incorporate both phenomena in a single study. Moreover, the examination of female-on-male violence is an important development. Hence, an intrinsic case study of domestic violence is presented to provide insights regarding the nature and impact of female-perpetrated violence. The research approach was qualitative and demonstrated that a model for abusive behavior seems to be similar for both sexes. The data revealed theoretical trends such as the reality of an intergenerational transmission of violence into adulthood, as well as abusive partners presenting with borderline traits.

KEYWORDS
Family/domestic violence; intergenerational transmission of violence; women as offenders; theories; biological/biosocial; intervention

Introduction

Domestic violence (DV) is a nefarious problem worldwide. The war of attrition between intimate partners has no winners with suicide, homicide and the perpetuation of violence into the next generation not an uncommon sequel. A plethora of evidence points to an intergenerational transmission of intimate partner violence (IPV) into adulthood (Barnett, Miller-Perrin, & Perrin, 2011; Bowlby, 1988; Corvo, 2006; Ehrensaft & Cohen, 2012; Ehrensaft et al., 2003; Gass, Stein, Williams, & Seedat, 2011; Sadock, Sadock, & Ruiz, 2015) for both men and women (Straus, 2015). A propensity to perpetrate IPV is gender symmetrical, often bidirectional and vested in an etiology that is similar, as well as often developmental across the lifespan for both sexes (Dutton, 2012; Ehrensaft, 2008; Straus, 2015). The fact that IPV often emerges in subsequent generations creates a fertile breeding ground for the perpetuation thereof and as a result could prove challenging to eradicate.

IPV often destroys the potential to enjoy an abundant, joyful and fulfilling life, as a systematic corrosion of any sense of hope and self-worth is experienced by both the victim(s) and even the perpetrator. Children who witness IPV and/or experience abuse receive a distorted message of love and relational expectations as their primary source (i.e., parents or caregivers) on whom they depend for a safe and nurturing environment (i.e., secure attachment) is colored with emotional instability and brutality. Children born into chaotic, dysfunctional and abusive homes often grow up exhibiting socially inappropriate behavior and are susceptible to exploit, or to be exploited. Severe adversities in childhood may be devastatingly painful and shut down the mentalizing system as a dysfunctional means of self-protection (Brüne, Walden, Edel, & Dimaggio, 2016; Misso, Schweitzer, & Dimaggio, 2018; Murphy, 2013). Ehrensaft et al. (2003) purport that maltreatment in early childhood may have a detrimental and lasting effect on social information processing and subsequently individuals

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may be unable to regulate their emotions (i.e., self-regulate). For instance, preverbal memories, feelings of fear, sensory stimuli such as the smell of alcohol on a partner's breath, or the victim symbolizing a former abusive figure may trigger violence (Flemke, Underwood, & Allen, 2014), which is usually grossly out of proportion to any psychosocial stressor. Furthermore, healthy mentalization functioning is crucial to the development of empathy or conscience (Brüne et al., 2016), which is facilitated especially by early emotionally attuned interpersonal experiences.

It is of fundamental importance to identify characteristics and influences that are applicable to both men and women who perpetrate IPV to streamline intervention or treatment according to the evidence at hand (Misso et al., 2018). Even though the current study was limited in revealing genetic, biological or neurological correlates of IPV a multitude of risk factors such as borderline traits have been known for over 30 years, yet have merely been sidelined or rejected (Straus, 2015). The evidence supports the consideration of shaming, insecure attachment, witnessing parental violence (i.e., complex trauma) and a developmental trajectory for an abusive personality style and behavior (Dutton & Sonkin, 2002; Ehrensaft, 2008; Flemke et al., 2014). Barnett et al. (2011) outline several robust linkages between child abuse and abusive behavior in adulthood, for example, (a) abusive parents report more conflict in their families of origin; (b) adults who were physically abused as children are more likely to inflict physical abuse on their marital partners; and (c) adults who were victims of physical abuse as children are more likely to be perpetrators of child abuse as adults. The present study attempted to understand what possibly influences IPV within an intrinsic case study of DV and to provide a theoretical framework thereof. The layout of the article is atypical in the sense that the research methods and case study are presented first in order to allow in the discussion section, a thorough analysis of the data alongside literature and theory pertaining to IPV or DV which may include child abuse.

Methods

A psychological autopsy case study design was used to present a retrospective account of events pertaining to DV. The participant was the victim of child abuse at the hands of his mother and he witnessed many years of IPV inflicted upon his father. Both his parents were deceased at the time of the study. The method involved collecting information by means of a semi-structured personal interview with the victim. The participant was recruited from a larger non-random study where perpetrators, victims, service providers and individuals involved in criminal justice (e.g., magistrates and prosecutors) were interviewed to abet in developing a gender inclusive intervention program specifically designed for perpetrators of IPV. The data presents unique insights into violence perpetrated by a woman, even though the research method had the inherent methodological limitation of third party bias.

Ethical clearance

The Research Ethics Committee of the Faculty of Humanities at the University of Pretoria approved the application to conduct the research.[1]

Research purpose and design

The research approach was qualitative and the purpose of the study was to explore and describe female-perpetrated violence. The research design comprised of an intrinsic case study and an extensive literature review. The sampling method was purposive to facilitate an in-depth investigation into the phenomenon of child abuse and IPV. The data collected was derived from a two-and-a-half-hour personal interview with the first author in a setting that ensured privacy. The participant signed a letter of informed consent which included a stipulation of the purpose of the study, a clause of confidentiality and participant rights (i.e., the participant was assured that he did not have to answer any question if he chose not to, as well as that he could withdraw from the research at any point in time upon which all information thus provided would be destroyed). A semi-structured interview schedule assisted in the exploration of the participant's experience of DV. Open-ended questions included, (a) tell me a bit about yourself; (b) how was your relationship with your parents; (c) how would you describe the relationship between your mother and your father; (d) what would normally precipitate a violent incident; (e) how did your mother's behavior impact on the family; and (f) what helped you to recover from your ordeal? The data was voice-recorded and transcribed verbatim. Referential adequacy, a member check, a triangulation of sources and peer-debriefing were strategies that were incorporated to ensure trustworthiness and the credibility of the study. For instance, (a) the audio-recording facilitated capturing the essence of the case reality comprehensively and accurately; (b) constant member checking was maintained throughout the interview when appropriate to evaluate as to whether the content of what was being said was understood (e.g., clarification probes included reflection, paraphrasing and summarizing); (c) bias was countered by a triangulation of sources which included the data, theory and literature (i.e., the existing evidence on child abuse and IPV); and (d) peer-debriefing assisted in developing a coherent and plausible analysis of the data. In other words, perceptions and insights were reviewed with the co-author and an independent clinical psychologist outside the context of the study.

