

# **Methodological and Ethical Considerations When Working Beyond the Victim-Offender Binary: A Brief Report on the Unintended Consequences of the C-ABI**

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## **Abstract**

This Brief Report introduces the Contextual Abusive Behavior Inventory (C-ABI) — an assessment tool developed for antiviolence programs for women. After nearly 20 years use in the U.S., the C-ABI was implemented as part of a new antiviolence program for women in Australia. This was a community-based group work and case management program for women brought to court and child protective services attention for having used force in their relationships. Most women attending the program also disclosed extensive domestic and sexual violence survivorship histories. Thus, their experiences exist beyond being “victims” or “offenders.” The authors discuss methodological and ethical issues that arose during the program evaluation when the C-ABI was used both as an assessment tool and a research measure to increase understanding about the characteristics and needs of women who have resorted to using force. Practitioners found that the C-ABI was a valuable assessment tool but that it could be and was used against the women by referring institutions. The authors highlight issues for consideration in using and storing the C-ABI both as an assessment tool and a research measure. When working alongside carceral systems of power, practitioners and researchers confront daily challenges of how best to balance women’s intervention needs with the demands of referring entities and potential ongoing risk. The authors hope that, by detailing their experiences with the C-ABI, this brief report will encourage thoughtful innovations in practice and research when working in contexts beyond the victim offender binary.

**Keywords:** Domestic violence, women who use force, intervention, research,

The purpose of this Brief Report is to introduce the Contextual Abusive Behavior Inventory (C-ABI), an assessment tool used with women who have both survived and caused harm in their relationships, and to raise practitioner and researcher awareness of methodological and ethical issues surrounding its use. The authors do so by providing an overview of the C-ABI's development and purpose as an assessment tool and then the C-ABI's use in the research evaluation of an Australian antiviolence program for women. They discuss the methodological and ethical dilemmas that have evolved for practitioners and researchers, highlighting the issues that need to be considered in its use.

### **Developing an Antiviolence Assessment Tool: The C-ABI**

As the earliest formal interventions for women who use force evolved in the U.S. in the 1990s and early 2000s, practitioners found that while women court-ordered to the group work programs readily took responsibility for harming their partners, they often did not recognize or articulate the spectrum of harm they had often endured in current or past relationships (House, 2001; Larance & Rousson, 2016; Miller, 2005; Potter, 2008; Roy, 2002). Their disclosures and circumstances presented multiple ethical quandaries about creating the services at all (Gardner, 2009), with the risk that their survivorship was being weaponized against them. This is in stark contrast to work with men participating in court-ordered battering interventions (U.S.) or men's behavior change (Australia), who often minimize or deny the actions that resulted in their court-orders (Anderson & Umberson, 2001). By taking responsibility for the harm caused, while not detailing the harm they had endured, women risked receiving inappropriate antiviolence intervention that overlooked their trauma histories. This put them at risk of being misunderstood by referrers working with

binary conceptualizations of who they believed the women to be, often only viewing them as “perpetrators”.

The C-ABI was developed by practitioners in this context as an assessment tool which would help them understand the various relationship experiences of women entering antiviolence intervention programs and to enable the women themselves to understand the full spectrum of their experiences including the harm they had endured. The C-ABI provides program participants with the opportunity to record acts of force in an intimate relationship—used by them, used against them, or both—at program intake. Thus, the C-ABI could both be used as an assessment tool and as a tool to initiate the intervention / change process for women by facilitating conversations about the contexts in which women used force.

Figure 1. C-ABI Intervention Tool Excerpt

Please check item(s) that apply

I Used	Used Against Me	SEXUAL ABUSE
		Forced partner to have sex
		Pressured partner/other to have sexual relations
		Pressured partner/other to have sexual relations with people outside the primary relationship
		Pressured partner/other to perform sexual acts that they found objectionable
		Insisted on sexual relations after being abusive to partner/other
		Other:
		Other:

The C-ABI comprises 44 items relating to physical, sexual, and psychological harm (Figure 1). These are derived from the Abusive Behavior Inventory (Shepard & Campbell, 1992), the psychological maltreatment of women inventory (Tolman, 1989), and women’s disclosures gathered during community-based antiviolence intervention groups in the U.S., China, and across U.S. Air Force locations. In addition, the C-ABI has blank spaces which provide women opportunities to include experiences not already listed. Next to the categories

and descriptions of force and/or abusive behaviors, there are two columns. One column provides space for women to check off whether or not they used that form of force against their partner. The adjacent column provides space for them to check off whether that act was used against them by their partner. The detailed descriptions and their check marks create a visual tool for prospective program participants to begin to recognize not only what force they have used but, less frequently recognized, what they have endured. For many women this is their first formal opportunity to contextualize the abuse in their relationships.

