

Sleeping With My Abuser: A Qualitative Study on the Development of Transferred Aggression Expression among Battered Women

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Abstract

This qualitative study aimed at understanding the experiences of battered women. Using the grounded theory method, the author generated a conceptual model of transferred aggression expression explaining abused women's perpetration of aggression in intimate relationships. For broader sampling, 18 battered women in a highly populated province in the Philippines were selected as the participants for one-on-one, semi-structured and in-depth interviews. The field texts gathered in the study were subjected to Strauss and Corbin's (2008) grounded theory method of data analysis, comprising open, axial and theoretical coding procedures. Six stages emerged which described women's manifestation of transferred aggression expression, namely *enduring*, *inhibiting*, *placating*, *reciprocating*, *aggressing* and *retaliating*. Results indicated that women who faced intimate partner violence were likely to exhibit transferred aggression expression via passive, passive-aggressive and reactive-aggressive ways. Implications and future directions of study are also offered.

Keywords: transferred aggression expression; intimate partner violence; violence against Filipino women; aggressive women, grounded theory

Introduction

The World Health Organization (2016) has recognized intimate partner violence (IPV) and sexual violence as major public health problems. Due to its high prevalence worldwide and the damaging consequence to children and women's psychological state, IPV has been a topic of interest for many clinicians, policy makers, and researchers (European Union Agency for Fundamental Rights, 2014). Women's psychological reactions to battering by intimate partners was explained by Lenore Walker (1979, as cited in Walker, 2000) who proposed the *battered woman syndrome*. This refers to psychological symptoms developed after someone has lived in a battered relationship. The theory proposes that victims of spousal abuse gradually become immobilized by fear and believe they have no other options. As a result, these women stay in the abusive relationship. Battered woman syndrome is a gradual process of conditioning in which the victims feel both helpless and hopeless and, according to Walker, is one of the main reasons that women stay in these conditions longer than people would expect. Walker (2000) also examined the dynamics in spousal abuse and coined the term *cycle of violence*. This described a cyclical pattern consisting of three phases that differ in length and intensity. The first phase of the cycle of violence described battered women's calm and agreeing attitude to husband's demands, avoiding conflict, accepting everything as their fault and becoming nurturing (tension building phase). The abuser loses control and engages in major episodes of assaultive behavior. A battered woman may feel shock, disbelief, and denial. She will respond by attempting to minimize her injuries by staying as much out of her husband's way as possible (explosion or acute battering phase). The last phase is characterized by apologetic acts on the part of the abuser as he understands that he has gone too far. She will reciprocate by accepting his promises that he can change (calm, loving respite phase) and the cycle of violence returns to the first phase again, with tension building. As a result, women develop a hopeless and helpless disposition after prolonged exposure to violence (Barnett, Miller-Perrin & Perrin, 2011).

Walker's theory highlighted women's receptive and passive behavior towards battering, but many studies have noted other responses to IPV. In fact, some studies have found that IPV is symmetrical; hence, women perpetrate violence as equally as men (Bair-Merritt et al., 2010; Brown, 2012; Cercone, Beach, & Arias, 2005; Leisring, 2013; Reckenwald & Parker, 2012; Straus, 2009). Other studies have found that women are more violent than men and likely to use or perpetrate violence more often; they reported physically assaulting their partner and were likely to commit a substantially greater proportion of physical aggression and spousal violence (Archer, 2000; Bowen, 2009; Hester, 2012; Muraskin, 2012; Panuzio & Dilillo, 2010; Thornton, Graham-Kevan, & Archer, 2010, 2012, 2013; Walton et al., 2009; Wright & Benson, 2010; Zacarias, Macassa, & Soares, 2012). Also, Swan and Snow (2002) concluded that some women in intimate relationships were classified as aggressors and indicated that women commit acts of physical violence against their partners, including moderate violence and emotional abuse. Lastly, the study by Saunders (1986) supports that women are also aggressive and indicated that women use violence during the height of battering to defend themselves from their abusers. However, none of these aforementioned studies have looked at whether a battered woman has tried to aggress and/or retaliate to her current partner, or a subsequent partner who is either abusive or non-abusive towards her. Also, Walker's research did not explain abused woman's aggressive responses or her reaction/s to prolonged and repeated exposure to violence. The cycle of violence theory did not address whether a battered woman has attempted to reciprocate or defend herself during her abuser's violent episodes, or whether her anger about the abuse is displaced onto her children. Hence, with a view to address the paucity of qualitative investigations on women's aggression perpetration, this study purported

to answer how and why a select group of Filipino abused women become perpetrators of violence themselves, using the developed transferred aggression expression model grounded in data from battered women's interviews.

Literature Review

A number of studies and theories have proposed to explain the factors that contribute to women's perpetration of aggression. Bandura's *social learning theory* (1986) stated that children adopt behaviors they observe in adults, including aggressive acts. This theory further argued that aggressive behaviors may extend from childhood into adulthood. *Frustration aggression theory* is a concept based on the premise that individuals will react aggressively when some goal is blocked or frustrated. This theory stated that failure to attain desired goals can lead to aggression within the family by the frustrated party (Barnett et al., 2011). Seligman's *theory of learned helplessness* (1975, as cited in Ali & Naylor, 2013) specified that repeated exposure to uncontrollable situations results in the development of negative perceptions and beliefs about one's abilities to deal with such circumstances. The *cycle of violence*, also known as the *intergenerational transmission of violence theory*, asserted that violent behavior is learned within the family and bequeathed from one generation to the next (Black, Sussman, & Unger, 2010). This notion assumed that family violence persists and is transmitted across generations. It proposed that interparental aggression is associated with perpetration of IPV in subsequent intimate relationships. Specific modeling occurs when individuals reproduce particular types of family aggression to which they were exposed.