Data analysis

Interpretative phenomenological analysis (IPA) was used to interpret the data. The idiographic nature of IPA called for a detailed examination of the case. Hence, the interpretation of the qualitative data evolved from the strategies as outlined by Smith, Flowers, and Larkin (2009). To initiate the data analysis both authors read and re-read the transcript independently and detailed preliminary observations and themes were compiled (i.e., the initial noting of information imbedded in the transcript was executed). The exercise enabled the authors to identify reoccurring patterns, formulate meanings and to discern important information from that which was superfluous. The next step was to develop clusters of meaning from the statements into emergent themes which involved a close, line-by-line analysis of the experiential claims, concerns and the personal meaning and implication of DV in the lifeworld of the participant. The endeavor involved organizing the data onto a spreadsheet with three columns. The middle column contained the original transcript and the statements that were identified as relevant were highlighted to separate the data from that which was less meaningful. Exploratory comments were made on the right-hand column

and the emergent themes were deciphered on the left-hand column (e.g., childhood trauma, low self-esteem, impulsivity, triggers of violent behavior, lack of remorse, borderline traits and alcohol abuse). Patterns were then identified from the emergent themes which involved giving attention to convergent and divergent ideas, as well as to distinctive characteristics or trends within the case. The organization of related and other distinguishable themes were then developed into a new cluster referred to as superordinate themes such as possible contributing factors of DV and/or IPV and characteristics of female-perpetrated violence.

An exemplar follows to illustrate the process: "A little thing would prompt an attack. For example, I was busy drying dishes and the dish slipped because of the soap and broke. Now that would be the catalyst for two weeks of hell to follow, towards my dad." The emergent theme was triggers of IPV which was then developed into a superordinate theme of possible contributors of partner abuse. The finding was thenceforth articulated with the literature. For instance, a nuance of borderline personality disorder (BPD) is that the individual's behavior is highly unpredictable and that the interpretation of an event is usually inaccurate and met with disproportionate expressions of violence (American Psychiatric Association, 2013; Sadock et al., 2015). In addition, changes in the central nervous system (e.g., adrenalin glands and serotonin metabolism rates) modulate the processing of sensory stimuli and can be a factor as to why perpetrators typically overreact to environmental stimuli such as a sound, a look, or a remark (George, Phillips, Doty, Umhau, & Rawlings, 2006). Individuals with posttraumatic stress disorder show symptoms in three domains, namely, (a) intrusion symptoms following complex trauma such as flashbacks in which the individual may act and feel as if the trauma were reoccurring; (b) avoiding stimuli associated with the trauma such as thoughts, sights, smells or sounds; and (c) experiencing symptoms of increased automatic arousal such as insomnia, irritability, hypervigilance and an exaggerated startle response of aggression which is out of context to the stimulus (Sadock et al., 2015). In a study of 37 women incarcerated for IPV, 90 percent reported having at least one vivid memory from childhood that still triggered them to feel rage as adults (Flemke et al., 2014). Thus, unresolved triggers of childhood trauma may potentially serve as ongoing mediators of female-perpetration of IPV.

As interpretivists, we strove towards a rich and comprehensive understanding of how the participant interpreted, understood and experienced child abuse and the IPV that was perpetrated by his mother. Rich, thick and detailed descriptions of the data ensued which also enhanced the data quality (Kawulich & Holland, 2012). Verbatim excerpts from the transcript were included in support of the superordinate themes and to render a detailed account of the context in which the participant experienced DV. IPA was therefore used to determine how the participant made sense of the personal experience of a phenomenon such as DV. An a priori knowledge of IPV (e.g., that child abuse often coexists with IPV) and a robust literature study was useful to identify accounts of the commonality or exceptions of the lived experience in the case and assisted in the interpretation of the data (Smith et al., 2009). In this manner having knowledge of the phenomenon of DV abetted in identifying and understanding how various themes and patterns were interwoven and interrelated.

Case study

Joshua is in his late fifties and lives alone in an urban area. After completing grade twelve Joshua was conscripted into the defense force for two years which was compulsory for all

white South African men during the Apartheid era. He was institutionalized in a mental health facility for nine months at the age of 24. Although he was in treatment no official diagnosis was ever forthcoming. Joshua has no criminal record and has never abused any substances, neither has he smoked tobacco in his lifetime. He strongly expresses "I hate (emphasis) alcohol… . now in relation to my mother. My mother many times fought with him [his father] because he drinks. And he drank and couldn't stand up against her because of being intoxicated." Joshua testifies to a failed marriage many years ago and has a strained relationship with his stepchildren. He has no biological children. Although he has an Afrikaans[2] background he speaks English eloquently. Joshua's victimization began early in his childhood and persisted into adolescence. Moreover, he witnessed his father being abused by his mother until his father succumbed to a protracted battle with cancer (i.e., for over 20 years, Joshua was in the defense force at the time). "Then the cancer started spreading towards his neck, eating up the vertebrae in his neck. He became a little skeleton… . He lay in his bed convalescing from the operation. Then she starts assaulting him in bed." Joshua himself endured various types of abuse committed by his mother:

> Many times, when my mother assaulted me, she would bite me. Now I'm going to use the words she said, I know it's not nice. She said, "I am going to jump on your stomach until your guts spurt out of your ass" and she tried to do it. Now again, this woman who gives me chocolate, who wants me to suck at her breast [up to the age when Joshua was 15], who invites me into the bathroom when she's naked, who wants to lavish me with her love, she bites me. She wants to jump on me, she plucks out my hair. In grade four I looked like a monk [from baldness the way his mother pulled out his hair]. At school I had to tell the children that it was my brother. How could I tell them it was my mother?

