An Exploration of How Women Experience the Process of Intimate Partner Violence in
Relationships Characterised by Bi-Directional Aggression.

By

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Abstract

This qualitative study explored how women in New Zealand experienced the process of intimate partner violence in relationships with men, which were characterised by bi-directional aggression. Using thematic analysis, semi-structured interviews with 11 women who experienced bi-directionally aggressive relationships were analysed and four themes were identified that encompassed 1) the foundations of bi-directional aggression; 2) the nature of bi-directional aggression within the relationship; 3) how the women were stuck in the relationship, and; 4) moving forward. The findings indicate how the vulnerabilities to bi-directional aggression can develop from early life and perpetuate and exacerbate over time in the context of the relationship dynamic. This highlights the need to implement preventive action to support adaptive self-regulation development in young people and families, provide education about bi-directional aggression and widespread access to support and treatment resources for all genders. Further implications and future directions for policy, research and practice regarding bi-directional aggression are discussed.

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An Exploration of How Women Experience the Process of Intimate Partner Violence in Relationships Characterised by Bi-Directional Aggression.

Intimate partner aggression

Intimate relationships can foster some of the strongest feelings of love that people experience in their lifetimes (Duncombe & Marsden, 1993). They can also be the context for hatred, jealousy, manipulation, exploitation and violent – even lethal – behaviour. Intimate partner aggression is a significant social and health problem in New Zealand and around the world. For many people, violence and abuse is as commonplace in the home as love and affection (Straus, 1976). Indeed, people are more likely to be assaulted by a family member and in their own home than by anyone and anywhere else (Dixon & Browne, 2003). The New Zealand Crime and Victims Survey (2019) reported that 16% of adults in New Zealand have experienced intimate partner aggression at some point in their lifetime, while Fergusson, Horwood and Ridder (2005) found that 70% of participants reported experiencing intimate partner aggression, which included minor and severe forms of psychological aggression and physical assault.

Rates of occurrence vary across studies, which is likely due to differing definitions of intimate partner aggression. Intimate partner aggression encompasses more than physical violence or aggression. Many intimate relationships are characterised by psychological aggression, where partners often aim to inflict emotional pain and isolate and control the other (Straus & Sweet, 1992). While some forms of verbal and emotional violence can get excluded from definitions and discourse regarding intimate partner or domestic violence, this type of abuse can sometimes be more damaging than physical violence (Straus, 1997). Behaviours of psychological aggression can include name-calling, gaslighting, monitoring a partner's activities, threatening physical violence, slamming doors and property destruction. Some studies have reported that 51—80% of couples have experienced at least one incident of psychological aggression in the past year (Peloquin, Lafontaine & Brassard 2011). In order

to reflect the range and severity of all behaviours experienced in aggressive relationships, this study uses the term intimate partner aggression.

The impact of intimate partner aggression is damaging to victims, perpetrators, witnesses and the wider community. It is associated with employment instability (Crowne et al., 2011), poverty, injury and physical and mental health problems (Riger, Raja, Camacho, 2002). The New Zealand Crime and Victims Survey (2019) reported that, as a result of their assault, 44% of victims of intimate partner aggression experienced anxiety or panic attacks and 40% experienced depression.

The conceptualisation of intimate partner aggression has been a substantial debate among researchers for decades due to the disparity in findings of victimisation and perpetration rates, and severity of violence and aggression, among men and women. Despite the understanding that intimate partner aggression is a serious issue that affects people of all ethnicities, genders, ages, classes and sexual orientations, there is a lack of consensus among researchers about how to conceptualise intimate partner aggression, its true prevalence and nature. Intimate partner aggression is largely understood to be a women's health and women's rights issue where the perpetrators are mostly men and the victims are mostly women (Dixon & Graham-Kevan, 2011). However, research using community samples and family violence surveys have found equal rates of intimate partner aggression victimisation and perpetration among men and women.

Straus (1979) developed the Conflict Tactics Scale (CTS), a questionnaire that asks both men and women to report their use of and subjection to various aggressive and non-aggressive behaviours that relate to conflict in relationships. These behaviours included negotiation, psychological aggression, physical assault, sexual coercion and injury. Straus (1979) conceptualised conflict as an unavoidable feature of interpersonal relationships and viewed the use of violence and aggression in relationships as maladaptive conflict-resolution

tactics. The CTS uses language that does not prime individuals to think of the behaviours in the context of criminality, violence or safety. This is to maximise accurate reporting, as many people do not consider their or their partner's aggressive or violent behaviour to be abuse or a criminal offense (Straus, 2007). Straus (1979) collected data from both partners to capture both perpetration and victimisation of men and women and to capture any disparity between partners' responses.

Using the CTS, Straus (1979) found that 16% of married couples and 32% of dating couples reported at least one act of physical violence in their relationship. Straus also found that men and women reported equal rates of victimisation and perpetration, and both men and women reported that women initiated violence at slightly higher rates than men. However, men were more likely to inflict serious injury to their partner than women. Straus found that individuals in lesbian, gay and straight relationships reported equal rates of violence. These findings are robust and well replicated. For example, Fergusson, Horwood & Ridder (2005) found that among a New Zealand birth cohort, men and women reported similar rates and experiences of victimisation and perpetration of violence in their relationships. Archer (2000) conducted a meta-analysis of sex differences in aggression in intimate relationships and reported similar findings. Archer found that women were slightly more likely than men to use one or more acts of physical aggression and use physical acts more frequently. Men were more likely to inflict an injury, as 62% of the sample who reported sustaining an injury from their partner were women.

Not only is there a strong body of evidence that men and women perpetrate and are subject to intimate partner violence at similar rates, the research also indicates that the majority of relationships characterised by aggression experience it bi-directionally, where both partners engage in violence or aggression towards the other (Dixon & Graham-Kevan, 2011). For example, Straus (1999) reported that 50% of intimate partner violence occurs bi-

directionally. Archer (2000) found that men's and women's physical aggression were highly correlated, which is congruent with other findings that most intimate partner violence is bi-directional. Magdol and colleagues (1997) found that among a representative sample of young New Zealand adults, female victims of severe intimate partner violence were 10 times more likely to be perpetrators of violence and male victims were 19 times more likely to be perpetrators. Similarly, Cascardi, Langhinrichsen and Vivian (1992) found that among their sample of couples in therapy, 86% of reported intimate partner violence was bi-directional. Whitaker, Haileyesus, Swahn and Saltzman (2007) found that among their sample of American young adults, half of the violent relationships were characterised by bi-directional intimate partner violence. They found that bidirectionality was associated with more frequent violence among women.

In order to reflect the evidence that shows intimate partner aggression is a gender-inclusive phenomenon that encompasses a range of aggressive acts, this study adopts the inclusive definition of intimate partner aggression as "any form of aggression and/or controlling behaviours used against a current or past intimate partner of any gender or relationship status" (Dixon & Graham-Kevan, 2011, p. 1445).

Feminist perspective of intimate partner aggression

Although it has been well established that bi-directional intimate partner violence is the most common form, most research has been guided by feminist ideology. This perspective explains intimate partner violence as a direct consequence of patriarchal social systems, where men maintain their power and dominant role in society through the subjugation and mistreatment of women (Pornari, Dixon & Humphreys, 2013). This gendered perspective frames women's use of intimate partner violence as rare and most often used in retaliation and self-defence, and because of learned helplessness (Archer, 2000; Dixon, Archer & Graham-Kevan 2012). The feminist perspective asserts that when men perpetrate

intimate partner violence, they do so out of a desire to maintain their control in the relationship, which the feminist perspective argues is an extreme display of patriarchal gender norms (Peterson, 1999; Abrahams et al., 2009). When women perpetrate intimate partner violence, the feminist perspective asserts that they are doing so for their own survival and in the context of their male partner's violence and control. From this perspective, bi-directional aggression is not a real phenomenon as women are only retaliating or defending themselves, within the context of control in which they live. Feminist researchers argue that taking an act-based approach, like using the Conflict Tactics Scale, generates equal rates between men and women because it does not take the context, consequences or intentions of the behaviours into account (Dobash & Dobash, 2004).

Contrary to feminist findings and conceptualisations of women's participation in bi-directional intimate partner aggression, there is strong evidence that women use physical aggression beyond self-defence and initiate it at a similar rate to men (Whitaker, Haileyesus, Swahn & Saltzman, 2007). For example, Straus (2005) reported that both male and female respondents of the National Family Violence Survey stated that physical violence was initiated by each partner in at least 40% of violent interactions. Gray and Foshee (1997) found that among adolescent participants, over two-thirds of violent relationships involved both partners initiating physical violence. Follingstad, Wright, Lloyd and Sebastian (1991) examined gender differences in men and women's motives for perpetrating physical violence against their intimate partner. Although self-defence was commonly endorsed as a motive, it was reported at similar rates by both women and men. When prompted to report the strongest motive for using physical violence toward their partner, perpetrators were most likely to report retaliation for feeling emotionally hurt or to express their anger.

Other researchers in the field have criticised the feminist perspective, due to its basis in political ideology rather than strong empirical evidence and methodology (Dixon &

Graham-Kevan, 2011). Feminist researchers support patriarchal explanations of intimate partner violence through clinical studies, which use court, police and shelter records, and clinical samples from women's shelters, hospitals and correctional settings, where the majority of victims are women and perpetrators are men (Fergusson, Horwood & Ridder, 2005). This data is subject to clinical fallacy as it is not a representative sample of the general population. For example, Archer (2000) conducted a meta-analysis and found that studies using clinical samples had a majority of men as perpetrators whereas studies using community samples had equal rates of perpetration between men and women. Many of these studies only ask women about their victimisation, whereas gender-inclusive studies tend to use representative samples and ask both women and men about their use of and subjection to various violent and aggressive behaviours in their relationships (Straus 1997). This use of gendered explanations of intimate partner violence and clinical samples may not only overestimate unidirectional male perpetration, but it can also overlook and trivialise violence perpetrated by women, male victimisation, couples in bi-directionally violent relationships and intimate partner aggression in same-sex couples (Dixon & Graham-Kevan, 2011).

This gendered perspective also separates intimate partner violence from other forms of interpersonal violence. However, multiple factors associated with intimate partner violence are also associated with other types of violent crime (Polk, 1994). The use of violence is dependent on many different characteristics and circumstances, like experience of violence growing up, social skills, attitudes towards women, impulsivity, violence outside of the family context, attitudes about violence, substance abuse, unemployment and attachment style (Holtzworth-Munroe & Stuart, 1994; Slep et al., 2010; Capaldi et al., 2012). For example, although an individual's emotions and cognitions are relevant for outcomes in intimate partner violence, individuals' self-regulation skills can be what prevents aggressive thoughts from translating to aggressive behaviour. Finkel and colleagues (2009) found that

51% of their sample reported often wanting to physically assault their partner, but only 21% have engaged in violence. These findings indicate that intimate partner violence should be investigated as a type of interpersonal violence that is perpetrated by both men and women, rather than only as a phenomenon born out of patriarchal systems (Pornari, Dixon & Humphreys, 2013).

The gendered conceptualisation of intimate partner violence continues to shape public policy, resource allocation and community safety. Many prevention and treatment programmes are based on one-sided violent intimate relationships, even though the majority of violent relationships are bi-directional (Gray & Foshee, 1997). Many anti-violence campaigns and services focus on teaching men to change their attitudes towards women and gender roles, as opposed to helping members of the community, regardless of gender, change their attitudes about and use of violence. Dobash and Dobash (2004) argue that even though women may use violence against their partner, since they are usually also victims of their partners' violence and rarely the primary perpetrator, these couples do not require the same support services or interventions that are available to female victims and male perpetrators. As for the women who initiate severe violence, Dobash and Dobash state that a strong body of research, like that of men's violence to women, is required before coming to any conclusions or directing resources to perpetrators and victims. However, following on from this viewpoint, it is thus imperative to focus future research on bi-directional and female-perpetrated intimate partner violence in order to appropriately develop and inform policy and treatment interventions. To do this, the research needs to be evidence based and representative of our diverse population.