Contrary to the general notion that battered women are not typically the aggressor in a relationship (Walker, 1984 as cited by Walker, 2000), women are predisposed in perpetrating violence against their partner (Archer, 2000; Babcock, Miller, & Siard, 2003; Bowen, 2009; Saunders, 1986; Swan & Snow, 2002; Thornton et al., 2010). To date, many empirical studies concerning women's perpetration of violence have been examined globally. Notably, these studies revealed that the reasons that prompted women to use aggression against their intimate partners include the following: self-defense (Muraskin, 2012; Saunders, 1986); revenge and retaliation (Kernsmith, 2005; Leisring, 2013; Miller & Meloy, 2006; Stuart et al., 2006); assault and response to ongoing abuse (Hamberger & Guse, 2002; Leisring, 2013); anger or emotional release (Bair-Merritt et al., 2010; Hamberger, 2005; Muraskin, 2012). Stark (2006) also indicated that women often used force to control partners.

Several studies have found that women in IPV become equally aggressive as men and are capable of perpetrating aggression (Archer, 2000; Bowen, 2009; Daigle, 2012; Hamberger, 2005; Hester, 2012; Johnson, 2006; Kernsmith, 2005; Maneta, Cohen, Schultz, & Waldinger, 2012; Swan, Gambone, Caldwell, Snow, & Sullivan, 2008; Swan, Gambone, Lee, Snow, & Sullivan, 2012; Thornton et al., 2013) and are even more violent than men (Langhinrichsen-Rohling, 2010). As well, the findings of Babcock et al. (2003) identified women as the primary aggressor and reported higher incidence of perpetration of severely violent behaviors that caused their partners more injury. They concluded that women in intimate relationships are physically and psychologically abusive towards their partners. However, these studies did not investigate the processes of women's aggression perpetration, the strategies, actions and interactions, including inaction, and the consequences of their action in terms of violence perpetrated against an intimate partner, subsequent partner and/or children. Hence, the present study explores IPV perpetration among Filipino battered women using grounded theory.

Method

Design

The technique and procedure in developing grounded theory as described by Strauss and Corbin (2008) was used in this study. This method focuses on the actions or interactions, causal conditions, consequences and strategies of the research participants with their abusive partners. The goal was to discover a theory to explain battered women's perpetration of aggression grounded on the views of how Filipino battered women experienced this phenomenon within their homes.

Participants

Participants were 18 battered women living in the Philippines who met the following criteria: (a) cohabitated or married to an abusive partner; (b) with at least one child or more; and (c) willing to share their experiences.

As shown in Table 1, the participants were 18 to 53 years old, mostly separated from their partners, and with three children on an average. They had been living with their spouse for 11 years on average, experiencing violence and abuse for almost 7 years. Eight of them were high school graduates, one had attended vocational courses, and nine participants had attended college. The majority of the participants were employed. All women reported abuse to the Women's Desk Commissioned Office; 13 of them had permanently left their abuser after the report. Six (6) battered women had a history of IPV from their former partner and nine (9) women had a history of physical abuse experienced in their family of origin during childhood. Based on the interview, these 9 women reported that their parents and/or siblings had used physical and verbal violence. They also reported having violent fathers who verbally and physically abused them, and were also violent to their mothers. According to them, experiences of violence in their family of origin had significantly affected them. They specified that they cohabitated with their partner because of the violence in their home, while some married had early to get out from violent situations. Six women faced abuse from their former intimate partners.

Table 1

Selection Characteristics of the Participants

Respondent	Age	Marital Status	Number of years living together	Number of years in an abusive relationship	Number of children	Educational attainment	Employment status	History of abuse experiences (from family of origin and/or former partner)
R1	33	separated	3	1	2	college graduate	unemployed	none
R2	37	separated	9	9	4	high school graduate	factory worker	family of origin
R3	18	separated	1	1	1	high school graduate	unemployed	former partner
R4	39	married	19	5	2	high school graduate	factory worker	none
R5	31	married	4	4	2	high school graduate	unemployed	both
R6	33	live-in	5	4	2	college undergraduate	food vendor	former partner
R7	46	separated	1	1	1	college graduate	theater production	none
R8	25	separated	3	1	3	high school graduate	factory worker	none
R9	38	married	12	12	3	high school graduate	unemployed	both
R10	47	separated	20	17	6	college graduate	office/accounting	none
R11	45	separated	20	13	4	college graduate	teacher	family of origin
R12	53	married	28	25	4	college graduate	unemployed	family of origin
R13	33	separated	12	1	2	high school graduate	beautician	none
R14	35	separated	13	3	3	high school graduate	unemployed	family of origin
R15	38	separated	17	10	3	vocational course	meat vendor	family of origin
R16	51	separated	22	6	4	college undergraduate	trainer	former partner
R17	34	separated	10	10	3	college graduate	recruitment specialist	family of origin
R18	35	separated	12	7	2	college graduate	government office	both

Note. Each line contains the characteristics of one of the study's participants.

Instrumentation

To account for abuse experiences of the participants, a two-part interview was conducted. First, *robotfoto* or demographic profile was used to describe the characteristics of the participants in terms of their age, marital status, number of children, number of years in an abusive relationship etc... Second, an *aide memoir* or semi-structured questionnaire was developed to cover IPV disclosure events that focused on the women's abuse experiences, events and incidences of battering, ways of relating to their partner and children, changes in themselves, and the impact of the abuse in their lives. The developed *aide memoir* was translated in Filipino and then back-translated into English to avoid contextual distortions. It was pilot-tested on three women in a battering relationship to define the degree of clarity of questions, check appropriateness of questions to the target population and ensure reliable results (Borders & Abbot, 2011; Cone & Foster, 1993).