Joshua looks back and in retrospect he describes his memories as being vivid. He remarks that childhood trauma is indelible, but that he has reached a point in his life where he can speak about his violent background without the "sting." Joshua stated that the violence in his family home was especially directed at his father. Joshua speaks about "very serious strife" between his parents, he speaks about "blood, axes and knives" ever since he can remember. Little things would prompt an attack from his mother and his father would just recoil without retaliation. For example, if a dish broke it could "be the catalyst for two weeks of hell to follow" towards his father. His mother would in some way or other manipulate the broken plate incident into issues from the past. Joshua remembers the confusion on his father's face every time and then the total helplessness and hopelessness of it all. His mother would swear vehemently at his father, shout obscenities and curse him, for example, "may you die." She physically abused him. Joshua explains that his father wore glasses and that his mother "would try to smash the glasses into his face to literally blind him. Such an assault could take place day and night." If his father was at work, he would get it at night. If it was a weekend his father would get it through the day "and he would always just cower away." Although Joshua's father was a strong man and sturdily built he never retaliated. For instance, Joshua stated "I think he could have taken on three men at once."

Joshua idealized his father but nevertheless despised seeing his "hero" drunk and being a weakling when it came to his mother's abusive behavior. Joshua respectfully depicts his father as "a puppy dog with his tail between his legs, walking on eggs and being fearful just to keep the peace. Anything for peace sake." Joshua describes himself as being a thin, frail and fragile little boy with a tremendous inferiority complex. He recollects that it was

difficult to understand how his mother could one minute lavish him with love and the next minute reject him. Moreover, he saw himself as a vile product of his parent's union, due to his mother's open derogative remarks regarding sexual intercourse with Joshua's father, which translated into the further corrosion of an already low self-esteem, feelings of worthlessness and shame. He expressed the following regarding shame:

> That breaks down one's self-esteem and if you start hating yourself you cannot love others. You are at war with yourself because you hate yourself. You are at war with others. That was just one little nail in the coffin. That was part of my inferiority complex. I realize it now because of the shame and the reproach.

Joshua conveyed that the police visited their home on a regular basis, because the neighbors would call the police due to the commotion going on sometimes at two o'clock in the morning. Joshua believes that he wet the bed until the age of twelve because of fear. Joshua developed an intense hatred towards his mother particularly because she destroyed the image of a father figure: "You, destroyed my father in my heart. You have brought me to despise this hero of mine." Joshua hated the neighbors and the church because instead of intervening, they turned a blind eye. Although the police were called they were ineffective. Joshua goes on to describe spiritual abuse and feelings of helplessness. The following excerpt reveals that Joshua felt immense hatred and anger towards himself (e.g., a lack of self-compassion) and towards others (especially women):

> Like I told you earlier on, I should have been a Jack the Ripper today. Jack the Ripper is nothing. I hated women. I felt when I've raped them, I would cut them in pieces, smear their blood all over and go for the other [next] one. I shall destroy that which is called femininity. I felt that way. I had this battle in me ever since childhood, this tug of war from evil to good.

Joshua also resorted to abusive and aggressive behavior in adulthood to resolve conflict. For example, he could become verbally or psychologically abusive. He once told a fiancé who was threatening suicide "let me help you, … I was never physically abusive towards her, I would have liked to have been, but I withheld myself." Joshua ascribed the trigger to past memories and stated: "I was engaged to a lady, an Irish beauty. But, this lady had a problem, liquor. When she got in any liquor, she started manipulating and that immediately (emphasis) referred back [to his childhood]. The video would roll, immediately." Other acts of aggression included the destruction of property such as kicking a car door in. Anger often masks emotions such as fear, pain, shame and guilt. Joshua believes that "the bee in the bonnet is pain." Although Joshua saw his father as a weakling he admits to feeling enormously guilty for not protecting him.

Joshua's mother's own childhood background was abusive and hostile. She suffered extreme physical abuse at the hands of her father. Joshua relays that "… she angered her father and he ripped the electric cables from the roof and he gave her the hiding of her life. She was 21 years old." Joshua's mother lacked affect regulation, self-control and empathy. Her behavior was volatile, dangerous and unpredictable. Joshua drew an analogue to "Mount Vesuvius exploding." The triggers were mostly trivial in nature. Moreover, there was marked impulsivity with little heed to the possible consequences of her risk-taking or self-harm behaviors. For example, she once drank pesticide and had to be hospitalized. On another occasion, after two weeks of an onslaught of abuse she would suddenly cut her wrists and bleed into the bath and cry out to Joshua's father "look what you've done to

me!" Joshua described another incident portraying his mother's destructive behavior and the lack of insight into the consequences of her behavior. The event could have been triggered by jealousy:

> Whenever we arrived home from my precious godmother [Joshua's aunt from his mother's side], hell broke loose. I mean like in two, three times more intense than what I was used to. Hell (emphasis) broke loose. Even on the way home in the car my mother would assault my dad while he was driving. He would plead with her "please I'm at the wheel, I don't want to make an accident and wreck you all." She would just smash at him on the highway. One day we had a full head-on collision.

Joshua claims that his mother murdered his father emotionally. "She was manipulative, it was always her way no matter what. Manipulation is control." His mother also resorted to destruction of property. She was a master blame shifter and never took responsibility for her abusive behavior: "My mother never, never apologized, not once." In adulthood, Joshua confronted her regarding her fervent denial of accountability:

> Years later I went to my mother and I said: "I don't want your money, I want your acknowledgement, I want restitution for what you've done." … She said to me: "It was your dad." I said: "No, I was there, I was an eyewitness … Mother, you're not going to bluff me, I was there, I heard, I saw, I experienced. This is what you (emphasis) did. That is what he said, this is what you said. I want you to say I'm sorry. I need it. I don't want your stupid money." "No, your dad this and your dad that." I said: "You're a blame shifter, it was not (emphasis) him. Yes, he had his mistakes. Yes, he drank, but he drank because you fought and you fought because he drank. You put my dad in the grave. Not cancer."

Joshua's mother was never remorseful over her actions and she displayed a total lack of empathy and compassion. Just before Joshua went to the defense force his father developed lung cancer and was admitted to the hospital. Joshua depicted the following scenario:

> We got a call that night. "Come, you better come, he's on his last" … My mother exploded. "I will go and piss on that things grave." That's what she said. I remember I cried. We stayed near to the hospital and she resented him that we had to walk in the cold to his operation room. "I will piss on his grave." I cried.

Notwithstanding all the adversity in Joshua's life he testifies that faith fosters resilience. Moreover, forgiveness and self-compassion appears to be pivotal in Joshua's healing process:

> Do what the Lord says. Worship Him and obey Him (Joshua weeps) and He will preserve you … Harboring unforgiveness is like burning down your house trying to get rid of rat … You also need to forgive yourself. At one stage I despised myself so because of circumstances. I went to the mirror, I looked at myself in the mirror and said: "I'm going to destroy you. I hate you. I despise you" … Now this sounds crazy, but I made peace with myself and I became my best own friend. Since then, I am not at war with others. If you do not love yourself, you cannot love others.