The C-ABI was designed for use at antiviolence program intake and assessment. Practitioners meeting with women for their program intake assessments understand that although the C-ABI is a checklist, the format is designed to facilitate conversation and gain a detailed relationship overview. Information obtained through the C-ABI is situated within an extensive intake assessment narrative intended to bring critical context (Larance, 2021) to the women's actions in terms of their intersectional identities (Crenshaw, 1991); the motivation, intent, and impact of the actions they have experienced; and their longitudinal relationship histories. In addition to details of a woman's use of force, this narrative includes general questions about when the prospective program member first experienced violence, the last time she experienced violence, and how the presenting situation may differ from her previous experiences. These open-ended questions are intentionally broad to elicit comprehensive responses. The result is meant to be one in which women have a greater understanding of what they have encountered, and the practitioner has a more holistic, trauma-informed (Elliott et al., 2005) appreciation for the women's experiences nested within a person-in-environment perspective (Kondrat, 2002).

The spectrum of the women's relationship experiences is necessary for effective and supportive antiviolence intervention that reaches beyond dichotomous approaches to

intervening in their lives. Such a perspective also informs the advocacy needs of women whose experiences do not fit the traditional victim-offender binary (Larance et al., 2022). In this way, the C-ABI is an assessment tool that initiates a change process for the women concerned, rather than an assessment tool in the conventional sense.

### **Using the C-ABI for Program Evaluation**

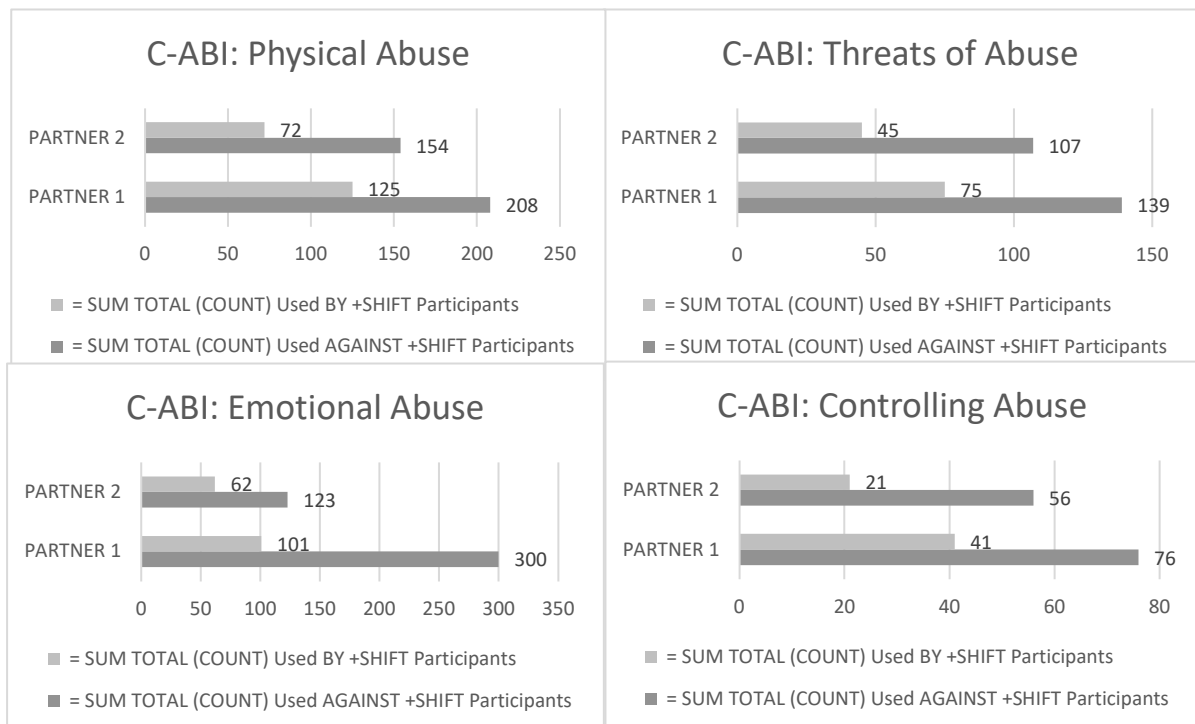
When the antiviolence intervention was piloted in Australia, a feasibility study and evaluation was also commissioned. The groupwork program was grounded in supportive, trauma-informed interventions that promoted healing, while increasing participants' awareness of alternatives to using force. The program pilot and evaluation commenced in 2018. One purpose of the study was to understand the characteristics and needs of women referred for anti-violence intervention (Kertesz et al., 2019).