Data collection, procedure, and ethical consideration

The study was conducted in Southern Tagalog Mainland. This is the most populated province in the Philippines, and is considered one of the most industrialized and fastest growing provinces in the country (Philippine Statistics Authority, 2016). It was selected for its broad range of sampling. After obtaining ethical clearance from the Graduate School of the University of Santo Tomas, permission was sought from the women's desk office that handles reported domestic violence cases of the region. The researcher was directly referred to the participants who had reported the battering. An informed consent signifying their intention was

secured after explaining the objectives, risks, and benefits for participating in the study. Responses were recorded with their permission. Precaution was taken to ensure that the interviewees affirmed their participation. They were assured that all gathered data will be given confidentiality. They were given the right to obtain the results of the study. The interviews were conducted between August 2015 and June 2016 in the women's homes, and meetings were arranged according to what was convenient to them as to time and location.

To obtain sufficient and quality data, a three-step interview process (Seidman, 2013) was utilized. First, rapport-building phase was established to minimize sense of formality. It was reiterated to the participants that they had to simply share their story using their own terminologies and what was comfortable to them. The questions mostly centered on the life history of these battered women. Next, in the exploratory phase, questions were concentrated on the details and complexities of their lived experiences. Lastly, the third phase of the interviews covered the meaning of the experiences for the participants. At this point, follow up and clarification of accounts for interpretations was given consideration. The justification for this interview strategy was aimed at getting the nature or essence of the lived experiences of women in a battering relationship.

Data analysis

The completed recorded interviews were transcribed verbatim and subjected to three types of coding processes based on the techniques described by Strauss and Corbin (1990, as cited in Walker & Myrick, 2006), namely open coding, axial coding and selective coding. The data were coded in every way possible to gather series of information and were analyzed line-by-line. These codes were then grouped together to create clusters which were classified under core categories and subcategories. At this point, subcategories were established according to major themes that emerged from the data, for example, battered women's struggling with emotional distress, tolerating physical, verbal and sexual aggression, and withstanding the day-to-day battering for the core category of enduring stage (See Figure 1).

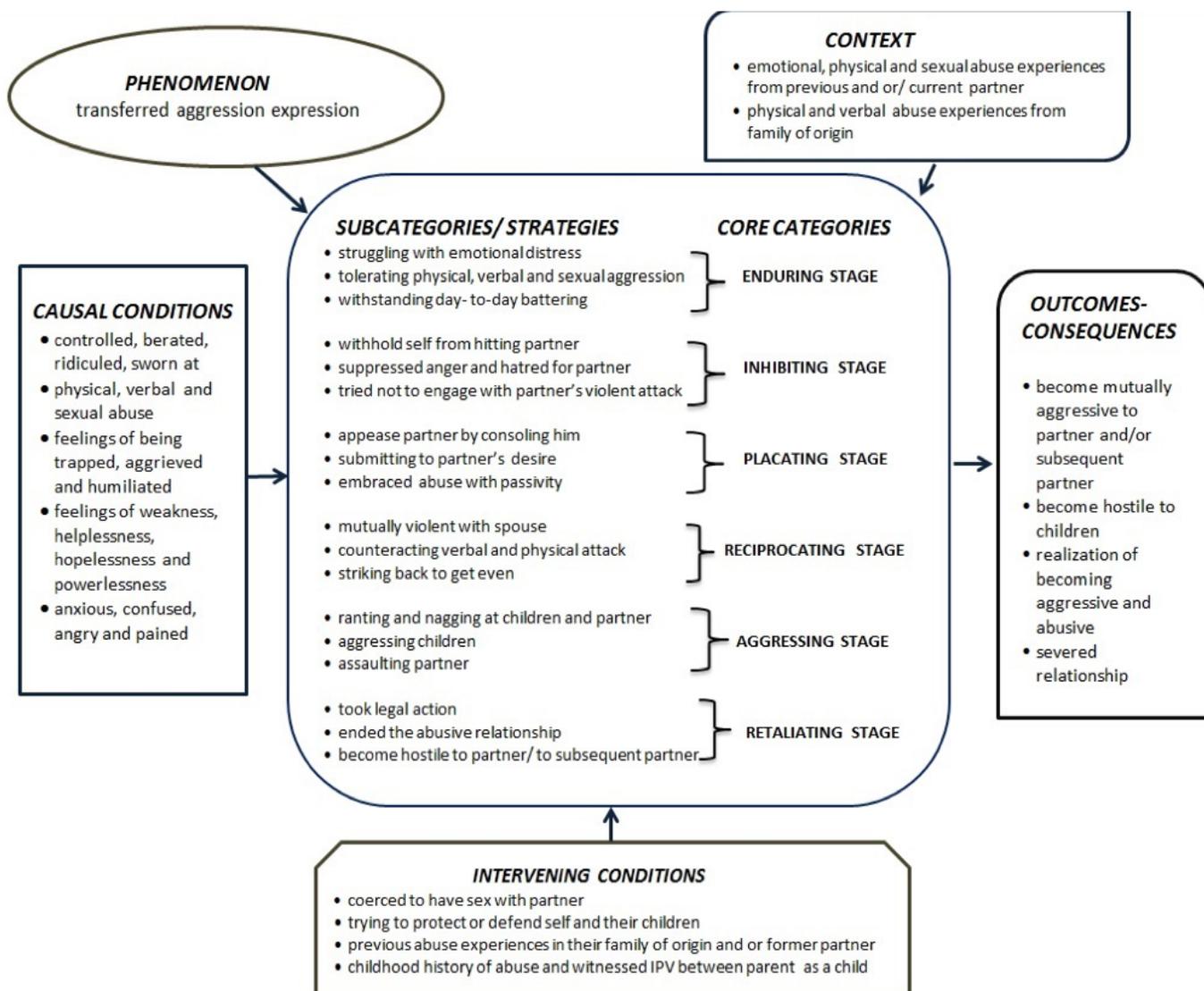


Figure 1. The coding processes for transferred aggression expression grounded in data from battered women's interview.

