

# Forensic psychological knowledge concerning domestic violence

Ludmila Čírtková

Police Academy of the Czech Republic, Prague

## 1. Differentiation of the types of domestic violence

### *Intimate terrorism as a classic domestic violence variant*

The first asylum home for battered women was established in the USA in 1974 (Wallace 2008). Others opened gradually. Asylum homes concentrated cases that opened up the problem of domestic violence in theory and practice. They presented horrendous stories of violence suffered by women on the hand of their husbands. Women suffered difficult-to-understand, repeated, long-lasting, intentional and dangerous assaults by their life partners.

### *A case illustrating chronic and serious domestic violence*

*Problems started after one year of a peaceful relationship. She was first hit in the face for having bought the wrong meat. After that just about anything was a good reason to beat her up: the fact that she washed the T-shirt he intended to wear, that she put on too much makeup, that she was making too much noise when washing the dishes, that she was unable to silence their crying child. Although she tried hard not to provide her partner with any grounds for violence, she was unable to prevent violent incidents. On the next day her husband asked her why she had a black eye and acted as if nothing at all had happened. He repeatedly explained to her that all she needed to do was to think the way he did and their marriage would be ok. After the wife returned to work, her partner prevented hitting her in the face so there would be no visible injuries. After he had assaulted her with a knife, he banned her from going to the doctor to have her cut wound treated. The violence culminated: he kicked her as she was lying on the ground and he strangled her as well. After one such incident she came to herself only when her husband was giving her a shower. For the first and last time he said he was sorry saying: "I'm sorry I overreacted." Shortly thereafter he hit her in the head and broke a tooth and forced her to glue it together. When she wanted to leave, he threatened her that she would end up in a wheelchair and that he would take their children away and that she would get run over by a car. Moreover, he banned her from contacting her parents. She was allowed to go only to work. The travel time to her job was precisely set and she was not allowed to come too late or too early. Her partner controlled the entire family. The incidents occurred also in front of their children. The wife ended up in hospital with a serious back injury. Because of her overall condition (suspiciously low weight, bad mental condition) she was examined by a psychiatrist and domestic violence was detected.*

Similar stories were told by women who fled to asylum homes in 1970s a 1980s. Their stories shaped the first scientific notions of domestic violence. At the time it was defined as a chronic and intensifying physical, mental and possibly also sexual violence of a man towards his female partner. The severity (in terms of intensity and frequency) of assaults and related consequence served as arguments to criminalize domestic violence. In the Czech Republic domestic violence became a crime in 2004 when abuse of a person living in common home was included in the former criminal law (today it is Art. 199 of the Criminal Code).

For a long time expert knowledge about domestic violence was based on this form of domestic violence. Research projects focused on groups of female victims in asylum homes. This led to the stereotype of battered woman who is traumatized and helpless (Walker 1979). Over time, authorities were faced with victims who didn't fit this stereotype. It related to the

implementation of laws aimed *at protecting* victims from domestic violence. The new legislation aimed at a timely intervention and domestic violence prevention. The element was perpetrator removal and victim support (in the Czech Republic it is defined in the Act no. 135/2006 Coll.). In this new legal environment victims behave differently. They addressed the authorities, i.e. the police, intervention centers, and courts *sooner and thus with a "different type" of domestic violence*. It is far from true that domestic violence is always the classic form of severe chronic and escalating violence. The original stereotype is gone, and the compact picture of domestic violence victims has dissipated. Authorities now encounter an array of various types of both victims and domestic violence. Sometimes victims search for help already after the first small incidents. In some other cases it is not quite clear whether it is conflicting cohabitation or domestic violence.

Theory responded fast to the new facts. Research was undertaken aimed at empirically verifying the differentiation of domestic violence in its basic types, variants and patterns (Piispa 2002, Johnson & Leone 2005, Helfferich 2006). Today, the original classic domestic violence is only one of the variants. For understandable reasons it is the variant with the highest harm to society. Due to its characteristics, this type of domestic violence always meets the requirements to be classified as a crime of abuse of a person living in common home. In theory it is labeled as *partnership intimate terrorism* (Piispa 2002, Johnson 2004).

In his book "Types of domestic violence" written in 2008 Michael P. Johnson describes intimate terrorism as a highly traumatizing pattern that contains control and manipulation of the victim. The aggressor combines physical violence with emotional torment and forced sex without intimacy. This mix is an intentional tactic to create an asymmetric relationship. Motives of the aggressor cannot be found in low frustration tolerance, impulsiveness or the absence of self-esteem. The aggressor does not act under the "loss of control" even in the phase of the incident, but instead the aggressor's actions are aimed at gaining or keeping control. Typical of this type of domestic violence is the fact that the incidents are unrelated with the conflicts between the partners. Conflicts in the sense of "confrontation of two more or less equal partners" are not frequent in the partnership. The reason is that the battered woman does not dare to oppose her partner's decisions or orders. The single incidents are not preceded by quarrels or disputes between the partners. Intimate terrorism starters are usually various small stimuli (see the above example). The consequences of intimate terrorism on the victim are severe and complex and show both in physical and psycho-social dimensions. They are called battered woman syndrome. It is so-called victimization syndrome and not an official diagnostic unit in the sense of the International Classification of Diseases (ICD-10). The advantage of the above victimization syndrome consists in that it prevents psychopathologization of the victim and it does not label the victim a psychiatric case. Another advantage is the fact that it refers to the cause of the problem and admits a certain variability or range of specific symptoms. In various victims we may see various clinical diagnoses (e.g. post-traumatic stress disorder, depressive reaction or anxiety neurotic disorder), but also "just" a descriptive enumeration of victimization consequences that don't fall under any specific psychopathological disorder (Gomola 2009).

#### *Other domestic violence patterns*

Differentiation of domestic violence occurred in the 1990s. Johnson and Ferraro wrote in their breakthrough article: "The most promising future development is to distinguish various types of domestic violence. It is difficult to find practical questions, the answering of which would make the identification of the single domestic violence variants useless. The development of effective strategies is handicapped in that we are unable to distinguish various patterns of partner violence" (Johnson & Ferraro 2000, p. 948). Professional literature nowadays makes various attempts at classifying the types of domestic violence. Patterns

described by several authors are listed below. These patterns are agreed on and their incidence is relatively frequent.

#### *Mental torment in a partnership*

The English term **mental torment** (MT) is used for this serious form of domestic violence characterized by severe mental torment. Physical assaults of the victim are rare.

