

## **Women Arrested for Domestic Violence: Current Research and Treatment**

**Robert Geffner, Ph.D. ABPN, ABPP**

Licensed Psychologist and Licensed Marriage & Family Therapist

Diplomate Clinical Neuropsychology and Family Psychology

President, Institute on Violence, Abuse, and Trauma

President, Family Violence & Sexual Assault Institute

Clinical Research Professor, California School of Professional Psychology, Alliant International University, San Diego

10065 Old Grove Rd., Suite 101, San Diego, CA 92131

(858) 527-1860 x 4050

Fax (858) 527-1743

email: bgeffner@pacbell.net

### **What Issues Do You Address/Ask About During Intake or Assessment With The Female Offender?**

### **What Information Do You Want From The Male Victims ?**

### **What Are The Main Issues You/Your Program Address in Treatment of Female DV Offenders?**

### **Do You Address/Ask About Trauma and Attachment Issues During Intake or Assessment With The Female Offender?**

### **How?**

### **Do You Address Attachment and Trauma Issues in Your Treatment of Female IPV Offenders?**

## **ISSUES/QUESTIONS**

1. Who is the primary/dominant aggressor in the relationship?
2. Past victimization/trauma/abuse?
3. Depression history?
4. Relationship history?
5. Emotional expressiveness?
6. Issues of child abuse and parenting?
7. Conflict management styles?
8. Neuropsychological impairment?
9. Substance abuse/dependence history?
10. Attachment issues?
11. Motivation to change/accept responsibility?

## Definitions

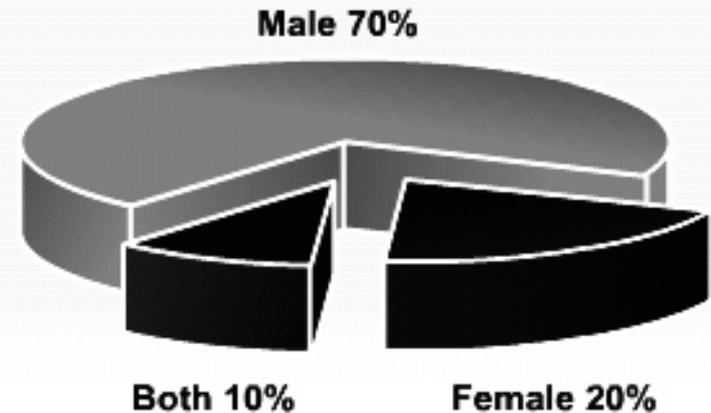
### Distinction between Abuse and Aggression:

**Abuse** = a pattern of behavior where one partner gets his/her needs met at the expense of the other through the use of power and control; usually has elements of intimidation, and often produces trauma.

**Aggression** = usually physical but can be verbal or sexual, where one person commits an assaultive behavior on the other person.

Thus, can have abuse without physical aggression, or aggression without abuse. Mutual Abuse would be where both partners are fighting with each other for power and control (not common – 10-15% of cases).

## Gender of Aggressor



## Treatment Plan

**Presenting Symptoms**

**Duration of Symptoms**

**Severity of Symptoms**

**Risk and Protective Factors**

**Types of Treatment Modality**

**Frequency of Treatment**

**Specific Treatment Goals**

**Specific Treatment Techniques**

**Prognosis**

## RISK FACTORS FOR RELATIONSHIP AGGRESSION

attitudes about power, control,  
& gender roles

excessive alcohol/drug use

low self-esteem

anger

depression

lack assertiveness

trauma history

neuropsychological

Impairment

poor conflict resolution skills

communication deficits

personality disorder(s)

paranoia

impulsivity

stress

poor social skills

shame

lack of empathy

attachment disorders

psychopathy

jealousy

dominance needs

prior abuse history

lack readiness to

change

## **FEMALES ARRESTED FOR DOMESTIC VIOLENCE: *WHAT WE KNOW***

The incidents of female violence (of many types) are increasing in the USA.

It is less socially acceptable for women to be abusers than it is for men to be abusers.

Many feminists believe that there is “no such thing as a female abuser”.

Women report self-defense as the most common reason for their violence. Abuse by men is seen as motivated by attempts to dominate or terrorize their partner.

Minor acts of violence (slapping, shoving, pushing) are often “more tolerated” when committed by a woman than by a man because the woman is less likely to do physical harm to her partner than the man is. Women may be given more permission to hit than men.