Coding, sorting, and comparisons were repetitively done until the data were saturated enough to furnish the theory paradigm. Writing memos and diagrams were also employed to sort out and organize data until the theoretical framework was developed (Strauss & Corbin, 2008). Constant comparison analysis processes were applied, wherein data were reviewed for fit and relevance; data were categorized and subcategorized which allowed categories to build up until theoretical saturation was achieved (Hagglom & Moller, 2007). Saturation point (Strauss & Corbin, 2008) was reached and completed as no additional data contributed to the emerged transferred aggression expression theory (See Fig.2). Finally, to ensure that the grounded theory design was utilized appropriately, member checking was observed for the consistency, accuracy, and reliability of data (Oktay, 2004). This was completed by conducting follow-up interviews, telephone calls, and video calls. The participants were provided oral and written summary descriptions of their responses for rectification, verification, and clarification. The women confirmed and acknowledged that the researcher's interpretation was accurate when compared to their experiences (Collaizzi, 1978 as cited in Dowling, 2006).

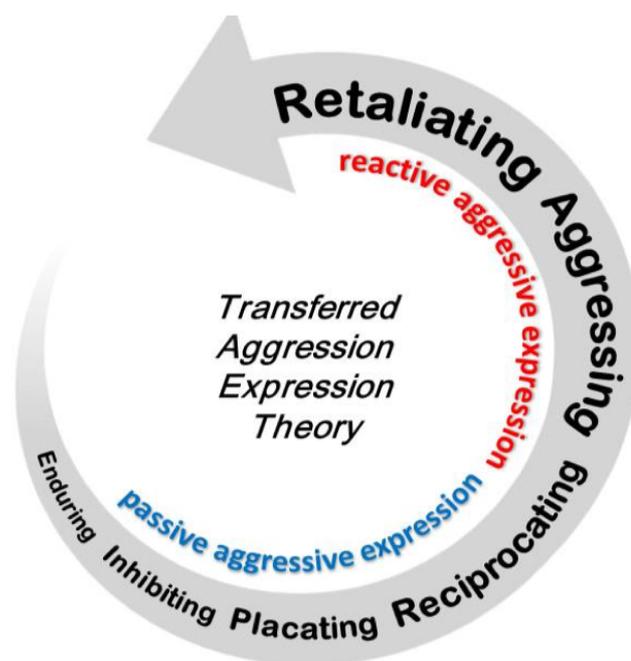


Figure 2. TAN'S Transferred Aggression Expression Theory

Results

Based on the analysis of data obtained, this investigation unfolds a process of how battered women express, displace, and/or perpetrate aggression. The proposed theoretical model of transferred aggression expression characterizes behavior of women exposed in a battering relationship with childhood history of abuse and/or previous IPV experiences. It comprises six (6) stages, namely: *enduring*, *inhibiting*, *placating*, *reciprocating*, *aggressing*, and *retaliating*. In the enduring stage, the woman responded to violence and abuse with passivity and as the battering continued their reaction progressed into a passive aggression expression in inhibiting and placating stages. They responded to IPV with passivity, habitually tolerating verbal, physical, and sexual violence, withstood day-to-day battering, and suppressed anger and hatred for a partner. However, reactive aggressive expressions were exhibited in reciprocating, aggressing, and retaliating stages. During these phases, women reported mutually assaulting their partner, counteracting partner's verbal and physical attack, striking back to get even, and showing aggression, not only on their partner but even their children (see Fig. 1 for coding processes on subcategories and core categories). The majority of the women said that they learned to retaliate by taking legal action, leaving the partner and becoming aggressive, abusive and retaliative to their current and/or subsequent partner.

Figure 2 describes a theoretical model on how transferred aggression expression progressively develops among abused women expressed via passivity, passive aggression and reactive aggression. The gyrating arrow represents a continuing sequence of transferred aggression expression exhibited by battered women. As the six (6) themes get bigger and bolder in typeface from the enduring to the retaliating stage, women's expression of transferred aggression correspondingly becomes prominent and more intensified. Hence, at the beginning, they frequently endured and responded to violence with passivity and restrained anger. As time proceeds, they become more uncontrollable, argumentative, assaultive, and risky in expressing their aggression. They impulsively hit their children when frustrated and report treating their children in a hostile and abusive manner. These women are more likely to perpetrate minor or severe violent acts without fear and are more inclined to show aggression and/or injure their

current partner or subsequent partner. Accordingly, the longer a woman stays in a battering relationship entwined with abuse experiences from her family of origin and/or previous IPV experiences, the likelihood of becoming the aggressor herself grows.

Enduring Stage

As the name of this phase indicates, the women had endured battering in the early stage of their relationship. They shared that they had been battling IPV with fear and confusion. The women reported having varied feelings from anger and compassion toward partner to self-blame. Instead of being angry, they said that they habitually tolerated the abuses inflicted on them. As the women described:

Even I could not understand what my husband is doing to me. I hate him, but he said he love me so I forgive him. It is my fault too. (R14)

I allowed him to beat me and do whatever he wants. I obeyed him for ten long years. (R17)

The women expressed their emotional struggles in dealing with the situation. One woman recollected how she dreadfully chose to end her suffering, “I poured gas on my head to finally end this battering. Tomorrow he will hit me again, ceaselessly. I am tired.”(R5) Despite the abuse experiences, women opted to stay. Being trapped was their reason for not leaving their abuser; hence, they continued to endure their spouse’s abusive treatment, as confided by one woman, “I can’t do anything. I’ve been here . . . nowhere to go. I have tortured myself for 25 years.”(R12) By and large, the women reported extreme feelings of weakness, helplessness and powerlessness. They recalled not fighting back or protecting themselves from the assaults because of fear and anxiety. As a result, the women chose to withstand the day-to-day battering, as demonstrated in these testimonies:

Like in a target shooting, I was standing between those knives ingrained in the door. He was slapping, kicking, dragging me . . . begging him to stop. I could not do anything. (R9)

I cannot hit a man holding a gun. For not immediately attending to his needs he would use it to threaten me and my children. (R11)

In their persistence to keep their family intact, fear of possible separation, and hope for a behavior change in their abuser, the women tried to manage their daily lives – beaten, berated, humiliated, abused, and controlled (see coding process for causal conditions, Fig.1) – eventually resulted in passivity, as epitomized in this statement: “I couldn’t live without him. I am doing my best to keep my family together. I hope that he will change you know . . . I allow him to abuse me.”(R14) Women with early exposure to violence shared that they could stand all forms of abuse inflicted by their partner since they already experienced abuse from their own family. One woman described her reaction to IPV: “Battering became part of my life. I thought after I left home, I was finally free from all sorts of abuse only to find out I moved to hell. I learned not to care for myself. I became callous.”(R2)

Inhibiting Stage

As the women struggled with emotional distress, passivity, and powerlessness in the initial stage, the second stage describes how women dealt with anxiety. The women’s feelings oscillated between wanting to fight back and fear. They described that instead of fighting back,

they responded with a restrained anger as they chose not to reciprocate partner's aggression to avoid a fight escalating. They were furious at one end, yet tried to suppress their anger on another because of fear, as illustrated in these verbalizations:

While he is bothering me, I am controlling myself from fighting back, but deep within me I am enraged. I am wishing for his death. (R18)

I wanted to fight back, but I am afraid of him . . . he is like a monster . . . continued beating me.(R7)

This stage is characterized by withholding the expression of hatred toward their partner despite feelings of antagonism. The majority of the women expressed that they usually managed their husband's violent attack by avoiding, ignoring, and not engaging in the fight, as one woman expressed, "I accepted every blow. I hate him and wanted to hit him too, but tried to hold back. I tried to stay away from him."(R8) During this stage, women expressed their aggression covertly. Eleven women revealed that they had contemplated killing their spouse out of their hatred while the others entertained thoughts of physically injuring, harming or assaulting their partner. Venting their bottled-up anger and releasing it on the partner were the women's reasons for trying to commit suicide, as revealed in these excerpts:

Because I am very angry, it's not just him whom I wanted to kill, I wanted to kill myself too. I tied my neck and locked myself in the bathroom. (R1)

I am very angry at him I tried to kill myself instead by overdosing; I thought that if I die it might hurt him too. (R15)

The women with a history of abuse in their childhood and women with IPV accounts indicated being conditioned to violence. They said that although they desired to retaliate, they learned to suppress their anger, as demonstrated in this description: "I get used to being beaten, my parents abuse me . . . nothing is new to me . . . been wanting to get even with him but I learned to withhold my anger. I would curse him to death."(R2)

Placating Stage

The repressed aggression that the women feel during the inhibiting stage is substituted with strategies to deal with violence in the next stage. Thus in this phase, women learned to pacify their enraged batterer. They described that as they were conditioned to the battering, they learned to mollify their batterer, which became their immediate and habitual reaction, as reflected in this excerpt, "I get used to it. For 12 years I have lived with a man who berates me, batters me and sexually abused me. I know how to stop him."(R9) Although women were enraged, they declared that to console the spouse was their only option to stop from being beaten further. As a result, they usually gave in to their husband's erratic demands. The women with previous IPV experiences indicated that as they were habituated to the battering, immediately satisfying him was the only possible choice. All women reported pacifying their batterer by being affectionate, nurturing and accommodating, as reflected in these testimonies:

While he was beating me I would tell him I love him, embrace him . . . I should do what he asked or I will receive more blows. (R3)

Being manipulated and beaten by my ex I do the same now. I learned how to play him. To give him what he desire is always my best solution. (R18)

At this stage, all women believed that fighting back would not change their situation. They hoped that their spouse would change their hostile treatment. As a result, women resorted to doing everything to appease their partner, as demonstrated by one woman: “I cooked to show him as if I care. . . . do everything that pleased him to the extent of doing sexual act I found very disgusting. If I fight back, it would not matter.”(R3) The women were also worried about the possibility of being killed during the battering incidents. They reported that they tried to placate the batterer by being nice, quiet, or giving in to his desire despite wanting to fight back and retaliate. Regardless of the women’s effort to mollify the partner, they reflected that it was ineffective because the battering continued, as evidenced in these women’s confessions:

I wanted to fight back, but I allow him to do whatever he wanted to do to me. How could I fight against an angry man holding a gun? I pretended nice, but deep within me, I wish for his death. (R11)

I did my best I can to stay out of his way to calm him but he remained uncaring. He tirelessly beat me up. (R18)

Reciprocating Stage

The women’s passivity in the enduring stage and passive aggression expression in the inhibiting and placating stages developed into a reactive aggressive expression in the reciprocating stage and continued throughout the last stage. It is in the reciprocating stage when women’s anger heightened as they realized that despite efforts to pacify their partner, the battering did not cease. They recognized that they were no longer afraid of their husband’s assaults as they were motivated by their desire to protect and defend themselves and their children. As noted by one woman, “I slapped and kicked him, if it would mean severe beatings I don’t give a damn! I need to protect myself and my children.”(R18) Further, the women admitted that they learned to perpetrate physical and verbal aggression like kicking, hitting, slapping, threatening, nagging, and cursing in the same manner their batterer treated them. During the reciprocating stage, the women would counterattack by “giving back what is given to me” for every battering they received. They usually expressed their anger by throwing or destroying things at home which fuelled the violence between the couple even more. The examples illustrate how women reciprocate:

I ignored him before. My silence for 25 years is over. If he hit me, I hit back, we batter each other now. (R12)

I don’t surrender in our fights. We batter each other. Anything accessible to my hands, I would destroy it and it makes him crazy but I don’t give a damn! (R6)

The majority of participants admitted that they could no longer control the anger they had been suppressing; thus, the partners became mutually assaultive. These aspects were epitomized in the following statements:

I learned to beat him as hard as he beat me; if my hands and my legs are tired I use my teeth. I do not care if I die as long as I beat him back. (R6)

I was shocked when I stabbed him. He was bleeding. I can’t control my anger anymore. (R1)

The women with previous IPV experiences and a history of abuse in their family of origin reflected that they reciprocally assaulted their partner to put an end to the battering and to prove to him that they can be aggressive too. They also echoed not tolerating or repeating another abuse in their lives:

I am not going to allow to be beaten again. By this time he should know I can be aggressive also. I warned him to be careful or else (R18)

I started assaulting him . . . giving back what has been done to me before. (R3)

I have suffered worse abuses from my family and again from my ex-partner. I do not deserve more. I started hitting him back. (R9)

Aggressing Stage

In the aggressing stage, women's expressions of aggression become more intense, deliberate, and risky. The study's participants admitted that they completely lost control over their behavior and became impulsive. At this stage, women observed certain changes in their behavior. They described they were short-fused and their hostility to the partner was triggered by even minor incidents. The women further indicated that the children were affected by their angry outbursts. Consequently, they revealed that their children have become the outlet for their anger. The excerpts are seen in these verbalizations:

I am aggressive to my child now. I wasn't like this before. (R14)

The battering that my husband has been doing to me I also do to my own children. I was not furious to my child, but to his father. He was jobless. I am so upset. (R2)

This period is also characterized by assaulting the partner. All the women exemplified extreme feelings of aggression. Some women resorted to using a weapon in attacking their partner, but justified this behavior. They said that they expressed their aggression by becoming verbally and physically aggressive against the partner, as articulated by the women:

I stabbed him with a knife that he bled. He pushed me to do it. It is his fault. (R1)

If I hit him with something and it doesn't get through him, I use my mouth to hurt him. I yell, curse, and utter all the bad words I know. (R18)

In the aggressing stage, majority of the women disclosed that they learned to be aggressive as they perpetrated severe violent acts without fear and remorse. Some women verbalized their relieved feelings while violently quarreling with the partner and seeing if their partner was seriously hurt, as evidenced in these expressions:

I hurt him brutally. I did what I have to do. I told him that I am also capable of becoming like him. (R13)

Fighting him means receiving more beating. My hatred has been here for years . . . as I hit him badly I felt I was able to express my anger. (R14)

While all women with IPV history and violence in their childhood emphasized that although they knew they will be beaten if they respond to their partner's violent behavior, at some point

they indicated being able to release the anger they had been repressing. They also confessed they became abusive to their own children and admitted having some feelings of lightness and relief as they displaced their anger to their child, but acknowledged their guilt after realizing that they hit their children impulsively, as echoed by these women:

I just had to vent, before I even realized it I hit my child really hard. I did not mean it . . . it just happened . . . this is exhausting.” (R17)

When I saw him bleeding and he ran away from me like a coward it gives me a good feeling. I feel that I won the fight. (R12)

Retaliating Stage

As the name of this stage implies, retaliating is characterized by women’s motivation to assault the partner to get revenge. The battered women realized that after years of suffering, it was high time to retaliate. All participants reported to the women’s desk. They stated that their reason for taking legal action was to retaliate for past abuses they had endured, and to break free from the abusive relationships, as emphasized in these articulations:

Before, I just obeyed him and kept quiet. I am retaliating . . . I know I should. (R15)

I have allowed him to abuse me for 25 years. I wanted to get out of this situation. The only way to get revenge is to see him in jail. (R12)

The accounts of all the participants of this study revealed similar reactions in terms of getting even with their partner. They would refuse to have sex with him, oppose his demands and neglect responsibilities at home. Thirteen (13) of the women decided to leave their batterer permanently after reporting to the Women’s Desk Commissioned Office. They stressed that leaving their abuser was their way of exacting revenge, as illustrated in the following narratives:

I intentionally leave the house disorderly, pretended busy so I can refute him. I blatantly reject his sexual advances. I reported him to women’s desk. When I leave I did not look back. (R11)

Seventeen long years with him has been calvary. When I left him I felt I was able to fight back. (R10)

It is interesting to note that the women were conscious that they were retaliating. They admitted becoming hostile and displaying violent behavior, but rationalized their aggressiveness. They believed that their partner deserved to be beaten. Participants with a new partner also described their uncontrollable aggression, as illustrated in the following excerpts:

I noticed I become aggressive now. I hit him . . . he bleeds. He beat me up so he deserved it. (R1)

I am anxious I might be beaten again . . . he’s erratic you know. I think that I should also know how to hit. (R17)

I am not going to tolerate another battering. I am living with the man who beat me . . . abuses me. I have all the reason to retaliate. (R18)

In the retaliating stage, women revealed that they were surprised about their transformation – from a woman who was passive and habituated to abuses, to a woman who can fight back. The women with prior IPV experiences and abuse in their own family also described the changes in themselves. They admitted becoming domineering, argumentative, and manipulative. They also feared abuse possibly occurring again, and highlighted not hesitating to assault the current partner if they sensed any sign of battering. They added that prior abuse taught them to become aggressive and abusive like their batterer. These behaviors were illustrated in the following statements:

I am striking back. I beat him like how he batters me. I am aggressive now. (R15)

I told my new partner I can manipulate you in my palm . . . leave you penniless. He will sink like a boat if he's ever going to hurt me. (R17)

I have become abusive now. He created a monster in me. (R2)