Joshua's mother eventually died from gangrene in her stomach. She never repented or confessed for her wrong doing. Her last words to Joshua were "leave me alone!"

Discussion

Research on female-perpetrated IPV is gaining momentum and the evidence reveals that it may be more similar to male-perpetrated IPV than previously thought (Carney, Buttell, &

Dutton, 2007), specifically regarding personality functioning. In the context of extended violent behavior (commonly referred to as "battering"), both sexes are generally emotionally labile, have low self-esteem and display personality disorder symptoms (Carney et al., 2007; Hines, 2008; Murphy, 2013). Trauma that occurs during the critical periods of child development may predispose an individual to maladjusted behavior for a life time (Coccaro, 2012; Meyer, Wood, & Stanley, 2013; Siegel, 1999). Complex trauma is a consistent finding in an etiology for both men and women (Flemke et al., 2014).

The narrative of Joshua demonstrates unilateral female-perpetrated IPV. His father endured abuse for over 20 years and Joshua himself endured abuse at his mother's hands well into adolescence. His father was a concerned and caring parent, as well as remarkably forbearing towards his abusive wife. The findings weigh in on views that patriarchy is often a norm of chivalry that usually inhibits men from engaging in violence against women. In other words, men are by and large taught to protect women and children (Dutton, 2012). Joshua's father would always cower away to keep the peace and never hit back. The abuse was severe and prompted intense fear which may explain Joshua's enuresis up to the age of twelve. Joshua proclaims that the victimization of his father was more debilitating than the cancer that he eventually died from. Furthermore, there was a proliferation of shame and a systematic corrosion of any sense of self-esteem or self-worth. Important themes and patterns that emerge from the data are presented below.

Intergenerational transmission of violence

The case study of Joshua encapsulates a script that is frequently associated with IPV, or more broadly, DV (e.g., child abuse may be concomitant to spouse abuse). The intergenerational transmission of violence is unmistakably depicted in the case study. Perpetrators of IPV are often survivors of abuse (Dutton & Sonkin, 2002) and frequently attempt to normalize the abuse that they experienced as a child. What Joshua referred to as his mother's "loving gesture" when she made him suck on her breast at the age of 15, is essentially sexual abuse.

The intergenerational transmission of violence usually consists of two aspects, namely, attachment and/or trauma theory and social learning theory. Insecure attachment and complex trauma may mediate psychopathology and IPV. The findings of Flemke et al. (2014) show that many women who engage in IPV have a history of one or more types of child abuse (e.g., physical or sexual abuse and/or the abuse stemming from witnessing family violence). Perpetrators of IPV often carry immense emotional pain, shame and guilt due to unresolved trauma possibly resulting from their own childhood victimization (Dutton & Sonkin, 2002). Complex trauma elucidates why perpetrators of IPV are sometimes unable to self-regulate when faced with a trauma-based triggering situation. The inability to self-regulate may lead to explosive and uncontrollable rage (Flemke et al., 2014). The case study suggests that Joshua's mother experienced physical abuse as a child from an overly strict father. Hence, unresolved triggers of childhood trauma may potentially have served as an ongoing catalyst for her abusive behavior towards her family.

Despite the above, it is important to keep in mind that not all children who are exposed to violence emulate abusive behavior later in life. George et al. (2006) state that more than 40 percent of perpetrators of IPV have not been exposed to violence while growing up. Therefore, other factors such as biological correlates which have received little attention

regarding IPV, may sometimes serve as a better explanation for violent outbursts. Aggressive behavior is multifaceted, multicausal and multidetermined (e.g., it can be premeditated, impulsive or retaliatory).

Borderline personality disorder

The case study suggests that Joshua's mother may have suffered from BPD. Empirical evidence reveals an association between BPD and IPV (Barnett et al., 2011), in both men (Wolford-Clevenger et al., 2015) and women (Wolford-Clevenger et al., 2018). Personality disorders (e.g., BPD and antisocial personality disorder) and impulsivity are highly correlated with IPV, for both sexes in heterosexual or same-sex relationships, in clinical and nonclinical settings (Hines, 2008; Spidel, Greaves, Nicholls, Goldenson, & Dutton, 2013). A typical characteristic of individuals with BPD is that they seldom take responsibility for their behavior as exemplified in the case study. Other borderline features are tumultuous interpersonal relationships, an extraordinarily unstable affect and behavior dysregulation. Joshua's mother exhibited mood swings, she had frequent and extreme displays of anger and recurrent fights, as well as presented with suicidal threats and self-harming behavior. The painful nature of her life was reflected in the cutting of her wrists and drinking pesticide (Sadock et al., 2015). Depression[3] and BPD symptoms are highly correlated with self-harm behaviors and suicidal attempts or thoughts (American Psychiatric Association, 2013; Wolford-Clevenger et al., 2018). A study by Sansone, Elliott, and Wiederman (2016) confirm the high prevalence of borderline traits, high-risk and low-risk self-harm behaviors, as well as alcohol abuse among female perpetrators of IPV. Individuals suffering from BPD characteristically oscillate between idealizing and devaluing a partner (e.g., Joshua's mother exhibited hateful and even sadistic behavior towards his father) and may have micro-psychotic episodes or dissociative states (American Psychiatric Association, 2013; Sadock et al., 2015), possibly revealed in the "out of control" aggressive outburst Joshua's mother displayed on the way home from his aunt. Hence, the victim is often the punch bag no matter what they do, or do not do (i.e., the triggers are usually trivial in nature and out of proportion to the events or the circumstances). Joshua recalls the confusion on his father's face every time after a violent episode.