## **FEMALES ARRESTED FOR DOMESTIC VIOLENCE: RESEARCH ISSUES**

Are the dynamics of female battering the same as the dynamics of male abuse? If not what are the differences?

It appears to fall into 3 categories: Self-Defense; Mutual Abuse/Aggression; or Dominant Abuser.

Women’s aggression is less likely to result in injury than is male’s aggression.

As a result, a police report may not be made as often and the amount of female perpetrators may be under-reported.

As with men, for women, the amount of verbal/symbolic aggression towards a partner tends to decrease with age (Straus & Sweet, 1992).

Women’s abuse may be more severe because it is cumulative and may have been building up since childhood. When the explosion comes, it can be extreme.

## **SOME TENTATIVE STATISTICS**

- Women hit more often than men, the difference being in the “power” of the hits
- Women will use weapons more often than men (80% for women vs. 25% for men).
- Aggression by women and men in intimate relationships is about equal (Fiebert, 1997) – aggression is different from abuse
- The number of women being arrested for domestic violence is steadily rising - even while there are fewer gender specific programs for their treatment
- It appears that between 10-20% of female aggression is because of self-defense (Summers, 1994)

## **WHY MIGHT WOMEN HIT MEN?**

- Society gives women permission to hit men - TV, movies, “a slap in the face to a man is rarely, if ever, considered domestic violence
- Reasons women give for hitting
  - ◆ My partner wasn’t sensitive to my needs
  - ◆ I wished to gain my partner’s attention
  - ◆ My partner wasn’t listening to me
  - ◆ I wanted to “stop him from bothering me”
  - ◆ For sexual excitement
  - ◆ “He won’t hit back because he has been taught it is not okay to hit a woman

## FEMALE “BATTERERS”

- Violence prone women-women who have developed an affinity to violence early in life
- Women who were abused as children - physically or sexually
- Women who are going through the change of life - 10-15% of women develop severe physical or emotional problems when entering perimenopause
- Women who are suffering from mental illness
- Antisocial traits or personality
- Women with drug/alcohol problems

## SOME HISTORY

- Compared with men, there is very little research done on female batterers
- There is very little research done on women of color as compared to other groups
- There is a “Female Deficit model” - the tendency to see female characteristics as less favorable than male characteristics
- Since the research that has been done is on men, the laws are based on male violence and often hurt women

Table 1  
Power, Control, and Fear Reports for Current Partners in the National Violence Against Women Study (NVAWS)

Item	Female respondents	Male respondents
<i>Power and control items</i>		
P jealous/possessive	11.6%	14.7%
P insists on knowing who with at all times	8.0	10.8
P tries to limit contact w family/friends	3.6	4.3
P prevents knowledge/access to income	2.3	1.8
P prevents you from working outside home	1.7	1.1
P insists on changing residence	1.2	2.3
<i>Fear items</i>		
R is frightened of P	1.9	1.3
P is frightened of R	1.4	1.6

Note. n = 5459 for females with current partner; n = 5868 for males. P = Partner; R = Respondent. Data are from online analysis from archived NVAWS dataset (Tjaden & Thoennes, 2000) available at ICPSR.

Table 2  
Intimate Partner Violence in Current Relationship, Family-of-Origin Characteristics, and Multiple Abusive Relationships

Scale	Multiply victimized M (SD)	Singly victimized M (SD)	Multivariate F	Univariate F	df
CTS2 variety scores	n = 51	n = 40	0.71, ns		2, 88
Psych. Agg.	5.32 (2.00)	5.67 (1.79)		0.76, ns	1, 89
Phys. Agg.	5.83 (3.85)	5.59 (3.83)		0.08, ns	1, 89
CTS2 frequencies	n = 51	n = 40	1.94, ns		2, 88
Psych. Agg.	36.73 (45.68)	57.33 (54.07)		3.83, ns	1, 89
Phys. Agg.	16.71 (42.25)	25.31 (57.39)		0.67, ns	1, 89
Relationship w/ mother	n = 33	n = 29			
Role reversal	2.79 (2.43)	1.72 (1.19)		4.57*	1, 60
Neglect	3.72 (2.89)	2.97 (2.50)		1.18, ns	1, 59
Relationship w/ father	n = 26	n = 28			
Role reversal	2.35 (2.15)	1.32 (1.52)		4.14*	1, 52
Neglect	4.19 (2.67)	3.08 (2.52)		2.34, ns	1, 49