Discussion

The result of this study on transferred aggression expression unfolds six processes describing how a select group of Filipino battered women displaced and perpetrated aggression. Initially, in the *enduring stage*, the women struggled with IPV with passivity due to confusion and fear. They tolerated the aggression perpetrated on them, and continued to endure the abuses to survive (Bhandari, Bullock, Anderson, Danis, & Sharps, 2011) to secure the welfare of their children (Damant et al., 2009; McDonald & Dickerson, 2013) and keep their family intact (Bhandari et al., 2011). The women developed a sense of helplessness (Barnett et al., 2011; Bhandari et al., 2011), powerlessness (Koci & Strickland, 2009; Walker, 2000) and weakness (Barnett et al., 2011; Koci & Strickland, 2009). The current result on battered women's passivity and powerlessness disposition in the initial stage validates Walker's battered woman syndrome (1977, as cited in Barnett et al., 2011). As women tolerated battering, they described having varied feelings from being angry to being compassionate and blaming the self (Damant et al., 2009; Oweis, Gharaibeh, Al-Natour, & Froelicher, 2009) for the abuses, rationalizing that they made their husbands angry. The *inhibiting stage* was characterized by a women's attempt to stop violence from escalating, to break free from the abuser and end their suffering. During this stage, women expressed anger in a passive aggressive manner. Their feelings oscillated from wanting to fight back on one end and inhibiting the anger on another. This behavior eventually resulted in women's suppression of anger and hatred for a partner, as also revealed by Maneta et al. (2012). Freud emphasized that aggression is unexpressed, repressed and suppressed. The individual has a tendency to unconsciously displace it in another direction to resolve conflict, anxiety or frustration (Feist & Feist, 2009). Using this position, women in this study lost control over abusive situations. The battering and abuse experiences from previous and/or current partners – as well as childhood exposure to violence – entwined with their feelings of being trapped, aggrieved, berated, pained, humiliated and controlled (coded as context and causal condition, see Fig.1) living with the abuser. Subsequently, women's unconscious and suppressed hostility toward the partner was likely to be transferred and displaced to the self and/or to children. Some women had attempted to commit suicide to release and express their bottled-up resentment. They underscored that they were confused, anxious and overwhelmed by their situation; they only wanted to vent their frustration. The results of the current study reinforced previous studies indicating that women in violent relationships are likely to attempt suicide (Barnett et al., 2011; Haggbloom & Moller, 2007; Oweis et al., 2009).

Meanwhile, as women realized that their strength is no equal to their abuser, their inhibited anger was substituted with a strategy on how to deal with violence, manifested in the *placating stage*. Women's placatory techniques aimed to prevent their batterer's aggression from mounting. In this phase, the women did not express their anger openly. Although they would want to strike back during their husband's angry outbursts, they would please and appease their batterer instead. Such placating behavior on part of the participants is congruent with Walker's cycle theory of violence, suggesting that a battered woman normally attempts to calm her partner, agrees to his demands and accepts her batterer's faulty behavior (Walker, 1979, as cited in Carderelli, 1997). Hence, participants in this study became more affectionate and nurturing, immediately obeyed what their husband demanded, and stayed out of their way to prevent fights. Although erratically beaten and angered by the battering, the majority of the participants remained acquiescent for long years. Not wanting to leave their partner for the security of their children and to keep their family intact were women's reasons for pacifying their batterer. As reported by Riddell, Ford-Gilboe, and Leipert (2009), this study demonstrated that women were more likely to use a placating strategy rather than separating from, or leaving, an abusive partner. One woman described her behavior at this stage as 'walking on eggshell' to prevent future violence. This reaction is a typical behavior developed in victims of spousal abuse, according to Walker's cycle of violence (2000), taking place in the tension building phase. As the participants in this study attempted to minimize their injuries, they tried to refrain from situations that could precipitate violence to avoid their batterer exploding in a fit of rage.

As the aggression progressed, women's placatory strategies became less and less effective. It was in the *reciprocating stage* where women's tolerating behavior reached its threshold. They learned to fight back and admitted becoming aggressive in responding to the partner's provocations, as Swan and associates (2008) also concluded. During this stage, women's aggressive tendencies manifest themselves. They would perpetrate verbal and physical aggression to counteract the partner's assault. In the reciprocating stage, aggression amplified aggression. Current results corroborated the findings of Whitaker, Haileyesus, Swahn, and Saltzman (2007) indicating that violence in IPV is reciprocal and most domestic violence is mutual (Hamel, 2009). Aside from the participants' reason that they lose self-control (Seamans, Rubin, & Stabb, 2007), the same findings from previous studies (Babcock et al., 2003; Bair-Merritt et al., 2010; Flemke & Allen, 2008; Kernsmith, 2005; Peled & Gil, 2011; Stuart et al., 2006; Swan et al., 2008) transpire in the current investigation, proving that defending themselves and protecting their children were women's motivations for perpetrating aggression. All women exemplified extreme feelings of anger in this period. The violence between partners escalated since neither would give up, which fueled aggression between the couple even more. This type of violence was labeled by Johnson (2006) as *mutual violent control* where both partners were violent and controlling. As well, the women in this study do not withhold their hostility; they strike back to get even and equally batter the partner. Current findings further confirm the results of previous IPV studies indicating that women use severe violent acts to reciprocate husband's abuse (Bair-Merritt et al., 2010; Whitaker et al., 2007). Accordingly, women in this study with prior IPV experiences and childhood history of abuse admitted physically injuring partners. They disclosed that their motivation was to end the battering and to prove to their partner that they can be aggressive too.