Lacking an existing validated self-report measure that adequately captured use of physical, sexual and psychological force for this population, the researchers piloted the C-ABI as a self-report measure which could capture women's actions in the context of their victimization. The C-ABI evolved from the first author's direct practice intervention work with women in similar settings (Larance et al., 2009) and has not to date been reported in the peer-reviewed literature. The researchers commenced the evaluation with the understanding that the women's experiences generally existed beyond common conceptualizations of their being either victims or offenders of abuse (Larance et al., 2022) and that the tool would also be used by practitioners as part of their intake assessment process. Analyzing the C-ABI data to understand more about the women attending the program, the researchers found the tool to be a powerful means of illustrating the survivorship histories of women from the first year of the program. Although the women were systems identified as having used force, their partners had threatened to harm them and controlled them as well as physically and

emotionally abusing them. [See Figure 2]. These findings are consistent with other contextual research (Dasgupta, 2002; Larance, 2024; Miller, 2005). Participants from the program’s first year cohort ranged in age from 19 to 59 years old, with a mean age of 36 years. They overwhelmingly identified as female (95%), 5% as other, and two-thirds described themselves as heterosexual. A broad range of cultural backgrounds was represented, with 14% born overseas and another 14% from Aboriginal or Torres Strait Islander backgrounds. Most had self-reported histories of trauma, with 86% reporting abuse by a current or previous partner.

The analysis summarized the checklist into four overarching categories of abuse, and counted the number of ticks, that is, the number of different actions checked off by the women. The number of action types perpetrated by the women’s partners against them was shown to be far greater than the action types used by the women themselves.

Figure 2. +SHIFT Participants’ Use of Force Compared to Force Used Against Them (N=36)



As the program and the evaluation evolved, the practitioners and researchers learned how the C-ABI, as a research tool, could be (mis)used by legal and child protection systems personnel surveilling the women's antiviolence group attendance and progress. As they sought to work beyond binary approaches to understanding and addressing the diverse needs of women who had caused but also survived harm, practitioners and researchers alike encountered methodological and ethical dilemmas when using the C-ABI, where women were put at risk of being inaccurately portrayed by the decontextualized legal and child protection systems as offenders in their relationships, leading both practitioners and researchers to re-consider how the C-ABI could be used as an assessment or a research tool without endangering women's safety.

### **Methodological Dilemmas**

#### **Practice**

Women court ordered to antiviolence intervention have often survived sexual violence as children and a constellation of intimate harm from their current and/or former partners (Dasgupta, 2002; Miller, 2005). They have also navigated abuse from systems actors who misunderstood their relationship histories. Furthermore, these women feel personal shame and social stigma for having resorted to using physical force in their relationships (Larance, 2006; Larance & Rousson, 2016). To effectively co-facilitate intervention groups that address both the harms experienced and caused, intervention providers must have access to the women's relationship histories (Kertesz, Humphreys, & Larance, 2021; Larance, 2012; Larance, 2017). The C-ABI, and accompanying narrative, provide this information. However, administering the C-ABI in tandem with a detailed narrative in which women explain their

relationship histories is a time-intensive process. The practice dilemma becomes how to administer the C-ABI in a supportive way that least drains the time and energy of prospective program participants, while gathering the information necessary to effectively engage with and intervene in the women's lives. This dilemma was addressed by providing practitioners with a narrative of their own to introduce the C-ABI. The narrative included the following explanation:

Next we can go through what we refer to as a Contextual Abusive Behavior Inventory or 'C-ABI'. This is voluntary and only an opportunity if you would like to go forward. Please note that although this may initially be challenging, many women find it helpful as it puts a name to behaviors they have experienced. The C-ABI is a checklist with multiple forms of relationship abuse. As we go through the C-ABI together, please check off anything you have done that is on the list and also check off anything you see that has been done to you by the partner involved in the relationship that resulted in your coming to [this program]. There are also blank spaces where you can fill in experiences you have had that are not already included in the checklist. The purpose of checking these items off is to begin to more deeply understand where you have been in your relationship as you heal and begin to move beyond the violence in your life. If you have had more than one abusive relationship, we can go through an additional form together, but only if you would like to do so. We can discuss your feelings about the process at any time. Please ask me questions at any time. I am here to support you.

With time constraints and staff changes, it became clear that safe and effective use of the C-ABI was dependent on good training and ongoing clinical supervision regarding how the tool could be incorporated into the intake assessment process. Staff under time constraints, and managing assessment tasks, may be reluctant to use the C-ABI, seeing it as an additional task rather than situating it within an intake assessment narrative, and viewing the time involved for both women and staff as outweighing the value of the tool.

## **Research**

From the researchers' perspective, methodological dilemmas lay in the choice of measures to assess the effectiveness of the program and to capture the complexity which characterized the lives of the women participating in the program. Tools such as the Conflict

Tactics Scale (Straus, 1979; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), did not take into account the context of women's use of force or differences in motivation, intent and impact (Dobash, Dobash, Wilson & Daly, 1992) between men's and women's use of violence. The Composite Abuse Scale (Hegarty, Bush, & Sheehan, 2005) which assesses women's self-reported experiences of abuse and intimate partner violence, and takes frequency into account, was found to be suitable for victim survivor reports, but not deemed useful for a group of women who had also caused harm.

The Buss-Perry Aggression Scale (Gallagher & Ashford, 2016) was chosen to measure changes in women's anger and attitudes to aggressive behaviour over the course of the program. Data collected to date indicates little pre- to post-program change on this measure, suggesting that the program's contribution does not lie in this area of change, and that causes of women's anger rooted in their life experiences are not affected by group participation. Instead, the program provides opportunities to explore, among other feelings, their anger while also aiming to help women understand and address areas of their lives that they would like to change, such as recognizing their own escalation cues and choosing pro-social strategies to respond to stressful or potentially dangerous situations.

The C-ABI was also not suitable to measure change in the form of whether or not women's forceful actions increased or decreased. Instead, the first author has observed, when the C-ABI is used during a therapeutic trauma-informed antiviolenence program intake assessment it can initiate women's increased *awareness* of their actions *in the context of* their partner's abuse and/or coercive control. Researchers therefore collected C-ABI data primarily as a way of describing the group of Australian women who attended this program, as described above.

The C-ABI did provide a vital contextual element as an inventory of harm caused, but it had several limitations as a research tool. The simple checklist format created a powerful opportunity for women and professionals to discuss the context of their use of force, particularly where they had life experiences of abuse and trauma. However, the inventory does not capture comparative information about the frequency of any action or the severity of the impact of any action, both of which may vary. Revising the inventory to add in these elements could add valuable research data about women's actions and experiences but would result in a large and unwieldy checklist which is more burdensome than useful to women from a therapeutic point of view. Such contextual inventories have been useful in obtaining essential data about domestic violence from the experience of survivors [e.g., the Psychological Maltreatment of Women Inventory (Tolman, 1989)].

## **Ethical Dilemmas**

### **Practice**

During initial C-ABI development, practitioners were keenly aware of the potential risks posed to women by utilizing decontextualized tools, such as the Conflict Tactics Scales (Straus, 1979; Straus et al., 1996), that focus on physical harm void of relationship context (Larance, 2012, 2017). The primary concern was that including such a tool in group members' case files could potentially lay the ground work for their disclosures to be used against them. For example, if their files were subpoenaed and used during court cases or custody hearings the C-ABI, used with or without the narrative account, could be used against them (Goodmark, 2008). Despite this awareness, practitioners sought a tool that would aid both them and the women seeking services in visualizing the context of the harm caused and endured in their relationships. The goal was that such a tool would facilitate early engagement and effective intervention in ways that would complement an extensive intake assessment narrative. While a detailed intake assessment narrative is fundamental to both

engagement with and understanding of prospective group members' relationship histories, women often told practitioners that they found it profoundly impactful to see their actions situated within the multiple harms they had survived (Larance & Rousson, 2016). In addition, the visual aid communicated to the women that the antiviolenace intervention space was distinctly different from their court and child protection contacts to date. Where those systems focused on decontextualized incidents, antiviolenace intervention embraced a contextual approach to both understanding and addressing the broad spectrum of their relationship experiences.