Note. CTS2 = Revised Conflict Tactics Scales; Psych. Agg. = CTS2 Psychological Aggression scale; Phys. Agg. = CTS2 Physical Aggression scale. Variety scores refer to the sum of the occurrence (yes/no) of each item within that scale over the course of the relationship with that partner. Frequency scores refer to the number of times that each item within that scale has occurred over the past 6 months. Role reversal and neglect by mother and father based on AAI ratings. \*p < .05.

Hamby, 2009

## **WHERE DO WE GO FROM HERE?**

- Need more research on women and their violence
- We need more programs in high schools dealing with healthy relationships, self-esteem, parenting responsibilities, and self- development
- We need to think about helping couples who are involved in abusive relationships - perhaps expanding treatment programs to include couples groups
- We need to prepare individuals for the responsibilities of relationships - perhaps pre-marital counseling
- We need to recognize that violence and abuse are human problems, not only gender issues

## **Assessment**

- **Basis of Treatment Planning**
- **Identify Exposure Timeline**
- **Symptom Clusters - ongoing evaluation**
- **Risk and Protective Factors**
- **Inclusion of Each Family Member??**

## **Assessment of Offenders**

**Complete assessment of batterer to include:**

- -Thorough assessment of batterer's violence (various sources)
- -Assessment of emotional and psychological functioning
- -Assessment of chemical usage
- -Assessment of batterer's motivation to change

## **The Assessment Process**

**Adapted from Daniel Sonkin, 2001**

**Goals of the assessment process may include the following:**

1. **Set ground rules for counseling**
2. **Develop rapport with the client**
3. **Assess the client's motivation/ readiness for treatment**
4. **Assess the client's suitability for treatment**

5. Provide immediate behavioral interventions for violence control, if necessary
6. Assess the client's history of violence and social history
7. Assess the client's risk for further violence
8. Make collateral contacts with other professionals involved with client
9. Provide client with informed consent for counseling
10. Develop treatment plan in cooperation with client

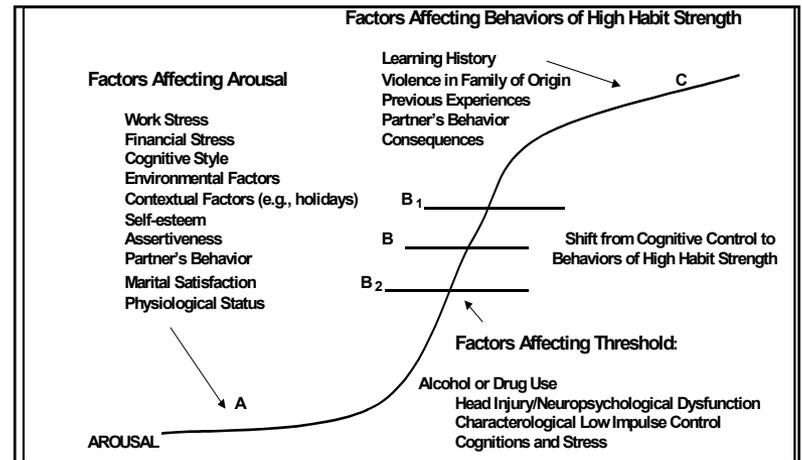


Figure 1. The Proposed Biopsychosocial Model of Relationship Aggression

A. Rosenbaum & R. Geffner (1997). Published in Geffner, Sorenson, & Lundberg-Love, *Violence & Sexual Abuse at Home/ Journal of Aggression, Maltreatment & Trauma*, 1(1), 57-79, Haworth Press

## Processes of Change

- Need to learn how people change
- Cognitive, affective, and behavioral strategies and techniques used to change beliefs, attitudes, & behaviors
- Facilitate transitions between stages
- Used as basis of intervention design
- From Deborah Levesque, 2002; 2007

## Experiential Processes of Change

- 1) **Consciousness Raising:** Considering information about domestic violence and strategies for change
- 2) **Environmental Reevaluation:** Considering the impact of one's behavior
- 3) **Self-Reevaluation:** Thinking about the kind of man one wants to be and experiencing emotions that go along with that image
- 4) **Self-Liberation:** Realizing one's ability to choose to be non-violent and making a commitment to change
- 5) **Social Liberation:** Realizing that social norms are changing to support the healthy behavior change