In the reciprocating stage, women became mutually aggressive, whereas in the *aggressing stage*, women's aggression expression elevated into a more intentional assault. The aggressing stage is the most dangerous stage. The women no longer withheld nor inhibited their hostility. They were more likely to trigger violence by becoming argumentative and antagonizing. They would oppose a husband's command and threaten to hurt or kill him. Their motivation was to

aggress and deliberately assault their batterer. The present findings confirm previous results indicating that women's motivation for committing either minor or severe physical aggression to a partner was to express anger, to get back or retaliate for both the physical and emotional abuse they experienced (Kernsmith, 2005; Miller & Meloy, 2006; Seamans et al., 2007; Straus, 2011; Swan et al., 2012), and to release pent-up emotions (Bair-Merritt et al., 2010). The women who were abused by their parents reported using a weapon to hurt the partner, causing their batterer some injury. As intergenerational transmission of violence theory posits, children who have been victims of violence are at risk of becoming perpetrators of violence themselves or victims of violence as adults (Black et al., 2010), act out violently, and inadvertently increase their aggression and acts of IPV in adulthood (Wood & Sommers, 2011). Consequently, the women in this study were not only victims of violence but perpetrators as well. They acknowledged committing severe violent acts without fear and realized they have become hostile, but justify their aggressive acts in their own minds with the assertion that they were provoked by the partner. During this stage, the children were likely to become the recipient of the women's anger originally directed to their abuser. As the aggression within the couple heightens they had lost control over their behavior and the children become the immediate target. Some women described feelings of relief after displacing their anger to their children. However, some participants reflected that once their anger was transferred at their children they became regretful (Damant et al., 2009; Peled & Dekel, 2010) and sympathetic. Others described their hostile way of relating to their children as being unlike them. The abused women in this study further reflected that they were no different from their batterer since they themselves are abusing their own children.

In the final phase of this theory, the *retaliating stage*, women reflected that from being aggrieved at the beginning they became retaliative, aggressive and abusive. In this stage, the participants' aggression expression is motivated by revenge for the existing and/or previous abuses and for the battering they had endured. The recent results are consistent with previous researches suggesting that responding to prior abuse and retaliation for emotional hurt and past abuses were women's motivation for perpetrating aggression (Bair-Merritt et al., 2010; Flemke & Allen, 2008; Kernsmith, 2005; Leisring, 2013; Miller & Meloy, 2006; Seamans et al., 2007). In this stage, the women thought that it was high time to leave their partner, as one participant labelled 'waking up from her nightmare'. All participants averred that they would definitely respond aggressively to get even if the battering continued. As Evans and Lindsay (2008) inferred, women do not heal from IPV but rather incorporate the abusive past into their current lives. Accordingly, women in this study with prior IPV accounts who are living with a new partner described that they were anxious, traumatized, and often reminded of their abuse experiences. They described becoming overly sensitive and vigilant for any signs of violence while others anticipate being assaulted. Women who left their partner, but were not in an intimate relationship, noted that if they sense any violence occurring in their future intimate relationship, they will not hesitate to hit. As reported by Perilla and associates (2003, as cited in Belknap, Larson, Abrams, Garcia & Anderson-Block, 2012), this study demonstrated that a battered woman with prior IPV experiences is more likely to project onto her new male partner symbolic retaliation for the past abuse by a different man. As the participants learn about IPV by experiencing it, they learn to retaliate for their past victimizations when they encounter opportunities to be aggressive and or abusive toward a new man, who might or might not have abused them. As described by Belknap et al. (2012), this study confirmed that women committed violent offenses against men using the new men as proxies for the batterers who victimized them in the past. Freud theorized that individuals are predisposed to repress, suppress or displace aggression (Feist & Feist, 2009). Using this notion, the participants' negative histories of abuse in their childhood including the previous and existing IPV

experiences that they had tolerated, were possibly repressed. Consequently, women's accumulated and suppressed anger was likely to be transferred or displaced onto their partner and/or succeeding partner through a retaliative behaviour. The present results also supported the findings of Simmons, Lehmann, and Cobb (2008), indicating that women showed an elevated likelihood that they will continue to use violence in their intimate relationship. As Osthoff (2002) suggested, people can change from being battered to being a batterer, especially in subsequent relationships.

In conclusion, this study suggests that battered women may suffer the brunt of abuse fourfold; from their family of origin, current intimate partner, former intimate partner and/or subsequent partner. Based on the findings, the author generated transferred aggression expression theory describing women's likelihood of transferring, displacing and perpetrating aggression to their children, current partner or succeeding partner.

Limitations and Implications of the Study

This study documents battered women's responses to repeated episodes of domestic violence from an intimate partner using the developed, transferred aggression expression theory, but it is clear that several issues have been raised by the findings that warrant further study. First, the experiences of IPV only came from women who were willing to share their experiences; the stories of women unwilling to share this have never been told. Second, the result of this investigation provided partial findings on abused women's abusive behavior toward their children. Richer data could have been obtained if the children were also interviewed. Another important limitation involves the study's methodology. The results of this qualitative study using the grounded theory method cannot be generalized to the population of women; therefore, quantifying transferred aggression expression using a bigger sample is a possible consideration. Further research is also needed to gain insights into women's experiences in different cultures and societies, since this study was based solely on a select population of abused women in a developing country like the Philippines. This study pulled a heterogeneous sample. The female participants ranged in age from 18 to 53. Some were exposed to violence in their childhood while others did not have a history of abuse. Also, there were women with previous IPV history while others experienced IPV only from their existing partner. A homogeneous sampling, therefore, is recommended as they may have varying experiences that may contribute to how transferred aggression expression will be displayed, including its severity and intensity. The study was limited to the women's perspective; men's perceptions of violence were not included. The male perspective would have contributed to the validity of the study. However, the findings in this investigation provided support for the phenomenon of transferred aggression expression in relationships involving IPV. Lastly, the results may be useful to health professionals in identifying signs of transferred aggression expression in abused women, and in designing programs and interventions to address their needs.

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