A number of strategies have been implemented in U.S.-based programs to mitigate unintended consequences of the C-ABI's use. For example, completed C-ABIs were de-identified and stored separately from group member case files that were subject to subpoena or the C-ABI was used only as a framework for discussion rather than a form to be completed. In prison-based settings the C-ABI was included as a worksheet in groupwork manuals that incarcerated women could voluntarily complete in a private and confidential manner. Each strategy depended upon the intervention setting, program philosophy, legal guidance, and relationship culture with referral sources.

Despite these efforts, however, two examples are provided from the authors' experiences of when organisational protocols have not been sufficient to prevent C-ABI information being used against the women concerned. In a U.S.-based prison setting, completed C-ABIs were accessed by corrections officers, not working in the antiviolenace program, who used the women's private workbook exercises to publicly shame them. Although the women trusted that their groupwork manuals were kept in a secure location, the rogue corrections officers violated that trust. The officers were disciplined but the harm to the

incarcerated women and the practitioners involved, as well as the ripple effect across program participants and other incarcerated women through word of mouth, was already done.

In Australia, a mother referred to the antiviolence program under evaluation, and monitored by child protection services, had several children living in foster care and wished for them to return to her care. With ongoing conflict between the parents, child protection workers believed that the mother was violent, and their legal representatives subpoenaed all program assessments and intake documents for presentation to the children's court. Program staff were concerned that the C-ABI could be used in court testimony without consideration of context for punitive purposes, to depict the mother as violent and a bad parent who would not keep her children safe. Program and senior agency staff sought advice and the decision was made that as the C-ABI had been used as part of the assessment process, it needed to be kept on the agency case file and was therefore subject to the subpoena. In order to mitigate the possible risks, the woman's worker wrote a letter stating that the tool had been used for assessment and therapeutic purposes, providing detailed contextual explanation of the mother's circumstances and the information presented on the C-ABI form, and reporting on the mother's progress during the program. In this example, the additional context was taken into account, due to both the worker's advocacy and the legal professionals' receptive response.

While this story had a positive outcome, the woman certainly endured extensive anguish during this process with its residual effects potentially unraveling much of the antiviolence program's positive impact. Furthermore, it highlighted serious practice dilemmas for program staff about the possibility that, if advocacy was inadequate or unsuccessful in the future, the C-ABI could be subpoenaed and then used against the very people it was developed to support. Strategies such as providing the C-ABI as a private

document for women to complete and take with them were discussed, but staff also had safety concerns for women currently living in abusive relationships if they took such a document home. As a result, program staff have spent some time reflecting on how they could use the C-ABI ethically, and are considering creating a laminated conversation aide that can be marked and then wiped clean following discussion.

## **Researchers**

Ethical dilemmas for the researchers arose as a result of early methodological decisions aimed at minimizing the administrative burden of the evaluation for staff and participants alike. The pre- and post-program questionnaires were designed at the same time as the program was being established, and before formal data requirements from funders were in place. In addition, aside from several validated measures, a number of questions were deemed useful for both assessment purposes and their pre/post evaluation value. Therefore, the pre-program questionnaire was designed to have a dual role — useful to program staff as part of their assessment, and also shared (with program participants' consent) with the researchers.

As discussed above, over time this led to some confusion in differentiating between records seen as belonging to the women, to the program or agency, or to the researchers. In particular, it created confusion for practitioners about what their assessment activities were, and how these overlapped or were separate from research activities, raising ethical dilemmas for their practice. Further, the situation discussed above was a catalyst in that it shone a spotlight on how the researchers and their data collection became complicit in practices that were possibly putting women at risk. The fundamental principle of research — that it is “ethically acceptable only when its potential benefits justify any risks involved in the

research” (NHMRC, 2018, p.14) — was compromised by combining evaluation and program goals.