#### *Excerpts from the account of a mentally tormented woman:*

*My husband controlled all I was doing. He scolded me for just about any pettiness, e.g. that I placed something one centimeter off from its previous position and I was labeled cheeky when I opposed him. He reproached me for e.g. not closing tightly the caps on creams, soda, ketchup and that I take our son out among other people and why we don't stay in our garden? When I wanted to discuss something I didn't like, he started enumerating his arguments saying that my debating endangered our common future. He was not to be convinced. I ended up apologizing, admitting that it was true that I didn't close the caps tightly, promising I would improve and after hours of debating I was completely mentally drained. I had to recite several times: I promise I will be nice, amenable, submissive, devoted, loyal, respectful, etc. When my husband found my diaries, his interrogations started. I was not allowed to go to sleep. He told me he copied them to be used as evidence against me and that my thoughts and feeling were all in them. Based on that he started to terrorize me cruelly: When I was asleep at night, he would turn on the lights, rip off the blanket of me and he would hold my nose or pour water on me. I had to sleep naked and was not allowed to turn my back to him. I had no privacy left.*

*He wanted to kick me out and told me I should leave but without our children. When he learnt that indeed I wanted to leave, he started to put more and more pressure on me that I should behave the way he wanted me to, and unless I behaved that way, our relationship would never work. He asked me if I was aware of the things he was able to do, that a tragedy could happen and it would all be my fault...*

*In his opinion everybody outside the family was a stranger and I spend more time talking to strangers than to him, which was bad. So he started to do things on purpose: one day I drove to work. When I was finished working, the car was gone. He asked me to tell him in the slightest detail whom I had talked to during the day. When I refused he called the children: "Your mother doesn't want to tell me the truth about who she talked to, and so we'll call the police and she will have to tell them". The children started to cry and shout, they were scared that I would be taken by the police. He promised me that we would visit my parents since it was my father's birthday. I got ready and got in the car with the children; he came and said we would go nowhere because I didn't deserve it.*

*I started therapy. My husband didn't like it because he had no control over what I was saying. He claimed I was telling them lies. The outcome of the therapy was that we both should start marriage counseling. But we never went to see a couple therapist since he was opposed. When I refused to put on a dog collar, he started to pull my hair so hard that I thought he would scalp me and he started smashing my head against the corner of the bed frame. He said that I would not say anything to anybody and twisted my hands and lay on top of me...*

The described pattern is getting close to intimate terrorism (IT) due to its long duration and escalation tendency. The only difference is that the aggressor does not use physical violence and/or uses it seldom. The psychological substance is once again the application of power based on the tyrant's ideas and belief that an asymmetric relationship between the partners is ideal for a happy life of a couple. Cases of mental torment (MT) are criminalized forms of domestic violence under Art. 199 of the Criminal Code. Empiric domestic violence

research shows that mental torment in a partnership is rather the domain of women (see e.g. Buriánek & Kuchař 2006). This is probably true about light forms including episodic intervals of mental violence without escalation, alternating with a long phase of peace. Men are mostly accused of those cases that amount to mental torment.

### *Dysphoric domestic violence*

It is a specific variant derived from the personality type of the aggressor. For a classification in this subgroup, not only the description of violence is indicative, as it was the case in IT and MT. In this case the aggressor's personality is of more importance. Whereas in IT and MT it is believed that the aggressor's key motif is the application of power and control, in dysphoric domestic violence the main problem consists in the tyrant's dependent personality (Dressing & Gass 2009). The tyrant is continuously afraid of the partner's leaving and tries to prevent it by excessive control and by breaching the limits in the relationship. As a result, the dynamics between distance and intimacy that is the norm in normal couples is completely disrupted. The controlled and abused female partner (victims of this type of domestic violence are indeed women in most cases) reacts to the loss of her self-determination ability with attempts to rectify the relationship. In these conflicting situations, the frustrated dependent partner gets emotionally aroused and resorts to violent physical aggression. Professional literature refers to this variant as Dysphoric-Borderline-Violence (Johnson & Ferraro 2000).

### *Abstracts to illustrate dysphoric domestic violence:*

*Right after the wedding he started limiting me by not allowing me to go places without him. We drove together to work. He called me all the time to check on me whether I was at work. Sometimes he unexpectedly came to see me. Outside of work he accompanied me everywhere. He didn't want me to visit my parents on my own. He didn't want me to meet my girlfriends. He said only if he came with me. He called me several times during the day, every two hours or so, he called me at home to check on me if I was there. Sometimes he would drop in unexpectedly. I was not allowed to go anywhere, because he banned me. When I went e.g. to the doctor with the children, he would check on us unexpectedly in the doctor's waiting room. My husband justified his behavior by saying he was afraid that something bad could happen to us. When there was a man around me, he immediately asked me if he was my lover. Sometimes he asked several times, and I had to swear on the death of my children. When I gave birth to our second child he wanted to visit his parents. I was tired and didn't want to go and that's when he assaulted me for the first time. He pushed me hard against the fridge which resulted in huge hematomas. The assault was so brutal that I started to fear him. My solution was that I started to agree with everything. Because of his character he had to leave his job. This made his behavior even worse. He used the stop watch to measure how long it took me to take our son to kindergarten. It took 12 minutes. When I came early he thought someone had given me a ride, when I came late, he thought that I had talked to someone. I was stressed when I had to wait for the lights to turn green. The worst thing of all was that he wanted sex on daily basis, not because he needed it, but he wanted me to get tired out so I wouldn't feel like having sex with someone else. Sex had to last at least 20 minutes, he checked the watch. My husband banned me from using makeup, shaving my legs and armpits, I was allowed to go to the hairdresser but only when he said it was ok. I was allowed to wash my hair only on Fridays. I was not allowed to take out the garbage when he was on the toilet because he would not be able to observe me through the window. We had to take a bath together. When he felt that I was too long in the shower, he called me names claiming I was trying to wash off the smell of my lover. I had to leave the door open also when I went to the toilet. Last week we were in the supermarket and I moved a bit further with the cart. He yelled at me that since I was his wife I had to stand next to him. Since I was his wife I had to do what*

*he told me to do, and I was not entitled to have an opinion on my own. He demanded that everyone should see that we were doing fine. He picked me up from work on a daily basis and I had to run to him and kiss him. And when this was not enough for him, he asked me to joyfully run towards him and kiss him...*

Dysphoric domestic violence as a phenomenon is similar to MT (see the described case). When the dependent partner gets frustrated due to various risk factors (loss of job, decompensation of disturbed personality, abused partner's attempts to get out of the relationship) he may also slip into the IT form. There are practical reasons to keep dysphoric domestic violence as a separate type of domestic violence. It enables professionals to catch in a timely manner the profile of a dangerous partner who is likely to assault with a liquidating intent the leaving female partner and possibly their children. Removal of the aggressor or criminal prosecution without incarceration is not a reliable form of protecting the victims. Therapeutic support for the aggressor is recommended.