## Behavioral Processes of Change

- 6) **Helping Relationships:** Seeking and using social support to make and sustain changes
- 7) **Contingency Management:** Increasing the rewards for non-violence, and decreasing rewards for violence
- 8) **Counter-Conditioning:** Substituting violence with healthier behaviors and cognitions (e.g., assertive communication, exercise, time-out)
- 9) **Stimulus Control:** Removing cues to engage in violence against partner, and adding cues to engage in healthier behavior

## Stages of Change (Transtheoretical Model)

Precontemplation

Contemplation

Preparation

Action

Maintenance

Termination

From Prochaska, J.O., DiClemente, C.C., & Norcross, C.C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47, 102-1127.

In the first stage, *precontemplation*, individuals with violent behaviors have no intention of changing and are likely in strong denial. *Contemplators* accept or realize that they have a problem with violence/abuse and begin to think seriously about changing it, but they have not made a commitment to take action in the near future. Individuals who are in the *preparation* stage are planning to take action within a short time period. They think more about the future than about the past, and more about the benefits of being non-violent than about the losses. *Action* is when the client is overtly expressing a genuine belief that violence/abuse is unacceptable and is actively utilizing the therapeutic interventions to change him/herself and the relationship. *Maintenance*, often far more difficult to achieve than action, can last a lifetime. Maintenance is a long, ongoing process. Three common internal challenges to maintenance are overconfidence, daily temptation, and self-blame for lapses.

## Precontemplation Guidelines for Intervention

- Interventions should be less intense
- Avoid lectures and confrontation.
- Don't try to move Precontemplators to Action
- Multiple contacts are essential.
- The goal is to engage

## **Contemplators Guidelines for Intervention**

- Encourage to weigh Pros and Cons
- Continue to raise consciousness
- Encourage evaluation of self-image
- Encourage a verbal commitment to take a small step
- Interventions can be more intensive

## **Preparation Guidelines for Intervention**

- Encourage, excite, and empower
- Encourage a commitment
- Focus on developing an effective plan
- Provide praise, support, and recognition
- Problem solve
- Interventions should be short, focused, and action-oriented
- Be available for phone support

## **Action Guidelines for Intervention**

**Focus on the behavioral processes  
Encourage active efforts to change  
behavior and cope with urges to  
slip  
Plan ahead to prevent slips  
Provide support for stressful and  
demanding times**

## **RESISTANCE**

### **\*Excuses:**

It didn't happen that way  
I had to "find out", "defend myself", "get out of the room"  
"I only wanted him to know how much I care about him"

### **\*Denial:**

"I didn't do it"  
"I couldn't/wouldn't do something like that to my partner"  
"It's no big deal, I just wanted to get his attention"

### **\*Rationalizing**

"I had to know the truth"  
"I was protecting him"

### **\*Anger**

"This is between me and my partner and no one else"  
"He just wants to control me and show me who is boss"  
"It's all about making money for the system and people like  
you"

## RESISTANCE

- Poor or limited insight
- Rigid thinking patterns
- Lack of good role models when growing up - - this is the way it was done when I was a kid and it worked-so this is how I am going to do it
- Initial feeling that they won't get anything out of the treatment
- Lack of participation-passive aggressive behavior in the treatment setting
- The "know it all" who has good advice for others, but won't take any for themselves

## Clinical Recommendations Cont'd)

- Hopelessness & Fear
- Acknowledge and address other difficulties in the client's life; provide referrals
- Increase self-efficacy through skill-building
- Isolation
- Encourage the client to identify and reach out to positive sources of support in the community
- Help the client think more about her need for friendships and social support, and any barriers to finding them

## Clinical Recommendations (Cont'd)

### System Blaming

- Empathize with the client's experience to build the therapeutic alliance
- Let the client know that this program will be helpful, even if she was "unjustly" arrested

### Social Justification

- Collaboratively evaluate the client's beliefs about what is normal behavior in his culture and what it means to be a woman
- Assess with the client whether she may need to change people, places, or things that support or encourage his violent behavior