### **Considerations Moving Forward**

An antiviolence intervention program intake assessment, for women who have used force, should provide opportunities for practitioners to supportively engage with prospective group members, gather the information necessary to determine if the program is best suited to meet their needs, lay the foundation for effective intervention, and inform any necessary contact with referrers. However, with regard to women who have both survived and caused harm, this process and its outcome are often complicated by the demands of entities mandating their participation (in the U.S. context) or communicating an expectation of so-called voluntary participation<sup>1</sup> (in the Australian context).

Ethical practice, that recognizes the experiences of women who have used force, must balance women’s right to self-determination,<sup>2</sup> (recognizing that women with domestic and sexual violence survivorship histories may proactively protect themselves against perceived threats to their safety) with an assessment of the risk they may pose to family members (See four special issues of *Violence Against Women*: Bible et al., 2002; Dasgupta et al., 2003; Larance & Dasgupta, 2012; Osthoff et al., 2002). This may be at odds with a legal system designed primarily to sanction rather than heal, in ways that is not the case in voluntary,

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<sup>1</sup> Many Australian programs do not accept mandated clients, though when courts or child protection services suggest they attend programming, women are unlikely to decline. However, that voluntary status remains.

<sup>2</sup> The National Association of Social Workers (NASW) is a professional organization of social workers in the United States. According to the NASW Code of Ethics: 1.02 Self-Determination: “Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.” Therefore, exceptions would include a client’s disclosure that they intend to harm themselves, harm someone else, or report child abuse and/or neglect.

<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Highlighted-Revisions-to-the-Code-of-Ethics>

unsurveilled spaces. The C-ABI has proven highly successful in illustrating women's use of resistive force to practitioners and to the women themselves. However, its use (as with all other records) must not endanger women's equal right to confidentiality in practice and research. The authors therefore encourage extreme caution in disclosing decontextualized data to the legal system, given the evidence that the incident-based, violence-focused legal system is ill-equipped to holistically address women's circumstances, particularly for women of color, culturally and linguistically diverse women, and Aboriginal and Torres Islander Strait women (Larance et al, 2022).

The crux of the methodological and ethical dilemmas raised by the pilot and evaluation discussed in this Brief Report highlights a key question. Namely, how does an antiviolence intervention program for women with domestic and sexual violence survivorship histories simultaneously: 1) center the women's needs, 2) promote family safety and 3) encourage group member healing through assessment tool design, while effectively managing the risk that their de-contextualized disclosures will not make them more vulnerable to systems abuse (Douglas, 2018)? Our experiences have shown that when serving women whose experiences traverse the victim-offender dichotomy, the implementation of promising assessment practices, and the research that builds upon them, risks being complicit in the systems-inflicted harm. Thus, the authors recommend extensive clinical supervision, skilled reflective practice, and close attention to all aspects of client documentation including the language used in documenting case notes, the detail included in the case notes, and secure storage. There may be many creative and ethical solutions, such as that considered by practitioners in the example outlined above. Furthermore, practitioners must also engage in broad education for referrers and systems partners about the women's circumstances with the goal of reducing mis-identification and increasing holistic, supportive responses.

Research provides the opportunity to build evidence about promising practices and support their further development. While research is a voluntary activity, evaluation is often built into programs, and is implemented in the context of the carceral state. The researchers sought data separate from the C-ABI that could provide context in building a profile of the Australian program's client group. These include self-reports on the incident(s) bringing women to the program and self-reports on types of abuse experienced (if they were) by women from family members in adulthood or childhood. These data provide information about the life experiences of program participants, but in a less powerful way. Any future use of measures such as the C-ABI for research in the context of women who are harmed as well as causing harm, will be implemented by the researchers separately from program intake and assessment and be collected without any identifying metadata.

Effectively and ethically intervening in the lives of women who have both survived and caused harm, and are also surveilled by legal and child protection systems, demands the willingness to best meet their needs, identify potential risks to all involved, careful thought about unintended consequences, and the flexibility to make necessary changes when practices potentially cause more harm than good. The challenges encountered by practitioners and researchers outlined here were by no means unique to the C-ABI. Clearly, there is a need for innovative and appropriate assessment and research tools that promote individual healing and support promising program developments. This Brief Report encourages practitioners and researchers to work toward this innovation with the recognition that as long as community-based programs work alongside carceral systems of power, the risk remains that the creation and development of such tools will be weaponized against the very people they are meant to support.

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