#### *Situational couple violence*

The English term common couple violence (CCV) is the most frequently used in the literature. The manifestation of violence is related to the escalation of conflicts between the partners. This means that violence is not driven by an effort to gain *general control (power)* over the other partner, but rather by an effort to gain short-term control in relation to the problem at hand. Michael P. Johnson who described and introduced this type of violence, notes that this is the most frequent variant of violence between partners that is part of the normal picture of intimate cohabitation (Johnson & Ferraro 2000). At times, partners in every relationship attempt to gain power and dominance in relation to a specific problem at hand. CCV makes up for 80% of intimate partner violence and the remaining 20% are IT, MT and dysphoric domestic violence cases. M. P. Johnson also states that CCV is quite evenly distributed among women and men in the position of occasional aggressors (56% aggressors are men, 46% are aggressive women). CCV is characterized by a low number of incidents, with long peaceful phases and *there is no* violence escalation. It is obvious that this category may comprise variants described by other authors (Piispa 2002) as

- short history of domestic violence (domestic violence cycle occurred only a few times, the incidents cease and the partners usually continue a relationship)
- an episode in the past.

However, Johnson and his co-workers include in this group also cases, in which the partners switch their roles of victim and aggressor overtime. This means that the initial cycles of incidents due to their mildness and short duration (and for sure other factors) do not lead to fear in the victim, and thus do not lead to the installation of a permanent and deep unbalance in the relationship. If we summarize the findings, this pattern is completely off the original ideas and definitions of domestic violence because it lacks its key characteristics such as fear and learnt helplessness, an obviously asymmetric relationship between the partners and the typical violence cycle.

#### *Other variants of domestic violence*

I'd like to mention two problems that are currently in the center of interest of researchers:

- **separation violence** and
- **coercive control violence.**

The term **separation violence** denominates in general aggression between the partners during separation or divorce. Basically it is a conflicting and "wild" termination of an intimate

relationship. The main difference consists in the fact whether the relationship was marked by some form of domestic violence already in the course of its duration or whether the relationship was normal, ordinary i.e. there wasn't any variant of domestic violence. For such a constellation (i.e. no abuse and no aggression incidents) theoreticians use the term *separation-induced violence*. Separation-induced violence has its own dynamics and is a confrontation of two conflicting parties and usually ceases to exist after the divorce. Effective solution tools include e.g. mediation between the divorcing spouses (Tanha 2009). Due to practical reasons it is important to distinguish **separation violence** that is a **continuation** of previously occurring domestic violence. Such separation violence has completely different dynamics and dangers. It is in the cases of general (situational) couple violence that violent incidents **escalate** at the time of the separation. In cases of intimate terrorism and coercive control violence, on top there is the risk that separation violence may escalate into liquidating assaults directed at the leaving victim. From the perspective of the police, more accurate assessment of separation violence is needed e.g. to assess whether there is a need to provide the victim with temporary (short-term) protection and for reporting purposes.

**Coercive control violence** is the latest news in the theory of domestic violence (e.g. Stark 2007, Kelly & Johnson 2008). It is basically a variant of mental torment, for which is typical *permanent depressing pressure and non-standard control of the victim*. The classic cycle, i.e. the alternation of the phases of incident – reconciliation – peace/gradually growing pressure is missing. Instead, on-going manifestations may be seen in the relationship, such as threats, emotional abuse, isolation, denial of needs, downgrading, defamation and blaming, assertion of one's own privileges, economic abuse, pressure and threats. These manifestations lead to the installation of an *obvious relationship asymmetry*, i.e., the aggressor imposed on the weaker partner the position of a completely subordinated and servant puppet that must ask for permission for everything (including intimacy). Non-violent techniques not involving the use of physical violence are usually effective. In this type of domestic violence we usually encounter one or two physical incidents in the early stage of the relationship. They take the future victim by surprise emotionally to such a degree that later, threats and other non-physical coercive measures are sufficient. According to E. Stark (2007) victims are deprived of freedom and self-determination. The main psychological effects of this form of domestic violence are fear and anxiety of the tyrant, loss of self-confidence and self-esteem, depression and even post-trauma syndrome in serious cases. The victim can be compared to a cooked frog, whose timid and submissive behavior towards the partner seems to make little sense, especially in a context where the victim is successful in other areas, e.g. in their professional life.

**Table: Overview of domestic violence types**

1. Severe (criminalized) domestic violence patterns under Art. 199 of the Criminal Code

NAME	TYPICAL SYMPTOMS	OTHER CHARACTERISTICS
<b>Intimate terrorism</b>  Classic original variant of domestic violence	<ul style="list-style-type: none"> <li>• <b>domestic violence cycle</b> (i.e. long-lasting and repetitive incidents)</li> <li>• <b>relationship asymmetry</b></li> <li>• <b>physical violence is predominant</b></li> <li>• <b>escalation</b></li> </ul>	Committed by men in 97% of cases, by women in 3% of cases.  The victim develops battered woman syndrome.

	<ul style="list-style-type: none"> <li>• <b>application of control and power</b></li> </ul>	Starters of incidents are petty things.
<b>Mental torment</b>	<ul style="list-style-type: none"> <li>• <b>domestic violence cycle</b> (i.e. repetitive incidents)</li> <li>• <b>relationship asymmetry</b></li> <li>• <b>mental torment is predominant</b></li> <li>• <b>application of control and power</b></li> </ul>	<p>Severe forms of mental torment significantly limit the victim's quality of life. The victim is deprived of the ability to determine family affairs and self-determination.</p> <p>The victim may develop battered woman syndrome.</p> <p>Physical violence is rare, usually no serious injuries of the victim.</p>
<b>Dysphoric domestic violence</b>	<ul style="list-style-type: none"> <li>• <b>domestic violence cycle</b> (i.e. repetitive incidents)</li> <li>• <b>relationship asymmetry</b></li> <li>• <b>mental torment is predominant</b></li> <li>• <b>application of control and power</b></li> <li>• <b>jealousy</b></li> </ul>	<p>The tyrant shows dependent personality symptoms. Obvious efforts to keep the partner to oneself, to excessively control their whereabouts and contacts, effort at social isolation.</p> <p>The tyrant's frustration leads to violent incidents.</p> <p>The victim may develop battered woman syndrome.</p>

## 2. Other domestic violence patterns

<b>Coercive control violence (CC)</b>	<ul style="list-style-type: none"> <li>• <b>permanent</b> non-standard (excessive) <b>coercion</b> and control of the partner</li> <li>• <b>relationship asymmetry</b></li> <li>• exceptional physical violence as a reaction to "opposition" of the oppressed partner</li> <li>• application of control and power</li> </ul>	<p>A variant of mental domestic violence, in which the cycle (i.e. alternation of peace and incidents) is replaced by permanent and excessive coercion, decimation and control over the weaker partner.</p> <p>Criminal prosecution of this variant depends on specific circumstances of the case.</p> <p>Battered woman syndrome is typical, i.e. the victim's inability to get out.</p>
---------------------------------------	---	---