It may be noteworthy to mention that the study of George et al. (2006) shows that a high percentage of a sample of 71 perpetrators of DV fulfilled the criteria for major depression and BPD. Moreover, all 71 perpetrators would have met with an intermittent explosive disorder (IED) diagnosis had the exclusionary criteria not been adhered to. Gass et al. (2011) concur that IED is a risk factor in the perpetration of IPV. IED is not as rare as it was thought to be (Coccaro, 2012).[4] The latest DSM-5 criteria for IED is designed to identify a more inclusive group of individuals with recurrent, problematic and impulsive aggression. It may be a critical step to inform prevention strategies because relatively few individuals are diagnosed and treated for IED, despite the efficacy of synergizing both pharmacologic and cognitive-behavioral therapy in a single treatment (Coccaro, 2012). It is of concern that biological correlates of IPV have received little attention from theorists, practitioners and policymakers (Murphy, 2013). The faux pas or oversight could well be a reason as to why existing batterer intervention programs prove to be marginally effective (see Babcock et al., 2016; see Babcock, Green, & Robie, 2004; see Haggård, Freij, Danielsson, Wenander, & Långström, 2017; see Miller, Drake, & Nafziger, 2013). Moreover, Ehrensaft (2008) states that a developmental approach is generally disregarded in the field of IPV, particularly with regard to intervention.

Low self-esteem

Low self-esteem is often a forerunner of pathology and deviant behavior (Sadock et al., 2015). Joshua described a fearful eggshell environment which can diminish self-worth and over time be experienced as trauma (Brown, 2015). He relayed that as a small boy he had an inferiority complex and as he grew older the feelings of pain and shame manifested in an intense hatred towards himself (lack of self-compassion) and anger and resentment towards the world. Joshua felt that his hatred for women surpassed that of "Jack the Ripper." Thus, situations that are directly or symbolically reminiscent of an early deprivation could trigger hostility (Sadock et al., 2015), for example, Joshua's fiancé who abused alcohol. Joshua noted that the "nail in the coffin" was shame and reproach. Trauma has a major impact on self-development, including an overall negative sense of self, self-loathing, depression, anger and chronic shame (Flemke et al., 2014). Joshua's anger and hatred were possibly accentuated by the knowledge that the community knew about the extent of the DV in his home and they did very little to intervene. Self-concept is inextricably linked to one's worldview and vice versa.

Impulsivity

Insecure attachment or complex trauma may cause a child to form an internal working model where all interpersonal relationships are perceived as rejecting or neglectful, resulting in reactive aggression with accompanying hypervigilance and outbursts of anger towards others (Savage, 2014) and oneself, which may be expressed in self-harming behaviors (Sansone et al., 2016). Joshua's mother demonstrated an extraordinary lack of emotion regulation and/or self-regulation, as well as self-destructive acts (Siegel, 1999; Wolford-Clevenger et al., 2018). Her behavior was impulsive and unpredictable. Gottfredson and Hirshi argue that every act of crime and deviance is caused by a lack of self-control (Williams & McShane, 2014). Shame hijacks the limbic part of the brain and causes a disturbance in the options to run, fight or shut down. Moreover, survival responses rarely leave room for thought. The body often responds before the conscious mind because the body is hardwired to self-protect (Brown, 2015). In other words, the pain emanating from shame can be so overwhelming that an individual may either shut down and disengage (i.e., feel numb, empty and depressed) or exhibit impulsive and automatic behavior. IPV is therefore often reflexive and instantaneous (e.g., a conditioned response to "danger"), thus, attempts to stop the progression of the violence are usually unsuccessful (George et al., 2006). Misso et al. (2018) concur and state that subjective feelings of a threat (e.g., anxiety or bodily sensations such as heart palpitations) can decrease the capacity for metacognition (i.e., impair mentalizing processes) which can lead to the activation of a fight, flight or freeze response.

Lack of empathy

Violent individuals are often reported to have disturbed attachment representations accompanied by a history of abuse and a lack of empathy (Savage, 2014). Trauma may cause affective

and cognitive mentalizing processes such as the conscience to malfunction (Brüne et al., 2016), contribute to the negative appraisal of a partner's intention (Murphy, 2013) and invite the justification and minimization of abusive behavior (Misso et al., 2018) that often restrain perpetrators of IPV to take responsibility for the violence (Jenkins, 1990). Perpetrators frequently (a) exhibit faulty cognition; (b) have difficulty in regulating affective states; (c) lack self-control; (d) lack empathy (e.g., lack insight or an understanding of the impact of their behavior); and (e) do not take responsibility for their actions (i.e., they blame others, justify or minimize the impact of their behavior). Joshua's narrative suggests that his mother may well have exhibited all the above characteristics. Her behavior was erratic, immensely cruel and callous as demonstrated when his father was hospitalized. Moreover, she lacked insight into the consequences of her behavior. For instance, when she assaulted Joshua's father while he was driving and a head on car collision ensued. She continually gave Joshua double bind messages (e.g., she invited him to suckle on her breast and then bit him or literally pull out his hair to the extent of visible bald patches), with apparent indifference to what impact her behavior might have had on his well-being.

Neutralization techniques

Joshua's mother blamed her husband for the abuse and refused to be held accountable for her actions until her dying day. Notwithstanding even the stark eye witness account of the DV when Joshua confronted her about the abuse. Jenkins (1990, p. 54) contends that perpetrators of IPV are restrained to take responsibility and to change abusive behavior because of their "self-intoxicating preoccupations and beliefs" such as a preoccupation with self-righteousness and their partner's "injustices." For example, blame-shifting and self-deception was portrayed when Joshua's mother cut her wrists and blamed his father for her actions. Misso et al. (2018) concur and claim that perpetrators of IPV are prone to externalize or place responsibility for their internal states and behavior onto others.

The concept of neutralization is closely tied to the work of Sykes and Matza that was originally developed to explain delinquency (Williams & McShane, 2014). The neutralization-drift theory suggests that an individual may feel sanctioned to defer societal values and lawful conduct by techniques of neutralization. Sykes and Matza identified five types of neutralization techniques, namely, denial of responsibility, denial of injury, denial of the victim, condemnation of the condemners and appeal to higher loyalties. Barring an appeal to higher loyalties Joshua's mother resorted to all the other neutralization techniques. For example, "it was your dad" and "look what you've [his father] done to me [when she cut her wrists]!" Even on her death bed the motive of Joshua wanting restitution was construed as victimization. Her last words to Joshua were to leave her alone when he was merely seeking an apology for all the years of abuse.