Johnson's (1995) typology of intimate terrorism and situational couple violence

To explain the discrepancy in findings between feminist researchers and family violence researchers, Johnson (1995) developed a theoretical typology that included two

distinct forms of intimate partner violence: Situational Couple Violence and Intimate Terrorism. Johnson argued that due to use of different methodology and sampling, feminist researchers and family violence researchers are capturing these two different types of intimate partner violence in their research. His differentiation is based on whether the violence is embedded in a pattern of coercive control (Straus, 2011).

According to Johnson (1995), Intimate Terrorism encompasses what is usually explored in feminist literature, men using chronic and severe physical violence to intimidate and control their partner. Severe violence may include punching, choking and inflicting physical harm with a weapon or object. These couples are thought to be reflected in the clinical samples used by feminist researchers, such as shelters, hospitals or court records. Johnson (2005) argues that intimate terrorism is most likely to emerge in research using samples from hospitals, shelters and court records because the severity of violence leaves injuries that require immediate medical attention and garners attention from neighbours who may call the police. Due to the element of coercive control, these victims may be more likely to seek refuge from shelters to leave the relationship than victims of noncontrolling violence (Johnson, 2005). For example, Graham-Kevan and Archer (2003) found that within a community sample, 33% of the violence was intimate terrorism, compared to 88% in a shelter sample. They also found that the majority of the intimate terrorism was perpetrated by males, whereas the situational couple violence had similar rates of perpetration among men and women.

Situational Couple Violence refers to when one or both partners use minor and infrequent physical aggression to resolve conflict or an argument, rather than to dominate the other partner. This low-level violence may include property destruction, slapping or shoving. In rare cases, it can escalate to more severe acts of violence (Johnson, 2006). Situational couple violence is described as occasional, low-level and a function of normal dyadic social-

psychological processes (Johnson, 1995). These couples are thought to be better reflected in the community samples used by family violence researchers and to be statistically less visible in shelter, court record and hospital samples (Dixon & Graham-Kevan, 2011). Situational couple violence most often emerges in research using samples representative of the general population because it is the most common type of intimate partner violence.

Johnson's (1995) typology serves as justification for research to maintain its primary focus on men as perpetrators and women as victims, as it posits that the coercive control and severe violence that requires clinical intervention is almost exclusively perpetrated by men toward women. Straus (1997) argues that both types of data, community and clinical samples, are needed to inform policy and intervention for both the wider community and the high-risk population that perpetrates and experiences severe violence.

Exploring the accuracy of Johnson's (1995) typology

Johnson's (1995) typology aimed to provide a plausible explanation for the discrepancy in findings in the intimate partner violence literature, but it was met with criticism and incongruent findings. There is evidence that Johnson's assertion that Intimate Terrorists are almost exclusively men is inaccurate, as studies using community samples have found similar rates of intimate terrorism perpetrated by men and women (Dixon, Archer & Graham-Kevan, 2012). For example, Graham-Kevan and Archer (2009) measured controlling behaviour of university students and staff using self-reports and reports about their partners. They found that men and women reported similar levels of controlling behaviour, which predicted their use of physical aggression towards their partners. Similarly, Hines, Brown and Dunning (2007) found that men who used domestic violence hotlines reported similar experiences of controlling behaviour to those reported by female hotline users, such as emotional abuse, isolation and financial restriction. Whitaker, Haileyesus, Swahn and

Saltzman (2007) found that in asymmetrically violent relationships, 70% of the perpetrators were women.

LaRoche (2005) found that among participants who met criteria of an intimate terrorist, 38% were women. Spencer, Cafferky and Stith (2016) found no gender differences in participants' use of violence to control or dominate their partner. Straus (2011) conducted a review of 91 empirical comparisons and found that it was typical that severe and injurious physical violence was perpetrated bi-directionally, which does not align with Johnson's (1995) typology. Ross and Babcock (2009) interviewed a community sample of couples and examined the severity and symmetry of physical violence and controlling behaviour. They found that women reported perpetrating more violent acts and the same amount of controlling behaviour as their male partners, which goes against other conceptualisations of female-perpetrated intimate partner violence that women use violence in self-defence, retaliation and in the context of male-initiated violence. These studies highlight that women perpetrate intimate partner violence out of more than just self-defence: it is sometimes out of jealousy, anger and trying to communicate with or control their partner (Dixon & Graham-Kevan, 2011).

There is also research that suggests men and women share similar risk factors for perpetration of intimate partner aggression. These risk factors are part of wider patterns of crime, personality variables, aggression, social norms and interpersonal interactions (Dixon, Archer & Graham-Kevan, 2012). These shared risk factors are relevant for other forms of interpersonal violence, which suggests that the different forms of aggression are developmentally similar and likely co-occur. For example, poor emotion-regulation, entitlement, impulsivity, a need for control, attitudes tolerant of aggression and violence, and poor conflict-resolution skills, are all predictors of using violence for both men and women (Dixon, Archer & Graham-Kevan, 2012). Spencer, Cafferky and Stith (2016) examined risk

factors for interpersonal violence and found that only three out of 60 were moderated by gender. Growing up in a violent home, demand/withdrawal communication patterns and alcohol abuse were all more likely to predict men's use of violence than women's. Men consume more alcohol and have more alcohol abuse problems (SAMHSA, 2008), which may explain why it is a stronger risk factor for men than women. As these results indicate, men and women display more similarities than differences in risk factors for perpetration of violence.

O'Leary, Smith Slep and O'Leary (2007) examined direct and indirect relationships of several risk factors for perpetration of intimate partner violence for both men and women. They found that there were three direct predictors for both men and women: dominance/jealousy, relationship satisfaction and functioning, and attributions of partner responsibility for unpleasant behaviour. From a feminist perspective, it would be expected that dominance would only be relevant for men and would be driven by patriarchal values. However, dominance featured for both men and women and was driven by a power imbalance and low relationship satisfaction. For women, a history of their own aggression during childhood or adolescence was a direct predictor for perpetrating intimate partner violence. For men, exposure to family-of-origin aggression, anger expression and perceived social support were direct predictors.

Johnson's typology takes a categorical approach to human behaviour and interactions, which has been criticised as an inaccurate representation of real-world functioning (Jablensky, 2005; Ross & Babcock, 2009). Couples do not always present with a clear distinction of who is the victim and who is the perpetrator of a violent or aggressive interaction, which demonstrates the need to understand intimate partner violence as an interaction between the two partners in relation to one another, their interpersonal characteristics and the situational factors and environment in which the aggression takes

place (Dixon & Browne, 2003). Whether violence is unidirectional or bi-directional can depend on the interaction of both partners' attachment styles (Bartholomew, Henderson & Dutton, 2001). Differences in adult attachment provide insight into why some men and women are more likely to use violence against their intimate partners than others (Gormley, 2005).

Attachment theory describes working models of the self and the other, and attachment behaviours that are organised around primary attachment figures (Bartholomew & Horowitz, 1991). An individual's representation of the self and others can influence their emotions, expectations and preferred coping responses to conflict, separation and distress (Gormley, 2005). Attachment begins to develop from infancy, where children develop their expectations of the reliability of their attachment figures, i.e. caregivers, which then guides future interactions with others (Dumas, Pearson, Elgin and McKinley, 2008). In adulthood, this shifts to bi-directional attachment with peers, usually intimate partners (Allison, Bartholomew, Mayseless & Dutton, 2008). Much like children, adults seek and maintain contact with attachment figures with the aim of psychological and physical security (Dumas, Pearson, Elgin and McKinley, 2008).

Approximately half of adults have a secure attachment style, which suggests healthy and flexible responses to stressors, like appropriate self-regulation and support-seeking, and productive problem-solving and negotiating with their partner (Gormley, 2005). A secure adult attachment style is associated with relationship stability (Kirkpatrick & Davis, 1994). The other half of adults have an insecure attachment style, which suggests difficulties responding to stressors, like inappropriate emotion expression and misinterpreting cues from their partner (Gormley, 2005). Insecure attachment styles are associated with hostile interactions in relationships, including use of physical and psychological aggression and control tactics (Babcock, Jacobson, Gottman & Yerington, 2000).

The two components of insecure attachment are anxiety and avoidance (Gormley, 2005). Some with an insecure attachment style may have high levels of anxiety or avoidance or both, and they can contribute to intimate partner violence in different ways (Mayseless, 1991).

Attachment anxiety is associated with difficulty with independence. This can include a fear of abandonment, reassurance-seeking, depression, poor emotion-regulation and impulsivity.

Adults high in attachment anxiety often seek assistance from their partner to regulate their affect, but then fail to perceive their partner's responsiveness (Fuendeling, 1998; Kuncle & Shaver, 1994). Violence may be precipitated by the real or imagined threat or rejection or abandonment by their intimate partner (Dumas, Pearson, Elgin & McKinley, 2008).

Research in this area has consistently found an association between high levels of attachment anxiety and intimate partner violence (Allison, Bartholomew, Mayseless & Dutton, 2008).

Attachment avoidance is associated with difficulty with intimacy. This can include fear of closeness, excessive self-reliance, defensiveness, aggression and a lack of emotion expression or awareness of other's emotions. Adults high in attachment avoidance often aim to independently regulate their affect and avoid communicating distress or affection to their partner. They may also fail to recognise communication from their partner about their partner's needs.

Attachment theory suggests that intimate partner violence may be used as a strategy to pursue one's preferred level of closeness with one's partner, particularly when the partner has opposing needs (Pistole, 1994). For example, during conflict an attachment-anxious partner may seek closeness and an attachment-avoidant partner may seek distance (Dumas, Pearson, Elgin & McKinley, 2008). This suggests that the interaction between two partners' attachment styles may contribute to the hindrance or facilitation of violence (Allison, Bartholomew, Mayseless & Dutton, 2008). Taking a systems perspective, Dumas, Pearson,

Elgin and McKinley (2008) investigated the impact of attachment style interactions between partners on intimate partner violence by administering self-report questionnaires to 70 couples. They found that violence was associated with couples that had a mispairing in attachment styles – the male partner having an avoidant attachment style and the female partner having an anxious attachment style – which is consistent with earlier literature.

Allison, Bartholomew, Mayseless and Dutton (2008) conducted a thematic analysis of interviews with 23 males entering an anti-violence programme and their female partners. They found that individuals used violence to maintain their optimal amount of emotional and physical closeness with their partner, either as pursuit (to force their partner to focus their attention on them) or as distancing (to push their partner away if they felt they were too close or didn't have other means to escape). Pursuit strategies were most often used by those who were both high in attachment anxiety and low in attachment avoidance. These behaviours included clinging, nagging and verbal and physical aggression. Distancing strategies were most often used by individuals who were both high in attachment avoidance and either low or high in attachment anxiety. These behaviours included compliance with partner demands, removing themselves from the situation and physical aggression. Overall, many individuals used both strategies and which strategy they used changed depending on situational factors, like the other partner's behaviour during the conflict.

Explaining the need to understand bi-directional intimate partner aggression

Earlier feminist depictions of bi-directional intimate partner violence in the literature have painted a picture of low-level, infrequent aggression between couples where the male partner initiates aggression and the female partner responds out of self-defence or retaliation. As a result, bi-directional and female-perpetrated and -initiated intimate partner violence are under-researched phenomena. Although there is research that suggests that men and women have mostly the same risk factors for perpetration, due to a shortage of research, many

researchers have concluded that we cannot yet determine whether the vast findings about male-perpetrated intimate partner violence can be applied to female-perpetrated violence (Fergusson, Horwood & Ridder, 2005). This has notable consequences for policy makers, the wider community, clinicians and support workers, families, perpetrators and victims. The messages and conclusions that emerge from research impact and shape society's attitudes about, use of and responses to violence.