<b>Common couple violence (CCV)</b>	<ul style="list-style-type: none"> <li>• <b>domestic violence cycle</b> with presence of relatively long phases of peace</li> <li>• <b>light forms of physical violence are predominant</b></li> <li>• <b>starters of incidents are conflicting situations</b></li> <li>• <b>relationship asymmetry oscillates over time and in its intensity or is not present at all in the relationship (“they take turns”)</b></li> </ul>	<p>There is no permanent application of control and power by the aggressor. CV cycle can be “prolonged”, i.e. violence occurs in episodes.</p> <p>Relationship asymmetry may occur in the hot phases of cohabitation, as well as a partial picture of battered woman syndrome.</p> <p>Intervention in the form of e.g. aggressor removal appears to be effective.</p>
-------------------------------------	---	---

From today’s perspective, domestic violence is not a black and white phenomenon. There is no sense in talking about domestic violence without saying at the same time what type of domestic violence it is. Relatively frequent and typical patterns of domestic violence have been presented. Professional literature discusses also other less frequent forms of domestic violence. It must be emphasized that domestic violence cases are live stories that are developing in time in various ways. It is therefore possible to see one form become another form. Domestic violence differentiation is not a purely theoretical issue. Classification of domestic violence in more precisely delimited types has its practical reasons. First of all, it can provide a more effective solution to live developing stories, i.e. it enables to find appropriate intervention strategies. Mental torment is in the professionals’ center of attention at present. Mainly the discovery of permanent coercive control violence without prominent physical violence towards the victim draws professional attention. There are discussions concerning legal assessment of this variant and clear descriptors (i.e. identification symptoms) of mental violence.

*Illustration*

*After divorce, the former partners stayed in the same family house. Because of the divorce, the ex-husband was making the life of his former wife miserable with constant harassment and terrorism. The civil court had to handle a case of domestic violence in the form of mental torment (i.e. mental violence under Art. 751 of Act No. 89/2012 Coll.), in which the female petitioner requested that the court issue a decision, based on which the defendant would be excluded from common home because of cohabitation unbearable for the petitioner due to mental violence against her person at the hand of the defendant. The petitioner stated to the court that based on the defendant’s behavior described in the petition (derision, mocking her efforts at keeping the home in order, disregard for common things, consumption of the food belonging to the petitioner and their children, intentionally preventing her from parking in the garage in the winter months, humiliation of her person in front of the children....), which is long-lasting and repetitive, she had to seek expert medical attention. The psychiatrist stated to the court that she was in his care for anxiety depression disorder.*

*There is no doubt that systematic harassment and terrorism may cause a number of mental problems to the victim including anxiety depression disorder. For a legal assessment of mental violence, however, the consequences and the effects on the victim may not always be the most convincing arguments. What is important is the assessment of the intensity or the degree of mental violence. In this case it was possible to prove that the petitioner lost*

*completely the possibility to control her life (and make choices about her activities) because all she did was react and put out the consequences of the malicious willful acts on the hand of the defendant. The defendant prevented her from living a normal daily rhythm (drive the children to their soccer practice, serve them dinner, etc.) and thus significantly decreased the quality of her life as well as that of the children. The defendant made cohabitation intentionally unbearable.*

## **2. Current trends: interactive approaches to domestic violence**

Interactive approach is a quite logical outcome of domestic violence research. Lenore E. Walker, a pioneer in the study of domestic violence and the founder of the Domestic Violence Institute, targeted especially severe and most serious variants of partnership abuse. This was reflected also in her first publication in 1979 dedicated to battered women. The topic drew significant attention due to many legitimate reasons. The avalanche of research during the following years brought a more detailed and differentiated insight in the issue of cohabitation of men and women involved in intimate relationships. Next to abuse, researchers describe also more complex variants of partnership violence. It is typical for some of them that both partners contribute to a conflicting relationship. For others it is typical that the victim completely *inadvertently* contributes to the strengthening or repetition of violent episodes in the cohabitation with a *problematic* partner.

The main lesson learnt from over 40 years of research may be summarized in this statement: It is important to distinguish *abuse* (i.e. intimate terrorism or coercive control violence) from other forms of violence in a partnership. The original position that “*domestic violence always amounts to abuse*” and crime proved unsustainable. Differentiation and correct diagnosis of violence is possible based on *partnership development analysis on a timeline*. Such an analysis includes the *behavior of both partners*.

Janet Johnston and Linda Campbell (1993) conducted two studies, in which they studied couples in the phase of conflicting divorces and ongoing custody disputes. They worked with a total of 140 parents. Based on the history of their collapsing marriages, the authors distinguished 4 main types: battering by males, male-controlled interactive violence, female-initiated violence and separation or divorce violence. Next to abuse of the female partner, researchers confirmed once again existence of mixed violence in a couple.

How did they describe **female-initiated violence** and **male-controlled interactive violence**? In the case of female-initiated violence, researchers have observed that the woman’s internal tension was the starter of conflicts. The woman is unhappy about how her partner is (un-)able to provide for her or the family. The woman reproaches him for his passiveness or inability, scolds him frequently, she may throw objects at him, etc. With her manifestations of aggression she wants to provoke the partner to activity according to her ideas. The variant “male-controlled interactive violence” starts with confrontations and arguments that lead to mutual assaults between the partners. However, the physically stronger man is successful and he enforces his will with violence. This scenario is repeated throughout the cohabitation. In such a conflicting relationship there is the presence of *repetitive violence*, but there is no *abuse*.

The substance of mutual violence in a couple is that it is related to conflicting situations and conflicting interaction. Both partners may resort to violence to assert their *objectives or interests*, which are at the basis of the conflict with the partner. To the contrary, abuse is a deliberate, intentional and systematic application of control and power that is based mainly on the aggressor’s *character*. Therefore, abuse is described as *characterological* violence showing classic dynamics of emotional abuse (Friend et al. 2011). The main

difference between situational and “characterological” domestic violence consists in the starters and motivation that lead to the application of violence.

Starting from the turn of the centuries there are stronger voices *about the necessity to study both partners and also the dynamics of the relationship development if we want to correctly understand and assess the current situation* (picture) that the judiciary, social services or intervention centers are confronted with. An interactive, dynamic approach is connected also with a change in the terminology. The term “domestic violence” is no longer used and instead the term “**intimate partner violence**” (IPV) is used. The change in the terminology itself signals that the newly introduced term covers various forms of violence between intimate partners, and not just unilateral abuse (Friend & Bradley & Thatcher & Gottman 2011, Kelly & Johnson 2008, Kuijpers & van der Kaap & Lodewijks 2011).

Probably the biggest news in IPV research are contemporary studies that focus on the risk factors in the victim that increase the probability of domestic violence incidence in a partnership. This opened room for previously rejected and questioned dyadic and/or interactive approach to domestic violence.

Risk factors are perceived as circumstances that usually play an important role in the search for domestic violence causes. It is interesting that the same risk factors may apply both for the victim and the perpetrator. The following enumeration lists circumstances that may lead to the role of the victim (i.e. to victimization) as well as to the role of the perpetrator (i.e. to aggression). Such individual factors include e.g.:

- low self-esteem or self-respect
- depression
- hostility and anger
- childhood abuse
- social isolation
- emotional dependence and feelings of insecurity
- belief in strictly divided gender roles
- committing mental violence
- strict discipline in the childhood
- borderline personality features.