Alcohol use

Although alcohol abuse is highly correlated with IPV a cause-effect relationship cannot be drawn. Research shows that at least 76 percent of IPV perpetrators are violent when they are not intoxicated (George et al., 2006). A meta-analytic review indicated a small to moderate effect size for the association between alcohol use or abuse and IPV for both sexes. Additionally, the results of the review support the notion that problem drinking is more likely

to be associated with partner abuse than drinking per se (Foran & O'Leary, 2008a). Similarly, the case study revealed that Joshua's mother did not exhibit problem drinking. However, his father's alcohol abuse seemed to exasperate an already explosive situation. Joshua alluded to a vicious cycle whereby his father drank because of the victimization and his mother fought because his father drank. Sensory stimuli such as the smell of alcohol may spur on memories of former abuse and activate an aggressive outburst (Flemke et al., 2014). Joshua's potentially biased narration corroborates that survivors of abuse often try to normalize traumatic childhoods as indicated by Joshua trying to rationalize why his father got intoxicated. Joshua may also be wanting to hold onto an idealized version of his father (e.g., he despised seeing his "hero" drunk), possibly in loyalty to his father for the sacrifice that he might have made by enduring the abuse for the sake of the children. Moreover, normalizing his father's alcohol abuse could be regarded as an attempt to restore the father figure and his own negative identity formation.

Social control

Reckless developed containment theory and explained delinquency as the interplay between two forms of control, namely, internal or inner containment and external or outer containment (Williams & McShane, 2014). Nonetheless, containment theory is also relevant in an explanation pertaining to adult conformity and deviance. Reckless posited that both internal and external forces are operative when individuals decide to either present problem behavior or to avoid such actions. In other words, there are certain factors that cause an individual with the same set of circumstances to be resilient towards nonconforming behavior. Inner containment is presented predominantly as components of the "self" (e.g., self-control, a good self-concept, ego strength, a well-developed superego or conscience, high frustration tolerance, sense of responsibility and being goal orientated). Outer containment encompasses, for example, a stable family environment, supervision or discipline, proper schooling, the provision of opportunity and communities that endorse effective law enforcement strategies (Williams & McShane, 2014). Reckless established that internal control mechanisms play a far larger role in fostering conforming behavior than external control mechanisms (i.e., if one's self-concept is "bad" outer social controls may have little effect on an individual).

A community response towards the DV committed by Joshua's mother was negligible. Joshua mentioned that everyone knew about the spouse abuse but did "nothing." The clergy, the neighbors and the police were merely bystanders which caused Joshua much anger and resentment. Raymond, Spencer, Lynch, and Clark (2016) found that faith leaders effectively identified partner abuse, but many remained silent or were not sufficiently trained to address the issue safely. Joshua claimed that the effects of abuse is enduring and permanent and that it is only through his religious beliefs that he managed to reverse the deleterious impact thereof.[5] Faith is conducive to strong inner containment (e.g., self-control and empathy), plus strong outer containment (e.g., prosocial role models and empathic support from others) which according to Reckless restrains criminal activity or unacceptable behavior. A systematic review by Kewley, Beech, and Harkins (2015) found overwhelming evidence that religious affiliation and practice has beneficial outcomes for those who are incarcerated and for those who are reintegrated into the community. Although their study focused on sexual offenders, the authors claim that

a spiritual environment might operate in two meaningful ways, namely, (a) as a catalyst for change; and (b) as a maintenance mechanism for desistance. An exercised spirit activates the conscience or empathy which is pivotal to conforming behavior. Methods that increase a perpetrator's experience of empathy and an understanding of the harm that they have caused their victims seem to be an important step towards accountability, decreasing objectification (Zosky, 2018) and thus changing abusive behavioral patterns.

Appeasement and self-compassion

Notwithstanding immense adversity throughout Joshua's childhood, he testified that it is only by grace that he did not turn into a "Jack the Ripper" or a killer. Part of the healing process for him was forgiving his mother and more importantly, himself. Numerous studies reveal that forgiveness correlates positively with emotional, mental and physical well-being (Brown, 2015; Park, 2016). Joshua commented that if you do not love yourself, you cannot love others. In effect, perpetrators of IPV need to be reengineered (Real, 1997). Additionally, to reinvent a new identity there exists the need for redemption. Kewley et al. (2015) state that moral mediation can act as a platform to achieve reinvention through exposure to new ways of thinking and viewing the world. Faith may encourage perpetrators of IPV to deal with hurt and past transgressions by acknowledging guilt and moving forward to a more authentic self with a new life that is free from violence, rather than being paralyzed or debilitated by feelings of shame.

Practicing self-compassion may activate certain regions of the brain that are impaired by the exposure to violence, such as self-esteem, empathy, social connectedness and self-regulation, thereby increasing IPV desistance (Morley, 2015).[6] Abusive partners frequently replay traumatic or hostile childhoods. Joshua's mother seems to have reenacted the violence that she suffered as a child. Self-compassion and/or self-acceptance embraces all aspects of personal experience and may gently disclose an awareness of personal suffering, thus encouraging a motivation to alleviate the suffering and to steer away from the hurtful actions of others that may have impacted on one's own life. Moreover, self-acceptance is likely to challenge maladaptive mentalizing (Morley, 2015) and therefore counteract neutralization techniques and faulty social information processing.

Towards an integrated theoretical framework

Insecure attachment (Bowlby, 1988) and complex trauma is often viewed as the origin of subsequent psychopathology (Brüne et al., 2016; Dutton & Sonkin, 2002; Ehrensaft, 2008; Flemke et al., 2014; Meyer et al., 2013; Real, 1997). Poor parental bonds have been linked to behavioral problems such as aggression, delinquency, antisocial and externalizing behaviors (e.g., dependency, moodiness, hostility, inadequate social skills and a lack self-control) in children ranging from toddlers to adolescents, including IPV in adulthood (Ehrensaft & Cohen, 2012; Savage, 2014). In contrast to the child who forms an internal working model of a caregiver as trustworthy and the self as worthy of care, insecure attachments may translate into feelings of grief, despair and depression. Negative attachments due to a comfortless and unpredictable environment fosters jealousy, anxiety, depression and anger (Bowlby, 1988). Attachment and trauma theory is compatible with a theoretical framework of modern biology (Barnes & Jacobs, 2013; Meyer et al., 2013;

Siegel, 1999), learning theory (Bowlby, 1988; Corvo, 2006; Murphy, 2013) and social control theory (cf. Hirschi's theory of social bonds in Williams & McShane, 2014), of which parental attachment is considered crucial because parents provide the initial socialization and have a tremendous impact on the internalization of norms and values.