As discussed earlier, more recent gender-inclusive research has revealed that bi-directional aggression commonly includes severe violence, most risk factors are not gender-specific, and men and women initiate the violence at similar rates. There is research that indicates that bi-directional intimate partner violence is not only capable of being severe, it may result in greater injury than asymmetrical violence. Whitaker, Haileyesus, Swahn and Saltzman (2007) examined whether reciprocity of violence in intimate relationships was related to injury and violence frequency. They found that victims of bi-directional violence had greater injuries than those subjected to asymmetrical intimate partner violence, regardless of the gender of the perpetrator. This would be expected when conceptualising intimate partner violence as a result of an escalation in conflict between partners (Whitaker, Haileyesus, Swahn & Saltzman). Reciprocity of violence was associated with more frequent violence among women only. Research has identified that female-initiated intimate partner violence is one of the strongest risk factors for female victimisation (Dixon & Graham-Kevan, 2011). This illustrates the importance of taking bi-directional violence seriously and developing gender-inclusive treatment and prevention approaches that focus on escalation of conflict within a relationship or family context (Dixon & Graham-Kevan, 2011). It is imperative to avoid victim-blaming and to rather understand violence in the context of interpersonal interactions (Straus, 1997).

Although intimate partner violence has been conceptualised as a result of patriarchal beliefs about using violence to dominate women, current research indicates that Western countries hold the normative belief that it is unacceptable for men to use violence towards women (Dixon, 2010). Western countries are more tolerating of women using violence against their male partners and female-perpetrated violence is seen as less serious and more justifiable (Straus, 1997; Dixon & Graham-Kevan, 2011). This is connected to benevolent sexism, attitudes towards women that are stereotypical and restrictive, but can elicit prosocial behaviours (Glick & Fiske, 1996). For example, believing that women are fragile and need protection is an attitude that may mitigate male-perpetrated violence, but also frames female-perpetrated violence as harmless and trivial. Allen, Swan and Raghavan (2009) found that benevolent sexist beliefs had a protective effect against men using violence toward their female partners. Brookwala and colleagues (1992) found that male university students with higher "Macho" scale scores, which included items that endorsed sexist beliefs, were less likely to use physical violence against their partners. These chivalrous beliefs have been associated with female-perpetrated aggression and bi-directional violence, as women's violence is more acceptable and women's violence is a risk factor for men's violence (Dixon, 2010).

Bi-directional violence not only includes severe and frequent violence, it also has serious consequences for children in the family. Children who witness unidirectional or bi-directional intimate partner violence are at high risk of developing a host of social, behavioural and emotional difficulties, like poor conflict resolution skills, substance abuse, maladaptive core beliefs, anxiety, anti-social behaviour and post-traumatic stress (Gewirtz & Edleson, 2007). Research suggests that children are more likely to witness their parents' violence when it is bi-directional, which further highlights the importance of making at least

as much space for examining bi-directional violence as unidirectional violence (Dixon & Slep, 2017).

Intimate partner aggression can impact the children in the family beyond witnessing their parents' aggression (Dixon & Graham-Kevan, 2011). As different types of interpersonal violence share similar risk factors, households characterised by violence are likely to experience multiple forms. There is a large overlap between intimate partner violence and child maltreatment (Dixon & Browne, 2003). The co-morbidity of intimate partner violence and child physical abuse has been reported to be between 30—60% (Edleson, 1999; Browne & Hamilton, 1999). There appears to be a significantly larger co-occurrence of child physical abuse and bi-directional intimate partner violence. For example, Slep and O'Leary (2005) examined men's and women's use of physical violence toward their partners and children, and found that children were three times more likely to experience physical violence from a parent in households where bi-directional violence was present, in comparison to households where only one parent is violent towards the other. Children witnessing intimate partner violence, and being subject to aggression and maltreatment, leads to an increased likelihood of continuing the intergenerational cycle of family violence (Dixon & Slep, 2017).

Considering that the most common form of intimate partner violence is bi-directional, which can be the most severe and often overlaps with child maltreatment, it is dangerous for researchers to overlook bi-directional intimate partner aggression and its consequences. These findings demonstrate the need to understand intimate partner aggression in the context of the family system and to develop holistic and evidence-based treatment, with different disciplines of professionals and service providers working together to achieve this (Dixon & Slep, 2017). Treatment interventions should be developed to include both men and women, with a component of parent training and couples therapy for those who want to remain together (Dixon & Graham-Kevan, 2011).

The current study and the use of qualitative methods

To effectively prevent, reduce and treat intimate partner aggression and other associated forms of family violence, policy, public campaigns and interventions must be informed by evidence-based literature and research, including the exploration of victims' and perpetrators' experiences. Much of the intimate partner violence research is guided from a feminist perspective and uses methodology that overlooks men as victims, women as perpetrators and individuals who fit both categories. Indeed, most research is centred around unidirectional violence, despite bi-directional violence being the most common form. These issues have led to conflicting narratives about the frequency and severity of bi-directional and female-perpetrated violence. Many qualitative studies have focused on women's experiences of victimisation and have not provided the space to explore their potential perpetration (Scheffer Lindgren & Renck, 2008).

Qualitative methodology and hearing the voices of participants through interviews provide rich descriptions of complex phenomena that may be missed by other research methods (Sofaer, 1999; Qu & Dumay, 2011), because it can provide a holistic picture of real-life shared meanings and experiences (Braun & Clarke, 2006). Women are placed in the position of being experts of their lived experience who can provide useful insight into the role of aggression and violence in their relationships and into the role of help-seeking and support services in mitigating further violence. The current study seeks to address these gaps in the literature and aims to explore how women experience bi-directional intimate partner violence with their male partner, using qualitative methods. It will show how women conceptualise their experiences of using and being subjected to violence across time, the contribution of earlier life experiences, their experience of the relationship prior to the onset of aggression or violence, perpetuating factors, attitudes towards violence and their experiences with disclosure and help-seeking.

Method

Design

The study took a phenomenological approach to explore women's lived experiences of intimate relationships characterised by bi-directional aggression. Interviews were used to achieve the exploratory aims of the overall study. The interviews were semi-structured, utilising open-ended questions which provided rich and detailed data grounded in the participants' personal experiences of intimate partner violence, communicated in their own words. Reflexive thematic analysis was applied to interpret the women's experiences of the process of bi-directional intimate partner violence and search for patterns across the dataset (Braun & Clarke, 2006).

An inductive, essentialist/realist and semantic approach to the analysis was adopted. By taking an inductive approach, the analysis was data-driven and focused on women's personal accounts of intimate partner violence, as opposed to interpreting their stories through a pre-existing theoretical framework (Braun & Clarke, 2006). The essentialist/realist approach assumes that the information provided during the interviews accurately reflects the participants' understanding of their reality (Braun & Clarke). In other words, the analysis makes use of the assumption that the data (the language of the participants) has a direct relationship with the meaning that they are communicating. Themes were coded at a semantic level, congruent with an essentialist/realist approach, to report the participants' experiences in their own words, as opposed to inferring deeper social meanings (Braun & Clarke).

The researcher's worldview and personal experiences play an active role in qualitative research outcomes and it was therefore important to conduct analysis in a reflexive manner, where the researcher explores their personal perspective in relation to the research phenomena (Maxwell, 2002). I grew up in a safe, nurturing environment where violence was not normal or acceptable. I grew up in New Zealand, where domestic violence was

understood to be a serious issue, but one that was perpetrated by men to their wives and children. I have remained mindful of my predisposing experiences and beliefs and minimised biases through active steps during data analysis.

Participants

Eleven women who experienced bi-directional intimate partner aggression with a male partner were selected from a wider pool of participants for the current study.

Participation was voluntary and the women have been given pseudonyms to ensure their confidentiality. They were recruited as part of a wider research project from non-government organisations (NGOs) around New Zealand that provide empowerment programmes for survivors and stopping violence treatment programmes for perpetrators of intimate partner violence. Two were mandated to stopping violence programs and nine were attending empowerment programmes for survivors of family violence. Participants' ages ranged from 21—46 years.

Six of the women were no longer in a relationship with the partner they spoke about at the time of the interview and five women were still with the partner in question. All participants had children. Demographic information is detailed in Table 1.

Procedure

The current study was part of a wider project investigating the experiences of people who have perpetrated and/or experienced intimate partner violence in New Zealand. In this project, the principal researcher interviewed 49 males and 31 females across New Zealand. The current study used relevant data from this wider project to specifically explore how women experience the process of bi-directional intimate partner violence in relationships with male partners.

Table 1

Participants' demographic and relationship information

Pseudonym	Age bracket (years)	Relationship status	Relationship length (years)	Ethnicity
Olivia	20 – 29	Current partner	8	Māori
Vivienne	40 – 49	Current partner	25	Māori
Mia	30 – 39	Former partner	7	Pākehā
Danielle	20 – 29	Current partner	5	Pākehā
Jessica	30 – 39	Former partner	3	Pākehā
Mary	40 – 49	Current partner	12	Māori, Pākehā
Helena	30 – 39	Former partner	12	Māori, Pākehā
Destiny	20 – 29	Former partner	4.5	Māori
Annalisa	30 – 39	Former partner	2	Pākehā
Georgia	30 – 39	Former partner	6	Māori
Bella	30 – 39	Current partner	10	Pākehā

The service providers at the NGOs were given information and consent sheets that explained the purpose and requirements of the wider project. Organisations that provided consent to take part in the project were given a brief information sheet to share with clients who met the research criteria. Those clients who expressed interest in participating were given a full information and consent sheet to consider. Once consent was obtained from individuals via the service providers, they were contacted by the researcher to arrange an in-person interview.

Interviews were conducted one-on-one with the principal researcher in a safe location at the participant's NGO. The NGO's counselling service was readily available for

participants if they felt distressed during or after the interview and required support.

Interviews were filmed and lasted an average of 90 minutes. All participants were informed that they could end the interview at any point without any negative consequences to themselves or others. The semi-structured approach to interviewing involved broad, open-ended questions being asked in a flexible order, with appropriate follow-up questions, to guide discussion. At the end of the interview, all participants received a debrief sheet and koha as a thank you for their participation. The audio recordings of the interviews were transcribed verbatim by a professional and confidential service.

A total of 80 interviews were conducted with men and women that were perpetrators and/or survivors of intimate partner violence. Of these 80 interviews, 12 women had experienced bi-directional intimate partner violence in a relationship with a male partner, which fit the current study's initial overarching research question of 'how do women experience bi-directional aggression in intimate relationships?'. The current study focused on heterosexual relationships to ensure a homogeneous group of women were included in the study (Braun & Clarke, 2006).

To refine the current study's research questions and ensure participants were appropriate for analysis, case notes were made about the 12 interviews. This included demographic information and the nature of the women's perpetration and victimisation. The refined research question became 'how do women experience the process of intimate partner violence in relationships that are characterised by bi-directional aggression?'. One of the 12 interviews was excluded from the analysis due to a lack of rich information about the participant's perpetration of intimate partner violence. A total of 11 participants were therefore included in the analysis as their interviews were relevant to the refined research question and had rich detail of the participants' perpetration and victimisation in their relationship. This is considered to be an ideal number of interview transcripts required for

small-scale projects to conduct a meaningful thematic analysis given the depth of rigorous analysis (Fugard & Potts, 2015).

During this process, five sub-questions were developed to help guide the thematic analysis:

1. How do women in bi-directionally aggressive relationships make sense of their aggressive experiences in relation to earlier life experiences?
2. How do women in bi-directionally aggressive relationships experience the relationship prior to the aggression and what events or factors precede the first aggressive incident?
3. What factors keep women in their bi-directionally aggressive relationship or encourage them to leave?
4. How do women rationalise the bi-directional aggression and how do they experience the impact of aggression over time?
5. How do women in bi-directionally aggressive relationships experience their relationship after disclosure or help-seeking?

During the data analysis, the main questions and sub-questions were further refined to label the intimate partner violence as 'bi-directional' rather than 'reciprocal'. The term 'bi-directional' more appropriately reflects the nature of intimate partner violence, which is not strictly 'reciprocal' in that the types of aggression, intensity and duration of violence, and the motivations for the use of violence, varied between partners and over time.