Domestic violence takes place in a relationship. It is therefore evident that the behavior of both partners (i.e. of the aggressor and of the victim) influences the specific dynamics of the relationship including the manifestations of violence. The subject of current theoretical ideas and research is the question what influence has the victim on the *continuation* of violence in the relationship. In other words, it is the basic question whether the victim may *inadvertently* contribute to the repetition or continuation of violent incidents on the hand of the partner, by reacting in an “incompetent” manner to the initial manifestations of violence. It must be emphasized that such research does not put in question the typological approach. Only the question of revictimization is in the center of attention. What is the impact of the victim’s characteristics and behavior on further development of the relationship? It is believed that studies focused on these aspects could influence the intervention strategies. Victims could profit from better therapeutic programs as they could learn to better control their partnership life.

The topic of what is the victim’s role in the repeating of violence in the relationship was opened up by a team around the researcher E. B. Foa. The team’s article (Foa & Cascardi & Zoellner & Feeny 2000) is one of the top 10 most quoted works in this field of research. Foa and her team believe that the partner’s violence leads to “mental problems” in the victim. The risk of revictimization increases in an insecure and stressed out partner, since the victim’s ability to handle the partnership life decreases.

Current research (Kuijpers & van der Knaap & Winkel 2011, Kuijpers & van der Knaap & Lodewijks 2011) indicates that the victim's influence on the (dis-)continuation of violent incidents depends on the type of conflicting cohabitation. The Dutch researchers claim that a typical conflicting cohabitation includes an emotionally frustrated man and a woman with a negating bond. To put it in simple words: the man feels dissatisfied in terms of his needs and ideas about intimate life and he responds with aggression, which leads to repetitive negating behavior of the woman. She avoids his vicinity and loses interest in him. A man's aggression towards a negating partner is basically a dysfunctional attempt at strengthening the partnership.

It continues to be true that abuse or severe domestic violence patterns are characterized by *unilateral violence*. In these cases the victim practically doesn't have a chance to contribute to the shaping of the relationship or to co-decide whether it will be (dis-)continued. The victim has no possibility to negotiate with the partner since the aggressor is not interested. Instead, terrorism comes in place as described by M. Johnson in 1995.

Many researchers (Johnson & Ferraro 2000, Stark 2007, Füllgrabe 2011) emphasized the fact that over time in abuse cases there may be fewer physical assaults because the controlling partner only needs two or three violent incidents to gain power over the other partner. "Only" mental torment prevails afterwards. The victim obeys, suffers, feels helpless and doesn't dare to attempt to rectify the relationship. This relationship development dynamic is typical of a cohabitation pattern that E. Stark (2007) called coercive control. For external observers the victim's behavior appears counter-logical and counter-intuitive. It is up to victimological expertise to explain to the court why the victim allows being ridiculed and harassed by the aggressor if the victim is not exposed to physical assaults. Vulnerability of domestic violence victims can be caused by e.g. young age, absence of social support, previous victimization, mental or other handicaps etc. (Dutton 2002).

Unilateral terrorism is typically present also in *separation violence* in conflicting divorce cases. The jilted ex-partner initiates (prepares and implements) smaller or bigger events to damage the quality of life of the victim in a targeted manner. He controls the victim's life e.g. by punching the victim's car's tires, discarding her cosmetics or prescription medication, filing complaints to authorities, etc. As a result, the victim loses control over one's life since she is unable to influence when she will be faced with staged problems. A significant share of the victim's day is filled with coping with the "nasty surprises" staged by the ex-partner. The harassed partner has no idea what and when to expect of the other partner. This results in permanent internal tension with all the psychosomatic consequences (depression, anxiety, etc.). The victim's possibility to influence or stop the violence is limited in these cases.

How to implement research knowledge about IPV in practice? This remains an open question for the time being.

IPV typologies remain little clear for the time being in terms of legal or socio-legal practice. Oftentimes approaches of various authors differ. Easy-to-use diagnostic tools and manuals enabling diagnosing the IPV type are missing. Moreover, researchers themselves point out to some complications in the practical application of the knowledge gained in research:

- not always is it a discreet IPV type in live cases,
- in various types (e.g. separation violence) various intensity of aggression manifestations are found,
- there is always a risk of wrongly assessing a specific case, etc.

**Face to face these risks, some experts are of the opinion that in practice the premise must always be made that the partner is being abused, until proven otherwise.** Their arguments are that underestimating IPV severity in a live case may endanger the victim's life and health. There are even authors who criticize interactive approach and its typologies

claiming that they belittle the abuse of women. For example, Clare Dalton (1999) in her criticism of IPV typology raises the question: How frequent and severe should physical and mental violence be to amount to abuse? Some believe that IPV typologies help the lawyers of violent men to defend their clients in the courtroom by saying that it was not abuse, but merely conflicting cohabitation or even repetitive female-initiated violence in their case.

Regardless of the above theoretical and ideological confrontations, it is valuable for practice to accept the knowledge that domestic violence (or IPV) is a layered phenomenon and the cases are not all the same. Assessment of a specific partnership cohabitation case requires an analysis of the development of the relationship and of the behavior of both partners over time. Such a picture taken over time is called the **IPV calendar**. It can help detect that the couple experienced various types of IPV (e.g. conflicting cohabitation, abuse) throughout their cohabitation (Capaldi & Kim 2007). Intervention center staff just like other professionals should assess the following aspects in assessing a specific case:

- situational versus characterological violence
- episodic versus continuous (chronic) violence
- low or high intensity of violence
- attempts at conflict resolution by the victim
- aggressor's behavior following incidents
- incident starters or triggers (conflict versus application of control and power).

The aim of the IPV calendar is to map the partnership development on a timeline. This means that it starts with the phase when the partners first met and courtship. The following phases depend on the dynamics of the relationship development. The onset of the first conflicts, the incidents and the installation of control over the victim are usually significant points on the timeline. In any case, in severe domestic violence forms the IPV calendar should indicate when and how a partial or complete relationship asymmetry occurred.

### **3. Assessment of partnership abuse**

From the legal perspective, abuse comprises so-called abusive torment inflicted intentionally by the tyrant to the victim. In general, the perpetrator may abuse the victim physically, but also by means of mental or sexual violence or neglect. In general, the abuse causes respective experiences in the victim. The abused person goes through so-called perception phase, in which the victim feels pain and emotional chaos at first (shame, anger, remorse, humiliation). Gradually there is also fear and e.g. sleeping disorders, fits of crying, alternation of emotional numbness and emotional overstimulation, the victim's trust in people decreases, etc. Finally, the abused person starts to feel as a victim.