Corvo (2006) comments that Bowlby conceptualized child abuse and spouse abuse as an expression of similar processes. In other words, DV may emerge from disruptions in attachment and child abuse victimization, as well as social learning processes. Empirical research suggests that perpetrators of IPV frequently present with personality disorders, depression, anxiety and poor impulse control (Coccaro, 2012; Ehrensaft & Cohen, 2012; Gass et al., 2011; George et al., 2006). In addition, attachment patterns between parents and children usually persist into adolescence and adulthood. For instance, attachment theory is consistent with Sullivan's concept of malevolent transformation and sheds light on why certain individuals are unable to relate to the affectionate advances of others later in life. Difficulties with emotional closeness and intimacy (e.g., relationships that are exploitative, controlling and rejecting) epitomize abusive relationships.

Biosocial criminological research has gained momentum over the past decade (Barnes & Jacobs, 2013). Various researchers posit an integrative biopsychosocial model for IPV because an array of interrelated and/or interdependent biological, psychological and social factors (e.g., neurocognitive deficits, posttraumatic stress, depression and alcohol intoxication) may predispose an individual to violence (Howard, 2012; Murphy, 2013). Meyer et al. (2013) postulate that the integration of neurobiological development, systems theory and attachment theory substantiates that nurture is nature. The authors state that the neurobiology and psychological functioning of any individual can be described as the systematic interaction between genetic composition and social and cultural influences (i.e., the environment plays an important role in the development of the brain which includes thought processes and emotional regulation). Murphy (2013) denotes social information processing (i.e., sociocognitive impairments), such as the attribution of negative partner intent, or the perceived acceptability of violence (e.g., using neutralization techniques) as conducive to IPV. Brüne et al. (2016) have illustrated how unresponsive parenting and traumatization may functionally impair healthy cognition or mentalization (e.g., empathy) and emphasize the importance of neurobiology in maladaptive behavior. Mentalization is the ability to reflect upon one's own mental state and that of others (Misso et al., 2018). When a hostile parent forces a child to continually deny the abuse the victim may lose confidence in the appraisal of their own and others' thoughts and emotions. Caregivers that fluctuate between punishment, reward, rejection and acceptance may instill negative emotions in a child such as feelings of being unworthy, unlovable or reprehensible which can cause overwhelming emotional pain and shame. Furthermore, it could be crushing to question, unpack or understand an abusive parent's actions because they are supposed to be protectors on whom a child is totally dependent on. Healthy mentalization can therefore be seen as a process whereby empathy is evoked (Brüne et al., 2016), whereas hypersensitivity to even benign cues of others may be an alternative response to compromised mentalization processes as a result of trauma.

George et al. (2006) expound on how conditioned fear responses (e.g., fight and flight) elucidate many facets of IPV perpetration. Siegel (1999, p. 13) asserts that the brain's development is an "experience-dependent" process. Molecular genetic research has identified contextual factors in triggering the expression of specific genotypes (i.e., genetic

effects are more likely to manifest when combined with environmental risk factors). For example, neighborhood disadvantage and exposure to violence may heighten the genetic risk towards violent behavior (Barnes & Jacobs, 2013). In addition, neuropsychological testing results reveal "neural signatures" and behavioral deficits including a decrease in verbal skills, executive functioning, attention span and self-regulation in perpetrators of IPV as a result of for instance head trauma (Howard, 2012, p. 330). Hence, there are two important constructs in understanding a complex disorder and behavior such as IPV, namely, (a) equifinality which describes the process by which a single disorder is produced by different developmental pathways, suggesting that a single causational or mediational model is insufficient for most dysfunctional behaviors; and (b) endophenotypes which denotes a measurable index of brain functioning that can be neurophysiological, biochemical, endocrinological, neuroanatomical or neuropsychological in nature (Howard, 2012). Neuropsychological correlates of IPV found that current cognitive status, prior brain injury, childhood academic problems and psychosocial influences contribute to a propensity for IPV and the coexisting emotional distress (Canton & O'Leary, 2014). Personal situations and experiences continue to influence emotions and behavior throughout the lifespan. If the environment is hostile or dysfunctional, thoughts, feelings and behaviors have the potential to be dysfunctional (Hubbert, 2011). Nurture and life events often determine how an individual will function (Meyer et al., 2013; Siegel, 1999) and affects cognition, thinking patterns and beliefs. When core beliefs are self-defeating (e.g., rooted in self-doubt, self-hatred and low self-esteem) it may lead to maladjusted behavior and manifest in IPV (Hubbert, 2011), which often operates on a subconscious and/or neurocognitive level. Dynamic and complex intrapsychic, neurobiological, interpersonal and situational factors that interact across time may impact on behavior that is considered as impulsive, controlling and abusive.

The empirical evidence as reflected in the case study demonstrated that a myriad of factors that are intricately intertwined contribute towards IPV. Due to the nature of the study biological correlates such as hormonal imbalances and head injury as possible contributing factors to the DV committed by Joshua's mother could not be assessed. For instance, a recent meta-analysis concluded that the prevalence of traumatic brain injury among perpetrators of IPV appears to be significantly higher than the prevalence of traumatic brain injury in the general population (Farrer, Frost, & Hedges, 2012). Nonetheless, we postulate an integrated theoretical model by synthesizing various theoretical perspectives into a framework that operates on a macro-micro and situational level (i.e., all the component theories are merged into one cohesive model that refers to the individual, group and environmental units of analysis). Of paramount importance is that the testimony of Joshua highlighted that faith, forgiveness and self-compassion are important deterrents to help cope with the aftermath of IPV (Morley, 2015; Park, 2016). The integration of intrapsychic and interpersonal factors with a social control perspective introduces the concept of bonds formed, or bonds not formed. It suggests that during an individual's lifespan, he or she is involved in experiences and processes whereby childhood attachment patterns (i.e., bonding) converge with the mores of society (i.e., social bonds). In the event of bonds not formed, the choice of deviance may focus on situational stimuli (in the case of IPV, the intimate relationship) and mechanisms that deter offending.

Accordingly, we propose a three-pronged explanation for the trajectory of IPV. The first tenet being (a) insecure attachment and social learning theory (e.g., complex trauma

emanating from child abuse and/or witnessing IPV that may impair mentalization processes); (b) the second tenet being weak internal control (e.g., lack of self-compassion, low self-esteem, lack of empathy,[7] social disconnectedness and lack of self-control) and weak external control mechanisms (e.g., lack of adequate bonding to the mores of society, lack of consequences to disruptive behavior, or inadequate law enforcement); and (c) the third tenet being adverse situational factors (e.g., unemployment, substance abuse and jealousy).[8] Hence, we advocate a bio-psycho-socio-spiritual model or approach towards IPV, that integrates interpersonal theories with a social control perspective and situational factors into a single explanatory framework for IPV.