Data Analysis

The 11 interviews were analysed using Braun and Clarke's (2006) guide to reflexive thematic analysis. Braun and Clarke's six-step guide to analysis was used to identify patterns across the dataset. The researcher plays an active role in detecting, selecting and reporting repeated patterns of meaning in relation to the research question (Braun & Clarke). The

current study also used Nowell and colleagues' (2017) guide for trustworthy thematic analysis to ensure analysis was conducted in a precise, consistent and transparent manner.

1. Familiarisation with the data. As this dataset was developed for an existing wider project, it was paramount to engage with the data before generating codes. This began with listening to five interviews and creating summaries of the information provided. To gain a better understanding of the variety of experiences in the data, this step included participants across the entire dataset and was not limited to women who have experienced bi-directional intimate partner violence. The next step of data familiarisation involved developing detailed case notes from the audio/visual recording and transcripts of the 11 women labelled as experiencing reciprocal violence. Once the transcripts were checked against the audio recordings for accuracy, sub-questions were generated to guide the coding process. Any changes made to the materials, like corrections to transcripts, were documented separately (Nowell et al., 2017).

2. Generation of initial codes. Recurring ideas and experiences across the dataset were identified and labelled as comments on the transcript file. This process was guided by the sub-questions that were developed in the previous phase. Alongside the codes, all reflexive thoughts were noted down to document any thoughts that may impact decision making (Nowell et al. 2017). A qualitative research team, which consisted of two investigators of the wider research project and five post-graduate students conducting studies with data from the wider project, engaged in peer discussion exercises to aid coding. Samples of anonymised transcripts of the 11 women were exchanged, separately coded, and then reviewed as a group to develop the coding framework. After an initial round of coding was completed on the 11 interviews, the codes were then reviewed by one of the project investigators who, in collaboration with me, made revisions to the final coding framework. All changes to the developing codes were documented to ensure transparency of the analysis.

3. *Searching for themes.* Codes and the associated quotes from the interview transcripts were ordered together into an Excel spreadsheet to facilitate refining the codes into broader patterns of meaning. This was then transferred into a Word document and codes with the same meaning were condensed into single codes. Descriptions of each code were developed to capture the women's experiences that each code represented. Codes were then refined further and given to one of the project investigators, who provided feedback. The main focus of the refinement process was to ensure that each code and description accurately captured the meaning of the associated quotes. The project investigator's feedback was implemented where minor adjustments to codes and descriptions were made. Throughout this process, all revisions were documented alongside notes explaining the researcher's decision making (Nowell et al., 2017).

4. *Reviewing themes.* This phase involved developing themes and subthemes by clustering the codes together that were made during the third phase of Braun and Clarke's (2006) thematic analysis process. Themes were developed at a semantic level, meaning that the themes were based on the women's own language used during their interviews, rather than inferring hidden meaning from their words. Along with the principal project investigator, the codes were printed out, cut up and grouped into subthemes. This involved laying the cut-out codes, with the associated descriptions and quotes, on a table one at a time and discussing it in relation to the preceding codes. Similar codes were grouped together or placed nearby if they were connected indirectly. The subthemes were re-arranged until they were clustered in a coherent manner that told an accurate story of the women's experiences in their bi-directionally aggressive relationships. Themes and the accompanying subthemes were then compared against the original transcripts and coded extracts to ensure that themes were meaningful, distinct from one another and an accurate representation of the data. From this phase, 12 subthemes and four themes were developed.

5. *Defining and naming themes.* Once the subthemes and themes were identified, labels and accompanying descriptions were developed and revised to accurately represent the overall message and communicate the underlying pattern that characterised each subtheme and theme. This involved reviewing each code and quote within each subtheme and weaving them together to communicate the various aspects of the women's experiences as a cohesive narrative. The labels and descriptions were reviewed by the principal investigator and then refined further. All revisions were separately documented throughout this phase of analysis (Nowell et al. 2017).

6. *Producing a report.* A report was written that identified and explained each theme and their accompanying subthemes. This included selecting appropriate quotes from the data extracts that highlight the meaning of each theme and subtheme and continuous referral back to the transcripts and codes. The report aimed to provide a logical, coherent and meaningful account of the women's experiences of bi-directional aggression and how this account relates to the research question and existing body of literature. The report aimed to provide appropriate detail about the analysis process and rationale for the decision making throughout the study.

Results

The analysis identified four themes that represented the women's experiences of bi-directional aggression in their intimate relationships. These were: 1) The foundations of bi-directional aggression; 2) The nature of bi-directional aggression; 3) Stuck in the relationship; and 4) Moving forward. Themes, corresponding subthemes and supporting quotations are described in the following sections. A summary of the themes and subthemes are provided in Table 2. Additional quotations supporting each subtheme are provided in Appendix 1.

1. The foundations of bi-directional aggression

This theme outlines the factors that limited the women's and their partner's opportunities to develop adaptive coping skills and normalised violence in their lives. In particular, how *the women's early life experiences* made them vulnerable to entering into unstable relationships and unable to navigate relationship problems and conflict in a safe way is described. The women also described having developed *positive attitudes to violence*, having developed a lack of *coping and relationship skills* and *how external factors impacted the relationship dynamic* as well as the nature of the abuse tactics used. Together, these factors laid the foundation for a cyclical pattern of bi-directional aggression and violence in the relationship.

Table 2

Themes and Subthemes that characterise women's experiences of bi-directional intimate partner aggression

Themes	Subthemes
1. The foundations of bi-directional aggression	1.1. Early life experiences
	1.2. Women's positive attitudes towards relationship violence
	1.3. Couple coping and relationship skills
	1.4. How external factors impact the conflict dynamic
2. The nature of bi-directional aggression	2.1. A context of control
	2.2. Triggers and motivations for violence
3. Stuck in the relationship	3.1. The desire to maintain the relationship
	3.2. The consequences of aggression that keep women stuck
	3.3. The women's responses to living with violence
4. Moving forward	4.1. Breaking point
	4.2. Motivation to get help
	4.3. Impact of help seeking

1.1 Early life experiences

The women described early life experiences that normalised family and relationship violence. Many of the women discussed how they had grown up watching their parents use aggression and/or violence to resolve conflict, manage stress or determine another family member's behaviour.

"It's like a gut-wrenching feeling 'cause you know what's gonna happen and... but you can't do anything about it. You're only a kid. You can't stop, you know, your dad from beating your mum up." - Olivia

"Yeah. Shut the fuck up. The only way they knew how to shut them up was punch them in the... and they did... and you did shut up." - Vivienne

The women reported that their partners were exposed to similar patterns of violence growing up.

"He definitely was raised around violence and... punching someone in the head would sort... you know... an issue out." - Danielle

Alongside this, many of the women and their partners were taught to not to talk about their feelings or problems. Thus, aggression and violence were the only tools available to express their emotions and manage stress and conflict with others.

"He's got all of that on his shoulders. But he doesn't talk about it, 'cause his mother had always said that, "We can't talk about that."" - Annalisa

"I think one of the main things is that my family, as beautiful as they are, and maybe a big part of that generation too, would never sit down and discuss issues. It just didn't happen." – Mary

As they got older, the women experienced aggression in other intimate relationships and interpersonal interactions, which reinforced the normalisation of violence that was modelled to them as children. This contributed to beliefs of self-blame for their victimisation.

"They needed somebody to drive a car back from [name of town] and I was told to go. I was 15 back then. [50.36]. So, I went with him and all he did was bash me and fuck me the whole time. I come back from that three days, I walked down to my auntie's [50.49] when I was in the bathroom, I just could not deal with myself [name of interviewer]. I wanted out of this world because I had done this but that's how... what was to me I had done this. I had done the wrong." - Vivienne

In the midst of their bi-directional aggression, the couples became what they hated when they were children.

"Oh, it's sort of something that he told me that he'd never do to me because of that and seeing his aunties... how his uncles were, um, to their girlfriends, it was something that he didn't want to do, he didn't want to be." - Bella

1.2 Women's positive attitudes toward relationship violence

This subtheme identified women's positive attitudes toward violence in relationships that contributed to their use of aggression and/or violence against their partners and their tolerance of their partner's use of aggression and/or violence against them. Due to their experiences witnessing their family members use violence and having violence used against them, the women developed beliefs that violence was a normal part of relationship behaviour, whether it's deemed to be deserved or not.

"You know, violence and angry was--wasn't--wasn't new to me. It was normal." - Vivienne

The women's normalisation of aggression created a tolerance that made them more vulnerable to using and being subjected to aggression in their adult relationships. The women believed that it was acceptable to use violence to stick up for themselves. They believed that to not fight back is to be weak, which promoted the use of violence and entrenched beliefs about being too weak to leave the relationship when they did not defend themselves.

"I'm not gonna be a weakling and just lie there and take it. That's not who I am. I will defend myself to... to the teeth, man, whether I get annihilated or not, at least I gave it a good go to protect myself." - Mia

1.3 Couple coping and relationship skills

This subtheme describes the poor coping and relationship skills that women and men's displayed that seemed to contribute to the use of bi-directional violence in their relationship. The couples lacked adaptive self-regulation and coping skills to manage stress and control their anger and behaviour. This led to impulsive behaviour and aggressive expression of emotion for both members.

"It was almost like he couldn't control his anger and he didn't know how... ..to deal with the stress." - Danielle

"Once my anger was built up, and I'd try to, like, let it all go, but it just... sort of just went boom, there." - Destiny

The couples used drugs and alcohol to avoid actively coping with their problems, which may have provided short-term relief, but made their problems worse in the long-term and contributed to the aggression.

"We just kept smoking more so we didn't have to worry about it which just made the problems worse." - Bella

"Weren't friends any more. It was more like enemies. Like we were... you know, we were smoking each other's drugs and it was like enemies, you were smoking all my drugs and it was just really hateful, real hateful." - Bella

"Alcohol and stress would probably be, um, sort of the key factor through all of the beginning." - Helena

The couples had difficulty communicating and clashed in their conflict resolution styles, where one partner needed to withdraw and find space to calm down, the other needed

to resolve the conflict immediately and sought reassurance from their partner by using approach tactics.

"I'd just wanna sort it right then and there and he couldn't. And that's what we were probably clashing on... ..is that I wanted it sorted then and he didn't. He wanted to go out and breathe and calm down, um, and that's probably what caused things to get a bit out of control." - Danielle

Due to the clash in problem solving approaches, lack of self-regulation and poor communication skills, one partner would follow the other when they were trying to get space. This demand-withdrawal interaction pattern resulted in the conflict escalating to more severe aggression and violence.

"I'd be angry, but I wouldn't want to argue about pointless things. So, I'd get up and walk away, and just have my own time in my own room, and then he'll walk in, and then he'll sort of say, "Why aren't you talking to me?" And, like, make me... he would make me talk and say, "But why? But why?" And then I'd just be like, "I'll fucken tell you why!" " - Destiny

1.4 How external factors impact the conflict dynamic

The women described how factors outside of the relationship contributed to the conflict dynamic in the relationship. The women had tense relationships with their partner's family, which was a source of conflict for the couple.

"Back then there was a lot of um, fights about family and there was a lot of fights about not feeling like I was... you know, part of the family." - Danielle

Many of the men and some of the women didn't have people they could talk to for emotional support and to help manage the stress of their relationship problems.

"He didn't have someone that he could just call up and be like, "Look, the wife's being a crazy bitch, can we go for a beer?" or something like that. He had no one." - Jessica

In some cases, the change in law around domestic violence prosecution triggered a change in the violence tactics used by the partner. Thus, the partner could alter the behavioural tactics that they used over time to achieve their goal or meet their needs.

"Then it was the police versus him ... So, he got very, very cunning .... And that's when the verbal and the emotional got worse." - Vivienne

2. The nature of bi-directional aggression

This theme captures the nature of bi-directional aggression and the relationships it becomes rooted in. The women described the *triggers and motivations for violence*, which included using aggression and violence as tools to manage stressors, resolve conflict, express emotions, cope with negative feelings, and stick up for themselves in response to the partner's aggression. This was nested within a *controlling context of the relationship*, where the men and women were jealous and mistrusting of each other and attempted to manage these feelings through controlling and aggressive behaviour.