Perception processes are prevalently emotional and intuitive, however, in most cases they correspond to objective reality. To put it in simple words, an individual perceives his/her situation as torment, i.e. he/she feels misery and deprivation and shows distinctive bodily and mainly mental symptoms. We can imagine also lighter or borderline forms of abuse, when due to various reasons, the victim's perception processes are complex e.g. due to a relationship of trust to the tyrant. Then the victim hesitates as to the interpretation of the suffered abuse, the victim is unable to give a clear meaning to the abuse, playing down the abuse by saying e.g. that it is a special manifestation of love. We can also come across the opposite variant in domestic violence. One of the partners feels that the conflicts and quarrels in their intimate life are so intense to label them abuse in his/her perception. He/she decides in bona fide to file a criminal complaint, although in reality it is not abuse.

In unclear cases it is appropriate to clarify the details of the course of the intimate partnership and to have the existing disorders analyzed by an expert. In these cases sworn

experts are usually called in by the court. Experts in psychology don't express their opinion concerning legal issues; never the less they provide the law enforcement authorities with valuable information enabling to solve them. Let me illustrate this based on the following case:

An expert psychologist was called in to assess the cohabitation of a married couple. The expert was asked to answer the question whether it is conflicting cohabitation or domestic violence. If the latter case was true, it was to be established what type of domestic violence it is based on the current state of knowledge (theory). The court asked the expert to interrogate the victim during the main hearing. The sworn expert was provided with the complete criminal file to prepare this interrogation. This **atypical assignment** was the court's reaction to the development of the case. The first expert that had been called in to cast light on the psychological facts concluded that it was conflicting and disastrous marital cohabitation, but not domestic violence. Because the court had doubts concerning the expert's conclusion, the court commissioned another expert opinion. It needs to be emphasized that it was proven in the case that there was long-lasting and repeated, obvious, mid-severe physical violence between the spouses, supported with evidence in the form of medical reports. At that point, only some symptoms confirming domestic violence had been proven (incidence of violence, repeated incidents over a long period of time). These symptoms can at the same time appear also in so-called *conflicting relationships of the type "common couple violence"*. Key definition symptoms of severe domestic violence in the sense of *abuse* had not yet been the subject of assessment in a psychological expert opinion. **Differential diagnostic symptoms** in this regard based on the domestic violence theory include mainly the following:

- presence of distinctive relationship asymmetry
- clear-cut and long-lasting role division of the aggressor and the victim
- triggers of violent incidents must be placed on the axis "conflicts versus control, power".

The called in sworn expert focused exactly on the clarification of these circumstances in his interrogation of the female victim during the main hearing. After assessment of the victim's testimony and forensic psychological analysis of the criminal file, the expert was able to formulate a conclusion that the originally conflicting marital cohabitation (mutual encounters of two more or less equal parties) developed under the influence of further circumstances in an asymmetric relationship with a clear-cut and unchangeable role division. Violent incidents were not the result of a conflicting situation between the partners, but were triggered by petty starters (the tea was too hot, the clothes took too long to dry, the remote control was misplaced, etc.), which proves that the motive was power and control, which is typical of so-called *characterological domestic violence* or abuse. In his assessment the sworn expert characterized in detail the phases of marital cohabitation and reached the conclusion that the last phase of their cohabitation amounts to abusive domestic violence (theory refers to it as intimate terrorism).

### **Forensic psychology guidelines used to assess abuse**

First of all it must be stated that the assessment of the dynamics of the development and quality of the relationship between the alleged *perpetrator and his victim* is for the time being an **atypical assignment**. Classic psycho-diagnostic methods do not offer sufficient support to resolve it. In this regard the sworn expert's opinion is in a way *a scientific forensic psychological study* (Greuel 2004). To answer the assigned question it is necessary to work with the current state of relevant knowledge, e.g. domestic violence theory that delimits diagnostic symptoms and also the classification of various types – starting from abuse and ending with e.g. separation violence. Comparison of patterns defined in theory with the assessed case enables the expert to reach a conclusion whether the partners' cohabitation

shows the proper symptoms and the case may amount to severe domestic violence and/or abuse. The expert must keep in mind that **it is not his/her prerogative to state opinions concerning legal issues and** he/she may not resort to legal assessment of the found facts. In their assessment experts may merely state what forms of repeated violence (physical, mental, sexual, etc.) occurred in a given relationship, whether they developed based on relationship asymmetry and what is the corresponding pattern or type of domestic violence.

Generally speaking, assessment of abuse in partnerships may be referred to the developing scientific field of **psychotraumatology** (Fischer & Riedesser 2009, Resick 2003, Butollo & Hagel 2003). This field of study describes subjective and objective trauma symptoms among other things. Differentiation between trauma type I and trauma type II is made also. *Abuse* for its repetitiveness and long-lasting duration is a typical illustration of trauma type II (for more details see e.g. Čírtková 2014).

Patricia A. Resick is one of the pioneers of psychotraumatology. She drew attention 30 years ago with her study of rape consequences. In her 2003 psychotraumatology publication she stated that first of all, stress and trauma need to be distinguished. Lack of money, divorce or losing one's job are examples of highly stressful life situations. Also partnership quarrels, various willful acts and disputes fall in the category of stress. The term trauma is used exclusively for situations that *exceed* stress dimensions. What characteristics must a situation have to be labeled traumatizing? The degree to which the *continuity* of an individual's life is endangered is considered a key indicator. Trauma is life-threatening or it threatens an individual's mental or physical integrity leading to strong feelings of fear (dread), helplessness and terror (Butollo & Hagel 2003). For example, incest or sexual abuse threatens an individual's mental identity, and therefore they are metaphorically called "murder of the soul". An interesting symptom is the so-called *trauma tongs*. This term denominates the hopelessness of the situation through the victim's eyes, i.e. the victim doesn't have or doesn't see any option to escape the threatening traumatizing situation. Because abuse is a traumatizing situation, a specific case must meet the above criteria. Abuse includes such forms of violence that are threatening to the victim's life continuity (or healthy development).

When this knowledge is applied to domestic violence, it means that the tyrant controls information received by the victim and the victim's physical and emotional state. It is expected in a *battered woman* that she was exposed to situations when she experienced justified fear for herself (and the children). It is also expected that she experienced the trauma tongs. During an expert examination a battered woman should spontaneously report corresponding experiences. For example, in the course of a structured interview on partnership cohabitation with an alleged tyrant the victim should describe incidents that got stuck in her memory, forming experience dominants. Exactly these experience dominants may then be analyzed and assessed under the criteria set by domestic violence theory and/or psychotraumatology. The following example will illustrate this issue:

The victim filed a criminal complaint against her husband for *abuse of a person* living in common home. During the first expert assessment she underwent a test to examine her personality with the conclusion that the woman shows a typical profile of battered woman and suffers from long-lasting and severe mental consequences. The second examination followed after a relatively short time. During the examination the woman stated that

- she is not afraid of her ex-husband and she has never been afraid of him, after all, he was not even able to complete his suicidal attempt, he just wanted her to feel sorry
- now she's happy at work and she's got a wonderful boss
- she enjoys tranquility with her children, they go on trips, she goes swimming, she enjoys life
- she has a "friend" and also her son would like a new daddy
- she sleeps well and doesn't have any health problems.