Implications and future directions

Historically, investigations into partner violence have generally focused on male perpetration. However, clinical evaluations show that abusive men and women have a distinguishing set of behaviors that relate to anxiety, depression, IED and BPD (Ehrensaft & Cohen, 2012; Gass et al., 2011; George et al., 2006; Hines, 2008). Witnessing parental violence or living in an invalidating environment brings about insecure attachment and shame that contributes to an abusive personality that sees, feels, acts and has expectations of others in close relationships that is different to most people (Dutton & Sonkin, 2002; Ehrensaft, 2008). Therefore, the focus of intervention programing for perpetrators of IPV needs to be broadened from targeting almost exclusively on changing attitudes that condone the use of violence towards women, to a developmental approach that will also promote secondary intervention by taking at risk groups into consideration (Ehrensaft, 2008). The monolithic model of patriarchy eschews individual differences such as psychopathology, neurobiology, sociobiology (Ehrensaft, 2008), moral development, as well as the unique circumstances of every individual. In addition, the prevalence of bidirectional couple violence denotes that theories based on inequality and patriarchy needs to be replaced by a theoretical framework that recognizes IPV perpetration as gender inclusive (in contrast to gender-based violence) and that it occurs in response to multiple causes (Straus, 2015). Casting off female-on-male violence as a different phenomenon that it is rare, inconsequential and differently motivated is ironically the quintessence of gender inequity. Surmising that violence perpetrated by women is generally in self-defense or less serious in nature simply exemplifies the failure to corroborate current practice and policy with empirically based findings. Ehrensaft et al. (2003) concur.

A national survey conducted in Sweden revealed that men and women engage in similar rates of IPV (Swedish Crime Survey, 2014). Moreover, although generalizations cannot be made, the intrinsic case study presented in the paper exemplifies that female-perpetrated IPV can be austere (Dutton, 2012) and may instill fear. Furthermore, the body of evidence, in conjunction with the case study, illustrates that an etiology for IPV may be similar for both sexes such as childhood abuse, witnessing parental violence and personality psychopathology (Gass et al., 2011; Hines, 2008). Likewise, the motivational dynamics may be comparable given that women are also coercive and controlling in abusive relationships as depicted in the case study.

Social control mechanisms against family violence are usually incorporated in the criminal justice system. However, sanctions against IPV should also be upheld by social services, family members, the community (e.g., neighbors and friends) and the clergy. It is critical for faith leaders to break through the silence and stigma surrounding IPV and to

build partnerships with those who share a common commitment to eradicating IPV (Raymond et al., 2016). The findings of the study support that models of intervention for perpetrators of IPV should include self-compassion and forgiveness as a component of treatment (Morley, 2015; Park, 2016). Additionally, trauma cannot be swept under the carpet in the hope that it will disappear (Brown, 2015). It is imperative for trauma to be addressed during intervention (Dutton & Sonkin, 2002) and to build on the perpetrator's capacity to reflect upon the possible association between external triggers and personal experiences (Misso et al., 2018) that may have an influence on abusive behavior (e.g., faulty mentalization and lack of empathy).

Although the case study was limited in revealing neuropsychological and neurobiological pathways to IPV, service providers and helping professions should not underestimate the value of a thorough medical examination and/or a psychiatric evaluation. Psychopathological causes of aggression need to be ruled out when DV and/or IPV occurs. In other words, the administering of medication (under the guidance of a medical doctor or a psychiatrist) in conjunction with an intervention program could prove to be effective in combatting IPV (George et al., 2006). There is documented responsiveness to treatment for conditions such as anxiety, depression, IED or BPD that may play a role in aggressive behavior (Coccaro, 2012). Likewise, substance abuse can exacerbate IPV and therefore the abstinence thereof is essential (George et al., 2006) and should be included in prevention strategies.

Limitations

The case study demonstrated unidirectional IPV even though the empirical evidence suggests that IPV is often bidirectional (Straus, 2015). IPA is primarily inductive and interrogative in the sense that the case can be discussed in terms of the prevailing literature. In other words, an argument is developed from the specific and progresses to the general. Once the themes were identified they were used to write-up a description of the participant's lived experience of DV. The intention was not to make a diagnosis of BPD but to highlight the commonalities between the profile of Joshua's mother and borderline traits. Three basic questions were essential, namely, (a) "what" did the participant experience; (b) "how" did the participant experience it; and (c) "how" is the data relevant to evidence-based research? When literature is used in IPA the associations are set out and used hypothetically (Kawulich & Holland, 2012). Hence, generalizations should be made with caution. Furthermore, biological markers are closely associated with violent behavior (Barnes & Jacobs, 2013). Due to the inherent methodological limitation of third party bias and the retrospective nature of the study (i.e., Joshua's parents being deceased), no clinical or biological influence can be confirmed.

Notes

1. Reference number: GW20150909HS.
2. Afrikaans is derived from Dutch and is one of South Africa's eleven official languages.
3. "Depression is no longer believed to be exclusively either endogenous depression (caused by chemical changes in the brain) or reactive (caused by difficult life circumstances). Both relate to chemical changes in the brain, but it can be difficult to know which came first. Did life's problems precipitate changes in the brain to cause depression, or did the depression itself bring about those changes? Most likely, both are true, as cause and effect constantly and

dynamically impact on each other. We have to consider both chemistry and circumstances as intertwined parts of the whole" (Cameron, 2016, p. 18).
4. Epidemiological data suggests that IED affects approximately 5.4 percent of the population in the United States according to the narrow definition (i.e., three high-severity episodes in the current year), in other words, a staggering 16 million people (Coccaro, 2012).
5. Brown (2015) asserts that without exception, the concept of spirituality emerged from her data as a critical component of resilience and overcoming struggle.
6. See neural plasticity which affirms that the brain is malleable and not limited to genetics. The environment plays a vital role in human behavior and the development and functioning of the brain (Barnes & Jacobs, 2013; Meyer et al., 2013; Siegel, 1999).
7. See Romero-Martínez, Lila, and Moya-Albiol (2016) on how IPV is moderated by empathy deficits in perpetrators with antisocial and borderline traits.
8. See Foran and O'Leary (2008b) on how IPV is moderated by jealousy, anger control and problem drinking.

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