2.1 Controlling context of the relationship

This subtheme describes the element of control that was embedded in the relationship and that contributed to the aggression. The women explained how both they and their male partners were jealous of each other's interactions with other people, and were mistrusting of their partner's faithfulness and intentions. This jealousy and mistrust were sources of conflict.

"He'd made friends with this girl and I felt really jealous one night and I acted like a lunatic and... started having a go at him, saying that he was... interested in this girl and just being an insecure dickhead" – Mary

The women described how the men attempted to control who they were friends with, where they went or how they dressed in order to manage their jealousy and mistrust and prevent infidelity from their partner.

"Um, he would control what time I went to work, who I worked with. One part there I worked with lesbians and he's saying I had to quit my job. ... Um, yeah. He was very controlling of where I went, who I went with, how I was dressed even." - Vivienne

The men also used psychological manipulation and physical violence to control the women's behaviour.

"He would manipulate situations to make me feel like there was no choice other than to go with what he... ...was suggesting." - Jessica

"The only time he'd hit me, is when I'd stand up to him and defend myself, because I've had a gutsful" - Mia

2.2 Triggers and motivations for violence

The women described a range of stressors that they perceived triggered their partner's aggression and caused their own aggression, and the functions that the aggression and violence served. Unexpected pregnancy was a source of pressure, stress, and maladaptive beliefs that triggered and increased the aggression.

"Getting pregnant so early on just meant a whole lot of responsibilities very quickly. Um, and a huge change in our lifestyle, which, you know, put a lot of pressure on both of us. And, so, the way we dealt with that pressure wasn't sort of the most healthy way." - Helena

"When I told him that I was pregnant, that's when the verbal abuse got worse. "Nobody wants you. You're nothing. You used - you got pregnant to trap me. You're a fat lazy cunt.""
- Mia

Some of the women discussed how they used violence as a tool to fast-forward the conflict and make it come to an end quickly.

"It was almost like... me pushing him to do something like that so then it was like, it was over? Like, I don't know if he, kind of, picked up on that. We never really talked about that." - Danielle

In place of adaptive communication and emotion-regulation skills, some of the couples used aggression and violence to express their anger to their partner.

"I defend myself with my fists. 'Cause it's the only way I can express... my anger when I'm that angry." - Mia

The women also described that they used violence because they wanted to cause their partner's pain, out of their own hurt.

"The typical event was when I was going to hurt him as much as he had hurt me" - Vivienne

Some of the women had not initially reciprocated physical violence against their partner throughout the relationship, despite their partner's use. These women described how, over time, they reached a breaking point where they didn't want to put up with their partner's aggression and violence anymore. This breaking point led the women to use more severe aggression, like physical violence, than they had in the past.

"Just had enough of his put downs and his name calling and I've never really hit anybody before in my life but just... and I suppose at that point when I feel like that I don't really care if he... you know, when I hit him I expected to be hit back. I wasn't expecting not to be." -

Bella

3. Stuck in the relationship

This theme identifies the factors that directly and indirectly kept the women stuck in their relationship. The women described *the desire to maintain the relationship* due to the various positive aspects of the relationship, and the perceived infrequency of the aggression in the context of the women's perceived inevitability of violence in their world. This, along with *the consequences of the aggression that kept them stuck*, such as blame, empty promises and feelings of worthlessness, prevented the women from actively seeking a better life outside of the relationship. *The women's responses to living with violence* served as ways to

cope within the aggressive relationship, which indirectly cut off pathways to leave the relationship.

3.1 The desire to maintain the relationship

This subtheme describes the factors that served to maintain the women's desire to stay in the relationship, which kept them stuck living with aggression and violence. The relationships often started off with positive experiences and the women thought of their new partner as their dream man.

"For like the first three or so years... you know, I still got butterflies when I was like, see him an' it was just like... it was like the person, then it was like, "Oh, I'm gonna spend the rest of my life with this guy"." - Danielle

"Oh, he was just supportive, um, of my other children although I didn't have them full-time. Um, I--I was working too at the time so, yeah, he was just... he was the dream man that I'd never had." - Vivienne

The relationships often became serious quickly with, for example, the couples moving in together or becoming pregnant within the first six months.

"Two months maybe. Yeah, not long at all. Was way too quick really for having kids and things." - Bella

"Ah... it was pretty... rapid. We, we moved in within about six months... together, yeah." – Mary

Even though aggression was present, the women described being in love with their partners and that the good aspects of the relationship outweighed the negative.

"I still loved him, I still wanted to be with him and, like, if I did leave him, I'd probably text him to come pick me up." - Destiny

"But if he's being respectful towards me... it, it's really beautiful; it's a good space; it's really functional; we laugh. You know? It's... it's really beautiful." – Mary

Due to the aggression being infrequent and not as severe as they'd previously experienced or witnessed, the women deemed the aggression to be tolerable at the time. In some cases, although the women knew the behaviour wasn't okay, they didn't consider it to be domestic violence.

"The previous relationship was really bad, the violence in that was really, really bad, so I think I put up with a lot of [partner's] stuff because I sort of compared the two and it was never as bad as the last" - Bella

"But for me, thinking, oh yeah, that's not that bad, you know, don't have a black eye or anything like that" - Jessica

The women also wanted the relationship to work for the sake of their children. In some cases, their partner was a good father figure or parent and they didn't want their children to lose that.

"He's an amazing dad but every now and again, he'll go and have a... um, what do you call it? A blowout." - Mary

"Um, because I loved him, I suppose, and he loved me and we had our little princess and... and he was good with the other two" - Annalisa

3.2 Consequences of the aggression that kept them stuck

This subtheme describes the ways the outcomes of the aggression and violence maintain the cycle of violence and keep the women stuck in the relationship. The male partners placed blame on the women for their use of aggression and violence, which left the women thinking it was their fault and that they deserved to be treated that way. In some cases, the women blamed themselves for their partners' behaviour as a way to cope with staying in an aggressive relationship.

"His apologies would be like... still, it would be sort of my fault that I got him to be like that, but he's sorry he got like that." - Destiny

"I knew what he was doing was wrong and he shouldn't be doing it. But, to make myself feel better, and to justify staying with him, I convinced myself that I was in the wrong." - Mia

The male partners made empty promises of change. This gave the women false hope that the aggression would get better, which kept them from permanently leaving the relationship.

"I've always had always gone back to the relationship, 'cause he pulled me back ...um, and just said, "Things will change, I promise you I, you know, I won't be like that again." And just carried on, it was just like a pattern." – Georgia

"I knew it wasn't okay. I knew it wasn't, but I believed he was gonna change. I was gonna make him change. He loved me. He loved me enough and I was gonna make him change." - Vivienne

Their partners put them down and make them feel undesirable to others, insecure, and worthless.

"Then got me thinking I was fat, that I was ugly. I remember I changed my hair from dark to blonde because his ex- fiancé was blonde and I'm like, well, clearly I don't float his boat with my dark hair, you know. There was never... even on our wedding day he didn't even say I looked beautiful. He--he didn't give me one compliment." - Jessica

"I had somebody who was verbally abusive to me, who just made me feel worthless. Would tell me I was worthless and nobody wants me." - Mia

The feelings of undesirability and worthlessness acted as a self-fulfilling prophecy where, over time, the women gave up caring for themselves and stopped engaging in behaviour that made them feel confident, beautiful and connected to others. This further maintained their negative feelings and many of the women lost their sense of self.

"[Partner's name] broke me down, for eight years. To the point where I had no self-respect. I... had... I didn't care. I never wore make-up. I never dressed up, I looked like shit every day. Because that's how he made me feel." - Mia

"I lost heaps of confidence. Um, I was a completely different person, you know, when we first started going out." - Helena

These feelings, along with the shame of putting up with disrespect and violence, strengthened the women's beliefs that they are too weak to leave their partner. These factors built on each other and kept the women stuck in the relationship.

"Like I want to be with him but how stupid are you to be with somebody that makes you feel-- feel like that?" - Bella

"I just wasn't strong enough to leave. Like, I knew I wasn't strong enough to leave, but I knew I should have, but I just didn't." - Destiny

3.3. The women's responses to living with violence

This subtheme describes how the women manage and cope with their partner's aggression and how these strategies also contributed to remaining stuck in the relationship. The women responded to living with violence by withdrawing into themselves and isolating themselves from others, to cope with how the relationship made them feel.

"I think most of it I just internalised. Um, I just withdrew into myself" - Helena

"Yeah, it got to the point where I was angry all the time. And, like, I wouldn't go out because I would feel so... I don't know, just... not good. Like, not confident enough to go out and hang out with my friends." - Destiny

The women attempted to make some changes to mitigate the aggression, like giving up drinking with their partner.

"Um, but once we realised that we couldn't drink together, we sort of both stopped drinking and things got a lot better." - Bella

The women kept themselves safe through hypervigilance to their partner's behaviour and enduring lower level aggression to keep the peace and avoid an escalation to physical violence.

"I would always be putting out fires before they happened, so, um... I... you know, I wouldn't... I wouldn't complain... if... if something was going wrong, I'd be... I wouldn't talk to him about it, 'cause I'd just be too scared to upset him about it, so I'd rather suck it up myself rather than, um, try to deal with him." - Helena

"And with throwing food at me and just really yuck, disrespectful stuff. It was just disgusting. And I sort of put up with it because I could see his temper was right up there" – Bella

4. Moving forward

This theme details how the women move forward from their unhealthy relationship and bi-directional aggression. Over time, the resentment and tension build and the bulk of the relationship is taken up by arguments, aggression and violence and the good parts become less frequent. The relationship dynamic becomes unsustainable and the women eventually reach a *breaking point* where change is required, either through *motivation to get professional help* or through leaving the relationship. *The impact of helpseeking*, such as a change in attitudes towards relationship aggression and the development of adaptive conflict resolution skills, assisted the women in creating healthier, less violent lives.

4.1 Breaking point

This subtheme describes how the bi-directional aggression impacts the relationship over time and how living with it eventually becomes unmanageable for the women. From living with violence, over time the couples lost the romantic bond they once had and, in some cases, the good parts of the relationship no longer outweighed the negative.

"He was never home, he wouldn't even, he didn't even want to hang out with me or [our child], didn't wanna a bar of us." - Mia

"There was never a moment where I was happy or talking. You know, we'd often talk and make each other laugh, but that was only for a short time" – Georgia

From living with a violent relationship that made them feel worthless and unlovable and being isolated from others, the women's lives began felt devoid of happiness.

"[My anti-depressants] had been taken up a dose and it didn't do anything 'cause I was still living with the problem" - Olivia

"There was just this constant sadness. I always... I felt so sad." - Jessica

The women reached a breaking point where they realised that this is not a life worth living anymore and that significant change needs to take place.

"I had spent most... for the whole six years, practically most of those six years I was just crying, you know, fighting over the littlest things; trying to prove myself right. And I just thought, 'This is not a life.' " - Mia

Wanting a better, violence-free life for their children gave them enough motivation and reason to leave the relationship.

"I probably could've stayed if was just me, but if it's going to be me and a baby, I don't want to do that to the baby." - Destiny

"I'm just scared that... [son's name] gonna grow up and... like violence, you know? Like, I just don't want that for him." - Danielle

4.2 Motivation to get professional help

This subtheme shows the internal and external factors that gave the women the motivation to seek treatment and decrease violence in their lives. The women who left their relationships found empowerment from leaving and taking control of their lives.

"I just felt really in control of my feelings, of my emotions, of what was going to happen that day, what was going to happen tomorrow, of my own bank account; just who I can talk to." - Destiny

"Leaving him. It gave me endearment, empowerment, I'm me again. I still suffer greatly of anxiety and depression, which I majority have it under control. But you can't - you can't control me anymore. You don't rule me. You can't - you don't have a say in my life anymore."