Neither the other methods confirmed the outcome of the original expert opinion. E.g. the test of relationship asymmetry showed that the victim was able to determine her life and the life of the family (e.g. she was allowed to take the children on trips on her own, she decided about her job, both partners shared household chores). Furthermore, in describing her cohabitation with her husband she stated that the manifestations of violence were preceded by mutual conflicts and quarrels. After the first conflict due to her alleged cheating she left their common bedroom. From that time on the cohabitation of the spouses continued to deteriorate. She considered the following instances the most serious manifestations of violence and the worst incidents:

- he kept yelling at her and the children all the time
- he threw a cup of tea at her
- he followed her, controlled her, called her at work with extreme frequency
- he slapped her on Valentine's Day
- he shuffled his slippers
- he opened the window at her.

The above manifestations were subjectively perceived by the victim as *abuse of her person*. She was undoubtedly unhappy in the cohabitation with her husband. Yet it is obvious that the described violence does not meet the criteria for a traumatizing experience. The development dynamics and subsequent collapse of the partnership do not correspond with the picture of partner abuse as described by current theory (Fried et al. 2011, Johnson & Leone 2005, Kelly & Johnson 2008). In this case, even important definition signs of severe domestic violence were missing.

### **Abuse consequences**

Assessment of abuse consequences in domestic violence cases is definitely not a routine issue. Why this is the case is explained by the knowledge gained by current **victimology**. It may be summarized in the following points:

- abuse consequences are individual
- abuse consequences to a significant degree depend on the victim's personality, not just on the forms of abuse (see research on the D type personality)
- trauma is a process; also post-victimization influences matter (secondary victimization is harmful, social support is curative).

Typical abuse consequences include mainly posttraumatic stress disorder (PTSP) and adaptation disorder. In domestic violence victims the above consequences may not be considered a rule however. Current research shows that a higher probability of long-lasting consequences in the form of PTSP is found in those abuse victims who show certain personality peculiarities. Insofar, more serious consequences have been confirmed in victims with borderline personality features and victims with so-called D personality. The letter D stands for "distressed". This concept was authored by Johan Denollet (2000). In his opinion, the main features of such a person's disposition are prevalent negative emotions and social inhibitions manifested e.g. in the inability to express emotions.

Next to classic diagnoses pursuant to ICD-10 or DSM-V, the consequences of victimization (abuse) are also so-called **victimization syndromes**. Among the best known are e.g. "rape trauma syndrome" or "battered woman syndrome". Victimization syndromes describe and explain mainly the victim's **counterintuitive** behavior and experiences. They describe the *strange victimization consequences* that are usually contradictory with the generally believed myths about the "right" victims. Also the original understanding of the **battered woman syndrome** (BWS) by L. Walker (1979, 1984) corresponded with this approach. Walker described BWS using the following four characteristics:

1. The woman is convinced it's all her fault.

2. The woman is unable to transfer responsibility for the violence on someone else.
3. The woman is concerned for her life and that of her children.
4. The woman believes that the tyrant is omniscient and omnipresent.

The statement that the victimization syndrome is present helps to answer the following questions: why did the victim allow it, why did the victim not leave, why did the victim get a weapon, etc. Professionals and/or sworn experts may explain better to the law enforcement authorities by means of victimization syndromes apparently illogical, paradoxical or otherwise “unreasonable” victim’s behavior or experiences that occurred in the course of a *specific* victimization or followed during the post-victimization phase. E.g. apparently not understandable sympathy for the tyrant or identification with the aggressor may be a reaction to so-called trauma tongs, i.e. experiences of helplessness towards the abuser. This is illustrated by the following example:

The accused was convicted of serious abuse of his female intimate partner and sentenced to 4 years in prison. It was a truly serious case of domestic violence, which is evidenced also by the fact that the accused was detained already during the pre-trial phase. Some 18 months after the final verdict the court discussed whether to reinstate the proceeding due to a new fact, which was a one-page typed letter signed by the ex-partner. The letter claimed that the victim had made it up out of jealousy. Her injuries that required repeated medical attention and even hospitalization were allegedly self-inflicted. In the court room the young woman seemed very unhappy, avoiding eye contact with the convict escorted in shackles. She confirmed to have signed the letter that had been brought to her by the convict’s new partner who was also present at the hearing and swore loudly at the ex-partner. The court had called in a sworn expert to the hearing who had examined the victim in the original criminal proceeding. The court asked the expert to explain the victim’s behavior. The expert testimony was based on the explanation of the *victimization syndrome of battered woman*. With its help it was possible to explain that the battered woman’s fear of the former partner was greater than her fear of punishment for giving false testimony.

## **Conclusion**

Traditional role of sworn experts – psychologists was aimed at examining the personality (originally) mainly of the perpetrator and it was logically based mainly on the knowledge from clinical psychology and psychodiagnostic methods (mental tests and interviews). The output consisted in the assessment of the perpetrator’s personality. We’ve been experiencing recent changes. With new domestic violence and stalking crimes quite naturally new questions arise that need to be clarified in the criminal proceeding. There is also more interest on the hand of the society in crime victims, which has led to victimology development. There is also a need for experts to clarify victim-related issues that are important for the purposes of criminal proceedings. Consequences of these trends are manifested in the shift (or expansion) of the role of psychology experts from classic assessments of the perpetrator’s personality towards forensic psychological topics. Based on international theory and practice, the agenda of forensic psychological experts includes e.g. assessment of credibility of the victim’s testimony (Volbert & Dahle 2010, Herbst 2012, Greuel 2004), victimological expertise, clarification of the dynamics of the relationship between the perpetrator and the victim mainly in cases of sexual and domestic violence against women (Long 2007, Turvey & Petherick 2009).