- Mia

The women were held up by a scaffolding of support from their friends, family, and co-workers who helped them get through each day and kept them moving forward.

"I'm happy with where I am, and I'm now in a good place, and I've got my par--, my mum and dad are extremely helpful and supportive as well" - Annalisa

Wanting to give their children a healthy upbringing gave the women the motivation to seek professional help and change their behaviour.

"I'm not making excuses for yelling at my child, I feel bad about it. But it's because I don't know any better. Nobody's shown me any better. That's why I did this 12-week counselling course, so I cannot be the product of my upbringing and put that upbringing onto my daughter" - Mia

4.3 Impact of help seeking

This subtheme describes the positive changes that the women experienced through receiving treatment. The women learned that violence and aggression is not acceptable and that it causes problems rather than solving them.

"I know that I'm in charge of my own reactions. I'm very aware of that and I know that I reacted really badly and it was... um, it was a form of violence... and there's no buts" – Mary

The women realised that the warning signs were in place, but at the time they didn't have the knowledge or awareness they needed and now have.

"A couple of the things that had happened in the beginning, I probably would have taken then as warning signs and I probably wouldn't have gone any further with the relationship." -

Bella

The women not only acquired knowledge about violence and healthy relationship behaviour, they also developed adaptive conflict resolution skills in place of using aggression.

"It was not only told you, you know, "This behaviour is not healthy," you know - because you do know most of that stuff. But it actually gave you steps of what to do, you know, how to build healthy relationship. You know, if you're in a unhealthy relationship, what you can do to keep yourself safe" - Helena

The few couples that maintained a relationship in some capacity, experienced a reduction in aggression and violence.

"They're still there probably, like, once every two or three months but like ...not like a punch in the wall, sort of blow up. " - Danielle

Discussion

This study investigates the experiences of 11 women who lived with bi-directional aggression in heterosexual relationships in Aotearoa New Zealand. Using reflexive thematic analysis, four themes were identified that provide insight into how the women experienced this common form of intimate partner violence that has been underexplored in the literature. The themes are summarised and discussed in relation to the family violence literature, followed by implications for policy, research and intervention/practice.

Summary of findings

The foundations of bi-directional aggression

This theme identifies the factors that contributed to the women's vulnerability to entering unstable relationships and using maladaptive means to manage relationship difficulties and conflict. The women described adverse *early life experiences*, such as witnessing their older family members use aggression to resolve conflict and experiencing aggression and abuse throughout their lives in various relationships. Witnessing and

experiencing aggression and violence in the family of origin has been identified in previous research as a key risk factor for perpetration of intimate partner aggression, and is consistently associated with more severe and frequent perpetration in both women and men (Renner & Whitney, 2012; Pornari, Dixon & Humphreys, 2013). Through social learning and modelling, these experiences normalise aggressive and violent behaviour from a young age and promote the development of maladaptive communication and conflict resolution skills, which the child then carries into adulthood (Murrell, Christoff & Henning, 2007).

Witnessing violence as children not only promotes the intergenerational cycle of relationship aggression, it has an intergenerational impact on health and is associated with a higher likelihood of post-traumatic stress disorder (PTSD), depression and lower IQ scores (Russell, Springer & Greenfield, 2010; Choi et al., 2012). Forke and colleagues (2019) found that the children of adults who witnessed family violence as children had a notably higher likelihood of below-average health than children whose parents did not witness family violence growing up. Thus, the results indicate that negative early life experiences should be investigated during risk assessment, and prevention initiatives should be targeted at adults and children who have witnessed aggression in order to develop adaptive communication, conflict resolution and coping skills to break the intergenerational cycle of violent and aggressive behaviour. The women also identified that their partners had similar adverse experiences in childhood. This highlights the importance of examining the experiences of both partners to understand the violence dynamic in the relationship.

The women expressed *positive attitudes toward relationship violence*, such as accepting violence as a normal part of relationships and holding beliefs that not fighting back is weak or shameful. Positive attitudes to violence have been found to be associated with violence perpetration in previous research, where those who used aggression and violence in intimate relationships viewed these behaviours as effective ways of achieving goals,

resolving conflict, controlling others and gaining respect (Pornari, Dixon & Humphreys, 2013). Such attitudes may have developed from modelling aggression experienced in early life, as previous literature suggests that experiencing violence growing up is associated with attitudes that endorse the use of violence against intimate partners and children (Murrell, Christoff & Henning, 2007; Markowitz, 2001). In particular, positive attitudes toward relationship violence has been shown to mediate the relationship between experiencing or witnessing violence in childhood and using violence in intimate relationships in adulthood (Markowitz, 2001). The results suggest that changing these beliefs during treatment will reduce the use of aggression and violence as coping and management tools, and thus promote the use of adaptive and nonviolent means of coping with relationship difficulties (Pornari, Dixon & Humphreys, 2013)

The women discussed the *couple's coping methods and skills*. Both partners lacked adaptive self-regulation and the coping skills required to manage negative emotions and stress safely, which facilitated the use of violence in the relationship. This finding is supported by the existing literature, as impulsivity is found to be associated with perpetration of interpersonal violence and intimate partner aggression (DeWall et al., 2007; Shorey et al., 2012). The impulsive-emotional subtype of human aggression is found to occur in response to perceived provocation or threat and is associated with family violence, assault and various forms of physical and verbal aggression (Scarpa & Raine, 2000). Those who engage in impulsive-emotional aggression have been found to experience more stressful life events and deficits in social information processing (Scarpa & Raine, 2000). The impulsive-emotional subtype characterises the type of aggression predominantly used by the women and their partners in this study. This is in line with previous research that has found bi-directional aggression to be carried out by men and women at equal rates, often a result of an escalation in conflict (Dixon & Browne, 2003; Whitaker, Haileyesus, Swahn & Saltzman, 2007).

The women and their partners used drugs and alcohol, in place of adaptive coping strategies, to manage stress and conflict. This exacerbated any relationship difficulties and facilitated conflict escalating to aggression and violence. The existing research consistently finds that alcohol intoxication often leads to aggression in the context of interpersonal conflict and, in particular, there is a notable association between alcohol abuse and perpetration of intimate partner aggression among both men and women (Klostermann & Fals-Stewart, 2006; Duke et al., 2018; Foran & O'Leary, 2008). For example, Kaufman Kantor and Straus (1990) found that over 10% of women and 20% of men were consuming alcohol before their most recent and severe use of violence. These findings support the need to address substance abuse in integrated intimate partner aggression treatment interventions.

The men and women also displayed a lack of healthy communication and a clash in conflict resolution needs, where one partner wanted space and the other wanted to continue the interaction. This is in keeping with the demand—withdrawal pattern of communication that is associated with intimate partner violence, where one partner puts emotional demands on the other, which causes the other partner to withdraw (Christensen & Heavey, 1993; Schrodtt, Witt & Shimkowski, 2014). This is also consistent with research findings that people may use violence to maintain their preferred level of closeness with their partner, particularly when the partner has opposing needs or attachment styles (Pistole, 1994; Allison, Bartholomew, Mayseless & Dutton, 2008). This damaging pattern of interpersonal interaction may provide insight into how conflict between partners can escalate to bi-directional aggression and provides a point for intervention.

This theme also identified *how external factors impact the conflict dynamic*, where the women had tense relationships with their partner's family and, the women's partners in particular, lacked people outside of the relationship they could turn to for support and advice in managing their stress, emotions and relationship difficulties. Previous research suggests

that social support, such as connections to friends, family and the community, is one of the main protective factors against the risk of intimate partner aggression (Gerino et al., 2018). However, one study found that social support from friends was associated with higher rates of partner violence in disadvantaged neighbourhoods (Wright, 2015), which may be explained by individuals with anti-social associates that may endorse aggressive behaviour. Although few studies have explored the impact of in-laws on relationship aggression, Bryant, Conger and Meehan (2001) found that, for women, discord with their in-laws predicted lower perceived marital success and that, overall, conflict with other family members negatively impacted relationship stability and satisfaction over time. This supports a systems approach to reducing intimate partner violence as external relationships, coping and communication skills, self-regulation, substance use and early life experiences within the family of origin all contribute to the presence of relationship aggression.

The nature of bi-directional aggression

This theme describes the motivation and context of couples' use of aggressive behaviour within the relationship. This theme identified a *controlling context of the relationship*, usually fuelled by jealousy and mistrust, and often paired with a lack of adaptive problem-solving skills. In this context, both partners attempted to manage these feelings and mitigate potential infidelity by using controlling and aggressive behaviour.

The feminist perspective of intimate partner violence posits that men are more likely than women to use violence to control their partner due to gendered inequality in romantic relationships (Spencer, Cafferky & Stith, 2016). However, gender-inclusive researchers have found that both men and women use violence as a means of controlling their partner at similar rates, driven by motives outside of patriarchal beliefs about gender roles (Swan & Snow, 2003; Straus, 2005; Pornari, Dixon & Humphreys, 2013). Previous research has found that women use control to feel more powerful, to get their partner to behave the way they

want them to, and to get their partner to agree with them (Stuart et al., 2006). Jealousy and/or mistrust are common motives for intimate partner violence among both men and women (Babcock et al., 2004; Bookwala et al., 1992). Furthermore, previous research indicates that jealousy is associated with coercive control and physical aggression, which is supported by the current findings (Bookwala et al., 1992; Caldwell et al., 2009). Expressing jealousy and attempting to get control are frequently reported as a motive for perpetrating intimate partner aggression (Follingstad, Wright, Lloyd & Sebastian, 1991). Together, these findings suggest that control is a relevant intervention target for both male and female perpetrators of intimate partner violence, including those involved in bi-directional aggression.

This theme also identified the *triggers and motivations for violence* among the women and their partners, such as using aggression in response to major life stressors and to express and cope with negative emotions. These triggers and motives are echoed in the existing literature for both men and women. Many of the women reported that their unplanned pregnancy preceded an escalation in aggression from their partner, which is consistent with previous research. Women who are victims of intimate partner violence are more likely to have an unplanned pregnancy than women in non-violent relationships (Baird, Creedy & Mitchell, 2016). Williams and Brackley (2009) found that in the aggressive relationships they examined, women reported that the relationship aggression got worse once they were pregnant. It has also been found that pregnancy onset is associated with a significant increase in psychological aggression, regardless of whether existing violence was present in the relationship (Martin et al., 2014). This increased aggression may be due to the increase in stress that comes from pregnancy, like financial strain and lifestyle changes (Doss et al., 2009). It may also be due to jealousy or fear of infidelity and concerns with paternity certainty, as many of the women reported jealousy and mistrust about infidelity from their partner. Burch and Gallup (2004) found that sexual jealousy was more prevalent in men who

used violence against their pregnant partners than those who did not. Hellmuth and colleagues (2013) found that the male partner's suspicion of infidelity was associated with women's victimisation of physical violence in their first 18 weeks of pregnancy. This impact of aggression from both partners on pregnancy and children illustrates how important it is to understand and treat intimate partner violence from a family systems perspective.

The men and women also used violence to express and cope with negative feelings, like anger, sadness and abandonment. This appears to be related to the identified lack of adaptive self-regulation and communication skills, as anger is found to mediate the relationship between impulsivity and aggression perpetration (Shorey et al., 2012). Wanting to show anger and not knowing how to express oneself verbally have been reported as some of the most endorsed motives for using aggression towards a partner (Follingstad, Wright, Lloyd & Sebastian, 1991; Caldwell et al., 2009). Those who reported using aggression to express negative emotions tended to use physical and psychological aggression more frequently, regardless of their victimisation (Caldwell et al., 2009). Because expressing negative emotions was one of the main motives for aggression both in the current study and in the research literature, and the women consistently reported communication difficulties with their partners, emotion coaching and healthy communication skills development are important focuses for both prevention and treatment efforts.

Stuck in the relationship

This theme identifies the factors that directly and indirectly kept the women stuck in their relationships. The women had *the desire to maintain the relationship* despite aggression being present. For some of the time, especially earlier in the relationship, the women felt that the benefit of the positive aspects outweighed the hardship of living with the aggression. The infrequency of aggression reported by the women would fit with Johnson's (1995) typology of situational couple violence, which posits that bi-directional aggression in response to

conflict is infrequent and of low severity compared to unidirectional intimate terrorism. However, in the context of the normalisation and acceptance of violence in the women's worlds, the violence in their relationships may have seemed to be infrequent to the women compared to their past relationships and what they witnessed growing up. Indeed, many of the women expressed that it didn't appear as serious as previous acts they had witnessed.

This theme also identified the *consequences of the aggression that kept them stuck*, where the blame, empty promises and feelings of worthlessness and shame contributed to the women believing that the aggression was their fault and that there were no better alternative relationships or life for them outside of the relationship. In the context of aggressive relationships, self-blame has been associated with lower self-esteem, shame, PTSD and depression (Lutwak, Panish, & Ferrari, 2003; Reich et al., 2015). The elements of blame and self-blame, paired with putdowns from their partner and eventually giving up on self-care and self-maintenance, may explain the women's feelings of undesirability. Blame and self-blame would likely include beliefs that violence will always be present regardless of their current partner.

This theme also identified *the women's responses to living with violence* – responses that may have kept them safe or provided-for in the short-term, but indirectly kept them stuck in the aggressive relationship. The women attempted to limit drinking alcohol or using drugs with their partner, which likely reduced the frequency and severity of the aggression given the strong association between alcohol and aggressive behaviour (Klostermann & Fals-Stewart, 2006). This may have kept them stuck in the relationship as things may have felt like they were getting better and the aggression could be explained by the substance use. However, the underlying difficulties were still present and remained unaddressed. The women also isolated themselves to cope with how the relationship made them feel. Although this may have provided short-term relief, avoidance is powerful in maintaining difficulties

long-term. When isolated from others outside of the relationship, opportunities to seek and receive help became even more limited. Avoidant coping methods are associated with poor mental health outcomes among women who live with intimate partner violence and have been found to mediate the relationship between psychological aggression and depression, PTSD and substance abuse (Flanagan et al., 2014). These findings highlight the benefit of targeting self-esteem and self-blame and promoting the development of adaptive coping skills in treatment.

In response to their partner's aggression, over time the women became hypervigilant to warning signs that their partner was becoming angry or aggressive. They walked on eggshells around their partner and endured lower-level aggression in an attempt to mitigate more severe aggression or violence. Hypervigilance to triggers and warning signs is identified in research among female and male victims of both bi-directional and uni-directional intimate partner violence (Flasch, Boote & Robinson, 2019). Hypervigilance to threat-related information aids survival, but also maintains anxious states and may hinder entering new relationships and trusting others in the future (Richards et al, 2014; Flasch, Boote & Robinson, 2019).

Moving forward

This theme details how the women move forward from their unhealthy relationship and bi-directional aggression. The women experienced a *breaking point*, where the build-up of tension and aggression had taken its toll and, usually triggered by a specific event, the women decided they had enough of tolerating the relationship aggression. This is reflected in other qualitative research with female victims of intimate partner violence. Peterson and colleagues (2005) found that women described an "emotional or physical breaking point" where they became fed up with the violence and began to seek help from other individuals or services. Other studies found that women experienced a turning point, usually due to external

support or a specific event, where their attitudes toward their relationship changed and they decided to leave the relationship or seek help (Chang et al., 2006; Scheffer Lindgren & Renck, 2008).

This theme also identified how the women found the *motivation to get help*, usually after they came to a breaking point. The women found strength in external support from friends and family members who kept them from going back to their partner once the break was made, which has been found in other studies about leaving abusive relationships (Haggbloom & Moller, 2007; Scheffer Lindgren & Renck, 2008). The women wanted a better life for their children and didn't want them to witness or experience violence. Making a change in order to benefit children in the family is highlighted in the research literature, with some studies finding that women were motivated to seek help to prevent their children from using aggression or ending up in violent relationships in adulthood (Peterson et al., 2005; Scheffer Lindgren & Renck, 2008). In a recent meta-analysis of facilitators and barriers to help-seeking, Satyen, Rogic and Supol (2019) found that children witnessing violence and being threatened or hurt was a common reason for help-seeking. However, many studies also found that children can be a barrier to help-seeking when parents feared being separated from their children, worried about being able to provide for their children as a single parent, or wanted to keep the family united for the benefit of the child (Satyen, Rogic & Supol, 2019). This is consistent with the current findings, as some of the women reported trying to maintain the relationship for the benefit of their children. This suggests that both important others outside of the relationship and the women's children can play a powerful role in their decision making about both leaving an aggressive relationship and seeking help to change their own aggressive behaviour.

The women also spoke about the *impact of help seeking* in their journey of moving forward from the aggression in the relationship. Their time in intervention services changed

their attitudes towards relationship aggression and helped them to develop adaptive conflict resolution and coping skills, which helped to establish healthier, less aggressive lives. The women no longer viewed violence as an acceptable method of problem solving or emotion expression. Similarly, the research literature indicates that help-seeking leads to emotion-regulation and communication skill development, which are considered important factors in reducing aggressive behaviour (Pandya & Gingerich, 2002; Scott & Wolfe, 2000; Sheehan, Thakor & Stewart, 2012). The current findings provide further support for interventions that not only educate perpetrators and victims about the harms of aggressive and controlling behaviour but also teach adaptive skills to use in place of aggression to achieve values and goals, and live good lives.

Implications for policy and intervention

The current study examines intimate partner aggression among women who could be understood as both victims and perpetrators in bi-directionally aggressive relationships with men. In New Zealand, and around the world, intimate partner aggression and violence is still largely seen as a women's rights issue, as opposed to a human rights issue, and is often referred to as a type of violence against women, rather than as a type of family or interpersonal violence (Dixon & Graham-Kevan, 2011). Although it is important to highlight and address the difficulties and inequalities that women face from societal structures that favour men and limit women's opportunities to live an equal quality of life, this gendered narrative of intimate partner violence can serve to minimise men's victimisation, aggression in rainbow or gender-nonconforming relationships, and the extent of aggression in relationships characterised by bi-directional aggression. It limits opportunities for these victims and female perpetrators to access education, intervention and other support resources (Dixon & Graham-Kevan, 2011). Although gender is an important factor to consider when understanding any human behaviour, it is crucial to recognise that intimate partner violence is

experienced and perpetrated by men and women at similar rates and everyone, regardless of gender, is worthy of support and intervention. This sentiment should be reflected in treatment education, that no gender or individual should perpetrate or tolerate aggression toward or from their loved ones.

Intimate partner aggression occurs in a context of two people's complex arrays of personal factors interacting with each other, within multiple layers of systems that impact these interactions (Dixon & Browne, 2003). Considering the commonality of bi-directional aggression, victimisation and perpetration may be better understood as a spectrum rather than a dichotomy, much like other human phenomena (Jablensky, 2005; Ross & Babcock, 2009). It is important to acknowledge this in order to ensure that policy and intervention understands and meets the needs for the diverse population who experience intimate partner aggression in New Zealand. All forms of intimate partner aggression should be researched, understood and addressed, so that everyone affected gets the help that they need. Those in positions of social and community influence, such as politicians, media and policy developers, researchers, community leaders and educators, should work to shift the discourse around intimate partner aggression to reflect an evidence-based research perspective. Education at a societal and community level – not just with at-risk and clinical populations – that addresses the nature of intimate partner aggression, including all its various forms and warning signs, can change widespread outdated beliefs and provide adequate support to all victims.

In forensic settings, the Risk Need Responsivity (RNR) model classification system is widely used to guide rehabilitation to reduce recidivism (Dixon & Wride, 2020). The model determines the treatment targets and intensity by an individual's risk level and criminogenic needs, with high risk of reoffending receiving the most intensive treatment and low risk of reoffending receiving little to no treatment (Bonta & Andrews, 2017). An individual's characteristics should also be taken into consideration to ensure treatment is delivered

appropriately (Bonta & Andrews, 2017). As previously discussed in this thesis, bi-directional aggression is often conceptualised as mild and infrequent (e.g. Johnson, 1995; Dobash & Dobash, 2004). When adopting an RNR model approach to preventing family violence and intimate partner aggression, bi-directional aggression would be considered as low risk and therefore little to no intervention would be the best approach. As identified, receiving treatment was important for the women of this study, their partners and their children. It resulted in a reduction in use of aggression and improvements in well-being. Treatment should be based on targeting the underlying causal mechanisms of the presenting problem, which dynamic risk factors of the Needs principle do not capture (Ward, 2016, Dixon & Wride, 2020). The impact of family violence and intimate partner aggression goes beyond the correctional setting and treatment should reflect this. The design and allocation of treatment should be guided by a classification system that targets the causes of intimate partner aggression rather than correlational factors of offending, and treatment outcomes should be based on more than the reduction of recidivism (Dixon & Wride, 2020).

The current study identifies how the similar experiences of women and their male partners can contribute to the development of bi-directionally aggressive relationships. These experiences included witnessing aggression and violence, learning aggression as a problem-solving tool rather than learning adaptive conflict management skills, and not being given space to safely communicate and process strong emotions. Interventions should aim to foster adaptive coping and self-regulation skills, assertive communication, building trust, recognition of warning signs and healthy relationship behaviours in individuals and couples who want to remain together (Dixon & Graham-Kevan, 2011). This may reduce aggression as individuals and couples will have safer means to navigate relationship difficulties to replace the escalation to aggression.

The current study demonstrates the need to understand intimate partner aggression in the context of the family system and to develop holistic and evidence-based treatment. Early life experiences, such as childhood attachment, social learning and modelling, have a notable impact on the development of healthy relationship behaviour, self-regulation and coping skills (Murrell, Christoff & Henning, 2007). Taking a preventative approach, policy and practice should be implemented to provide support for young families to foster healthy, violence-free environments for their children to develop appropriate self-regulation and relationship skills. Considering the overlap between bi-directional aggression and child maltreatment, a component of parent training should be considered for treatment programmes for those with children (Dixon & Graham-Kevan, 2011). This would be aimed at breaking the intergenerational cycle of intimate partner aggression and acting as a buffer against developing the vulnerabilities that lead to the use and experience of aggression in adulthood (Dixon & Slep, 2017). Furthermore, there may be benefit in developing policy for education in schools to include self-regulation and social skill development for children, such as emotion coaching. The research literature indicates that implementing social skills training and emotional learning in schools has led to significant reductions in aggression and conduct problems (Durlak & Weissberg, 2007; Espelage et al., 2013; Prati, Cicognani & Albanesi, 2018). This may provide the needed skill development for children who cannot access this support and learning in their home environment.

Limitations and future directions

Within the intimate partner violence literature, researching women's perpetration of aggression and bi-directionally aggressive relationships is limited. Exploring these areas qualitatively in the current research enabled a detailed understanding of the experiences of these women who were living in bi-directionally aggressive intimate relationships. However, it is not possible to generalise the current qualitative findings to the wider New Zealand

population. Future research could aim to build on the current findings through quantitative research methods to investigate the scope of the problem. Furthermore, the current research was only able to examine bi-directionally aggressive relationships from the perspective of one of the partners and of women in heterosexual relationships. Caution must be taken when generalising the results to other genders and sexualities. Future research should aim to examine bi-directional relationships from the perspectives of both partners in those relationships, in addition to examining couples' experiences who identify with the rainbow community. This will provide a more comprehensive understanding of the nature and prevalence of bi-directional intimate partner violence within New Zealand and uncover the similarities and differences in how women and men experience and interpret relationship aggression.

The participants in this study were all involved with anti-violence NGO intervention services prior to and during their interviews. The women would have been exposed to education and skill development, which likely influenced their level of insight and ability to reflect on their experiences. The women were also reporting on emotionally loaded experiences that happened months or years in the past, which may have influenced their recall. Future research should include women at other stages of their journey, to more fully identify the different experiences of bi-directional intimate partner aggression and to address different biases that occur in research that relies on self-report and memory recall. Future research should also examine female perpetration and bi-directional intimate partner aggression longitudinally to gather data on experiences as they occur, such as how individuals get into bi-directionally aggressive relationships, what internal and external factors and characteristics contribute to the aggression, and how individuals decide to stay or leave the relationships and move forward with less aggressive lives.