## Literature:

- Butollo, W. & Hagl, M. *Trauma, Selbst und Therapie. Konzepte und Kontroversen in der Psychotraumatologie*. Bern: Verlag Hans Huber 2003.
- Capaldi, D. M. & Kim, H. K. Typological approaches to violence in couples: a critique and alternative conceptual approach. *Clin Psychol Rev.* 2007, April, 27 (3), 253 – 265.
- Čírtková, L.: *Moderní psychologie pro právníky (Modern Psychology for Lawyers)*. Praha: Grada 2008.
- Čírtková, L. *Forenzní psychologie (Forensic Psychology)*. 3. upravené vydání. Plzeň : A.Čeněk 2013.
- Čírtková, L.: *Jak se vyznat v domácím násilí (Understanding Domestic Violence)*. *Právo a rodina*, 2011, 7, 4 - 12.
- Čírtková, Ludmila. *Posuzování obětí týrání v partnerských vztazích (Assessment of Abuse Victims in Partnerships)*. *Právo a rodin.* 2014, 6, 6 – 11.
- Čírtková, Ludmila. *Interaktivní přístupy k domácímu násilí (Interactive Approach to Domestic Violence)*. *Právo a rodin.* 2014, 4, 6 – 12.
- Čírtková, L. *Viktimologie pro forenzní praxi (Victimology for Forensic Practice)*. Praha: Portál 2014.
- Daigle, L.E. *Victimology. A text reader*. London: Sage Publications 2012.
- Dalton, C. When paradigms collide: protecting battered parents and their children. *Family and Conciliation Courts Review.* 1999 (37), 3, 273 –296.
- Davis, R.C. & Lurigio, A.J. & Herman, S. *Victims of crime. 3rd Edition*. London: Sage Publication 2007.
- Dear, G. *Blaming the victim: Domestic violence and the codependency model*. Canberra: Australian Institute of Criminology 1996.
- Denollet, J. Type D personality: a potential risk factor. *Journal of psychosomatic research.* 2000, 49, 255-266.
- Doerner, W. G & Lab, S.P. *Victimology. Third Edition*. Cincinnati: Anderson Publishing 2002.
- Downs, D., A.: *Battered Woman Syndrome*. In. Loseke, D. – Gelles, R. J.-Gavanaugh, M. M.: *Current controversies of domestic violence*. UK: Sage Publications 2004.
- Dutton, K. *Psychopathen. Was man von Heilige, Anwälten und Serienmördern lernen kann*. München: DTV 2013.
- Dutton, M. A. *Gewalt gegen Frauen*. Bern: Hans Huber Verlag 2002.
- Fisher, B. *Violence against women and family violence*. Washington DC: National Institute of Justice 2003.
- Fischer, G. & Riedesser, P. *Lehrbuch der Psychotraumatologie*. 4. Auflage. München: Ernst Reinhardt Verlag 2009.
- Foa, E. B. & Cascardi, M. & Zoellner, L. A. Psychological and environmental Factors associated with partner violence. *Trauma, Violence & Abuse.* 2000, 1, 67 – 91.

- Friend, D. J. & Cleary Bradley R. P. & Thatcher, R. & Gottman J. Typologies of intimate partner violence. *Journal of Family Violence*. 2011 . DOI 10.1007/s10896-011-9392-2
- Gomola, A.: Posttraumatische Belastungsstörung bei Frauen und Kindern nach Häuslicher Gewalt. *Polizei und Wissenschaft*, 2009, č. 3, s. 27 - 42.
- Goode, W. J.: Force und Violence in the Family. *Journal of Marriage and the Family*. 1977, 33, 624-636.
- Gottmann, J. Typologies of intimate partner violence: Evaluation of screening instruments for differentiation. *Journal Family Violence* 2011. DOI 10.1007/s10896-011-9392-2.
- Greuel, L. Methodenkritische Stellungnahmen im Zivil- und Strafrecht. *Praxis der Rechtspsychologie*. 2004,13 (Sonderheft 1), 36-45.
- Helferich, C.: Muster von Gewaltbeziehungen – ein Beitrag zur hermeneutischen Diagnostik. In: Hoffmann, J.-Wondrak, I. (Ed.): *Häusliche Gewalt und Tötung des Intimpartners*. Frakfurt: Verlag für Polizeiwissenschaft, 2006.
- Herbst, B. *Glaubhaftigkeitsdiagnostik von Zeugenaussagen*. Saarbrücken: AV Akademieverlag 2012.
- Jacobson, N. & Gottmann, J. *When men batter women: new insights into ending abusive relationships*. New York: Simon & Schuster 1998.
- Johnson, M. Patriarchal terrorism and common couple violence: two forms of violence against women. *Journal of Marriage and Family*. 1995 (57), 2, 283 – 294.
- Johnson, M. - Feraro, K.J.: Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and Family*, 2000, 11, 948 - 963.
- Johnson, M.: Conflict and kontrol. Image sof Symetry and Asymetry in Domestic Violence. In: Booth, A. (Ed.): *Couples in Conflict*. Hillsdale: Erlbaum 2000.
- Johnson, J. & Campbell, L. A clinical typology of interparental violence in disputed-custody divorces. *American Journal of Orthopsychiatry*. 1993,(63), 2, 190 -199.
- Johnson, M.P. & Leone, J.M. The differential effects of intimate terrorism and situational couple violence. *Journal of Family Issues*. 2005, 26 (3), 322 – 349.
- Kelly, J.B. & Johnson, M.P. Differentiation among types of intimate partner violence. *Family Court Review*.2008, 46 (3), 476 – 499.
- Kuijpers, K. & van der Knaap, L. M. & Lodewijks, I. A. Victim´s influence on IPV revictimization: a systematic review of prospective evidence. *Trauma, Violence & Abuse*, 2011, 12 (4), 198 – 219. DOI: 10.1177/1524838011416378.
- Kuijpers, K. & van der Knaap, L. M. & Winkel, F. W. Risk of revictimization of IPV: the role of attachment, anger and violent behavior of victim. *Journal Family Violence*.2012, 27, 33 – 44. DOI: 10.1007/s10896-011-9399-8.
- Long, J.G. Introducing expert testimony to explain victim behavior in sexual and domestic violence prosecutions. American Prosecutors Research Institute. 2007.
- Loseke, D. R. & Gelles, R. J.& Cavanaugh, M. M.: *Current controversies of domestic violence*. UK: Sage Pulications, 2004.
- Loseke, D.R. & Kurz, D.: Men´s violence toward women is the serious social problem. In: *Current controversies of domestic violence*. UK : Sage Pulications, 2004.

Resick, P. A. *Stress und Trauma. Grundlagen der Psychotraumatologie*. Bern: Hans Huber Verlag 2003.

Schneider, H.J.: *Internationales Handbuch der Kriminologie*. Band 2. Besondere Probleme der Kriminologie. Berlin: De Gruyter Recht 2009.

Stark, E. *Coercive control: How men entrap women in personal life*. New York: Oxford University Press 2007.

Volbert, R. & Dahle, K.-P. *Forensisch- psychologische Diagnostik im Strafverfahren*. Göttingen: Hogrefe Verlag 2010.

Tanha, M. et al.: Sex differences in intimate partner violence and the use of coercive control as a motivational factor for intimate partner violence. *J. Interpers. Violence*, 2009, 12, 1 – 19.

Turvey, B.E. & Petherick, W. *Forensic Victimology*. London: Elsevier Inc., 2009.

Walker, L.E.A. *The Battered Woman*. New York: Harpers & Row 1979.

Walker, L.E.A. *The Battered Woman syndrome*. New York: Springer 1984.

Wallace, H.: *Family violence. Legal, Medical and Social perspectives*. NY: Pearson Education 2008.