Conclusion

The feminist movement has led the charge in raising awareness and combatting intimate partner violence that has mostly focused on preventing violence against women. However, the research base has since evolved to understand the diverse experiences of people in violent intimate relationships. Gendered conceptualisations of intimate partner aggression have been shown to minimise and exclude important phenomena and populations (Dixon & Graham-Kevan, 2011). Due to these gendered conceptualisations, bi-directional intimate partner aggression is largely viewed as infrequent, of low severity, and mostly initiated by men and reciprocated by women out of retaliation or self-defence (Archer, 2000; Dixon, Archer & Graham-Kevan 2012). However, the current study highlights that women are involved in the perpetration of violence and its maintenance in bi-directionally aggressive relationships. Relationship aggression occurs in the context of two individuals and their complex make-up of characteristics, interacting with each other and the environment the relationship is situated in (Dixon & Browne, 2003). Bi-directional aggression is a serious issue that negatively impacts both partners and their children and deserves as much attention and intervention as other forms of intimate partner aggression (Slep & O'Leary, 2005). The current findings highlight that the vulnerabilities for perpetrating and experiencing violence, such as poor communication, self-regulation and conflict resolution skills, can start in childhood and carry on into adulthood when left unattended. The therapeutic and research community needs to take an evidence-based, systems approach to understand, educate, prevent and reduce violence in relationships (Dixon & Graham-Kevan, 2011). Rather than focusing on changing how men view women, policy and intervention should focus on changing how members of the community, and of the society at large, view aggression and violence.

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Appendix 1

Additional Subtheme Quotes

Table 3

Developed Subthemes and Associated Quotes from Interview Transcripts

Subtheme	Quotes
Early life experiences	<i>"You know, part of my anger was actually at - in--in that moment - was towards, um, the boys that abused me when I was little, 'cause I was... part of me was thinking, you know, 'Fuck you, you guys set me on this path, where, you know, that... where my partner is treating me like this, because he thinks that I'm that way, 'cause of what had happened when I was young." - Helena</i>
	<i>"I said, "Do you want us to be parents like our parents were to us as kids? And our daughter go through that?" "No." But it didn't mean shit to him, because he can't seek professional help to talk about his issues, he's emotionally void as a person." – Mia</i>
	<i>"especially from my childhood, I never expected to be like my mum sort of, yeah." - Olivia</i>
Women's positive attitudes toward relationship violence	<i>"I thought it was normal ... whether you deserved it or not sort of thing." - Olivia</i>
	<i>"I just sort of thought it was normal, you know, that's how it's going to be with him." – Annalisa</i>
	<i>"My thing was sort of like sticking up for someone, you know. If--if they're gonna hit you well then you hit them back." - Olivia</i>
Couple coping and relationship skills	<i>"I think he is really aware of it but I just think the temper, he just doesn't know how to control it." - Georgia</i>
	<i>"He gets really upset. When we do have an argument I cannot want to talk to him for three or four days quite easily ... Um, whereas he wants to sit down and talk it out and get back on track and I'm just not in a position to do that." - Georgia</i>
	<i>"I didn't like where the relationship was. Like, we'd been together how many years and we couldn't... you know, we couldn't even communicate. You know, like what sort of relationship is that? And that's prob'ly what I always fought with him about is... I couldn't stress enough to him how, like after how many years of</i>

	<i>being in a relationship with someone, you should be able to communicate. You should be able to share everything." - Danielle</i>
How external factors impact the conflict dynamic	<i>"I don't even have a relationship with [partner's mother], 'cause she became abusive to me." - Annalisa</i> <i>"I was very alone in the situation. So it got to the point where I just didn't say anything to anybody anymore. 'Cause they made it quite clear they didn't wanna know. And they weren't gonna help me. So... and because of it, I got harder, and I got meaner." - Mia</i>
Controlling context of the relationship	<i>"But that relationship was real rough, um, 'cause I wasn't able to have a shower, um, I had to live in my pyjamas ... Cause he was--, he didn't want me to look good." - Bella</i> <i>"it was more like emotional abuse from him. Like I think he tried to keep me down because when I was down things just got done, um. It was a good place for him to have me." - Jessica</i>
Triggers and motivations for violence	<i>"No one will believe you, 'cause you're a bad mother" - Helena</i> <i>"My ADHD baby keeps crying. ... Well, that's when [partner's name] started bashing me 'cause I couldn't shut the baby up. ... I was a useless mother. It was my fourth baby, why can't you shut the baby up?" - Vivienne</i> <i>"I've been violent to him, like I've pushed him out of frustration and anger." - Mary</i> <i>"I wouldn't even go for the face, just 'cause I think it would hurt. And I just thought it wouldn't hurt as much here, but it'd be enough to feel h--how angry I was." - Destiny</i>
The desire to maintain the relationship	<i>"we became pregnant quite early on in our relationship. So, we hadn't been together - or serious, for very long" - Helena</i> <i>"I never once thought anything that he done was okay. I almost hid it because I wanted to believe that it wasn't him. I wanted to... you know, like... I wanted... to be with [partner's name] so badly." - Danielle</i> <i>"Um, didn't want to be away from them, so I would always go back to be with them. Um, the relationship got to that point where we weren't even, like, we didn't really wanna be together, but we had kids together" - Mary</i> <i>"there were some parts that were abusive. But, you know, there were also lots of really good things, too." - Helena</i>

<i>Consequences of the aggression that kept them stuck</i>	<i>"I always justified his behaviour, always... it was always my fault. I always made him like that." – Vivienne</i> <i>"he'd eat off my plate at dinner time, then I'd try go pick off his plate and then he'll say, "No, no, you need to lose some weight." Then that stuff started coming in too, in that second year, and I sort of felt a bit more insecure." - Destiny</i> <i>"I went back to him, because he begged me, promised that he was going to change, that he was gonna get counselling and this and that." - Mia</i>
<i>The women's responses to living with violence</i>	<i>"I think I'd try to avoid the whole conversation altogether, with other people, because I wouldn't want to hear what I already know." – Destiny</i> <i>"I'd just be scared to do some things 'cause I might get in trouble or put down." - Destiny</i> <i>"I used to say to him that, like, "There's no need," and he'd get shitty. So, it was easier just to not say... to say anything, just to keep the peace." - Annalisa</i>
<i>Breaking point</i>	<i>"It was like nah, I've still got a lot of life left in me ... and he's sucking it out of it... out of me." - Jessica</i> <i>"there's always thoughts in your head, like, "What if I died", like, "What if I hit my head on that and like, cracked my head open", you know?... Like... you know? Like, how do you... yeah. And it's not something... And because I was pregnant, I also realised I didn't want that for my son." - Danielle</i> <i>"It's really affected me and how I am as a person." Um, yeah. ... And don't deserve to be abused, so I just wouldn't put up with it." - Annalisa</i>
<i>Motivation to get professional help</i>	<i>"We've come to seek help because we want to... try to improve things for the sake of our two girls." - Mary</i> <i>"[my friends and family] told me I can stay with them - or to go stay with them, um, reassure me it wasn't my fault, and that it wasn't a - it wasn't right of him to do that" - Destiny</i> <i>"[My boss] was really good; he was really understanding. So, I had to... yeah, it was a really humbling experience, 'cause I had to, um, tell my [head of department], tell the second in charge there as well, um, and talked to my principal as well. So, um... It</i>

	<i>was also really good, 'cause, um, I had reinforced my faith in people a lot." - Helena</i>
<i>Impact of help seeking</i>	<i>"I didn't realise I was doing anything like that until I kind of... we sat down and... with [counsellor's name] and we started talking about stuff like that... of me just going at it and he couldn't deal with that." - Danielle</i> <i>"going through that course - the non-violent one - that sort of made me realise, you know, a lot of the unhealthy things that had started happening" - Helena</i> <i>"I think he knows now, you know, when things get like that to go away and leave me because it's not gonna get any better. Um, we need... you know, you need that cool down time to... and then come back and reassess in a couple of hours and if it's still not right then go away again for... you know, not to push the issue because he knows that pushing the issue just escalates everything a lot more than what it needs to be." - Georgia</i>

Appendix B

Extract of Codes, Definitions and Associated Quotes

Table 4

Extract of Refined Codes, Definitions and Associated Quotes from Interview Transcripts

Code	Definition	Quotes
Substance use triggered or contributed to aggression	The women attribute drugs and alcohol to triggering the relationship aggression, either through a lack of self-regulation when intoxicated or from the life stressors it can contribute to like financial stress, a chaotic home life, deteriorating parent-child relationships and mistrust around drug use.	<i>"Weren't friends any more. It was more like enemies. Like we were... you know, we were smoking each other's drugs and it was like enemies, you were smoking all my drugs and it was just really hateful, real hateful." - Georgia</i> <i>"the triggers nine times out of ten were because (1) he couldn't go drinking or (2) there wasn't enough money." – Vivienne</i> <i>"alcohol and stress would probably be, um, sort of the key factor through all of the beginning." - Helena</i>
Believe in partner's potential to change	These women stay in the relationship because they believe their partners have the potential to change and are willing to do so.	<i>"He was really trying to be a different person, and I could see it" - Annalisa</i> <i>"I was prepared at the start to help him, get him the help that he needed, 'cause, you know, I could see the good in him. And... which is the hard part, 'cause I could really see." - Annalisa</i> <i>"I knew it wasn't okay. I knew it wasn't, but I believed he was gonna change. I was gonna make him change. He loved me. He loved me enough and I was gonna make him change." - Vivienne</i>
Shame about putting up with violence	The women discuss feeling stupid or embarrassed for staying in a violent relationship, which impacted their	<i>"Like I want to be with him but how stupid are you to be with somebody that makes you feel-- feel like that?" - Georgia</i> <i>"I guess letting him get away with all of... like, how he talked to me and things like that, and</i>

	willingness to disclose to others.	<i>swore at me, and just letting him think it was okay, sort of got to me as well. And I didn't feel so proud, yeah. And I guess I got a lot more insecure."</i> - Destiny
		<i>"I didn't want, um, other people to know 'cause it was embarrassing I think."</i> - Olivia
Wounds heal but words cut deep	The women discuss how the emotional violence was worse than the physical violence because the words hurt deeper and longer than physical injuries.	<i>"It was horrible. And the worst part of the violence is the mental or the verbal."</i> - Vivienne <i>"I think that's more harder to overcome than physical abuse, for--for me personally it is 'cause, I mean, cuts and scars heal up and go away but memories are always there."</i> - Olivia <i>"You always remember the horrible things your so-called loved ones say to you. They take a lot longer to heal. They resound in here for a very long time. Still to this day."</i> - Mia
Incongruence in communication needs escalates problem to violence	These women identify the discrepancy between needs to resolve problems. One partner needs to walk away and have time to calm down. The other partner needs to resolve the issue immediately. This can contribute to a disagreement or argument escalating into aggression or violence.	<i>"He gets really upset. When we do have an argument I cannot want to talk to him for three or four days quite easily ... Um, whereas he wants to sit down and talk it out and get back on track and I'm just not in a position to do that."</i> - Georgia <i>"We can go out, just breathe... whereas before I'd just wanna sort it right then and there and he couldn't. And that's what we were prob'ly clashing on... is that I wanted it sorted then and he didn't. He wanted to go out and breathe and calm down, um, and that's prob'ly what caused things to get a bit out of control."</i> - Danielle <i>"I'd be angry, but I wouldn't want to argue about pointless things. So, I'd get up and walk away, and just have my own time in my own room, and then he'll walk in, and then he'll sort of say, "Why aren't you talking to me?" And, like, make me... he would make me talk and say, "But why? But why?" And then I'd</i>

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just be like, "I'll fucken tell you why!"." -
Destiny