Adapted by R. Geffner from Levesque, 2006

## Clinical Recommendations (Cont'd)

- Stress that while the client cannot control or change her partner's behavior, she has choices about how she will respond to it
- Assist the client in deciding whether to continue the relationship, and whether she will be able to make healthy changes if she decides to continue it
- Problems with alliance
- Examine your own attitudes about DV offenders and DV treatment
- Address potential problems with alliance and your responsibilities to the client openly and proactively

## Clinical Recommendations Cont'd

- Remind the client that she has the option of accepting or rejecting what the group has to offer
- Be aware of how your own behavior may be contributing to psychological reactance
- Acknowledge and show acceptance for the fact that some people don't like being told what to do
- Encourage real involvement by making the group as stimulating as possible

**Goal 2. Education on the dynamics of domestic violence with emphasis on each client better understanding their own causes of violence**

### **Methods**

- 1. Didactic lecture**
- 2. Video presentation**
- 3. Reading**
- 4. Homework**

## **Matching the Client to the Right Group**

There are three primary treatment goals which are attended to each group meeting:

### **Goal 1. Emotional regulation**

Clients learn how to 1) identify emotions; 2) control escalation of dysphoric moods; and 3) communicate all emotions in positive and adaptive ways.

### **Methods**

- 1. Learn to identify emotions**
- 2. Learn to control escalation of dysphoric moods**
- 3. Learn to communicate other feelings in adaptive ways**

**Goal 3. Social problem solving skills that promote family safety**

### **Methods**

- 1. Didactic presentation (developing social problem skills)**
- 2. Therapeutic enactments (group members can learn and practice constructive social problem solving skills within the context of material they bring to the group)**
- 3. Group member interactions (clinicians can utilize material that occurs between group members in session)**
- 4. Stress management skills**

## The Goals of Group Therapy

- An opportunity to discuss their trauma.
- Dispel myths about family violence.
- Safety planning.
- Teach nonviolence.
- Practice respectful interaction.
- Improve self-esteem.
- Learn about community resources.
- Prevent sexual abuse and dating violence.
- Decrease emotional and behavioral problems.
- Break the intergenerational cycle of violence.



## THE WEAVER PROGRAM

- Addresses female specific concerns-PMS, economic depression, conflict of roles, demands of life, family issues
- Addresses issues of parenting-very often there is child abuse going on in addition to the domestic violence
- Addresses victimization issues - from past abuse
- Addresses societal influences
- Addresses cultural influences
- Addresses alcohol/drug issues
- Deals with self-esteem and how violence/abuse is impacted by the lack of self-esteem

## TREATMENT OF WOMEN ARRESTED FOR DOMESTIC VIOLENCE: Women Ending Abusive/Violent Episodes Respectfully (WEAVER) Manual

FVSAI 2003

MICHELE KOONIN, LCSW, MBA, ARACELI CABARCAS, M.A.  
& ROBERT GEFFNER, Ph.D.

- Part 1: Foundations
- Part 2: Self-Management
- Part 3: Family Of Origin
- Part 4: Communication
- Part 5: Family Issues
- Part 6: Intimacy Issues
- Part 7: Relapse Prevention

### Part 1: Foundations

1. What Is Domestic Violence: Using The Cottage Of Abuse & Journaling
2. Cultural Influences
3. Girlfriends And Jealousy
- 4-5. Anger and Depression
6. Alcohol and Drugs: Its Impact On Us

### Part 2: Self-Management

7. Responsibility: Acceptance Of Our Own Actions
8. Time-Outs: Behavior Management
9. Stress Management
10. Bottom Lines and Boundaries
- 11-12. Self-Esteem and Self-Care
13. Self-Talk, Beliefs, and Our Identity
14. Changing Self-Talk and Beliefs

### Part 3: Family Of Origin

- 15. Family Of Origin: Looking At Where We Came From
- 16. Who I Am, Who I Want To Be
- 17. Victimization

### Part 4: Communication

- 18. Feelings
- 19-20. Communication: "I" Messages
- 21. Becoming Assertive
- 22. Dealing With Conflict and Learning How To Solve Problems Effectively

### Part 5: Family Issues

- 23. Family Album
- 24. Domestic Violence and Children: Parenting Issues

### Part 6: Intimacy Issues

- 25. Intimacy: What Does It Mean?
- 26. Understanding Love
- 27. Understanding and Meeting Your Own Needs
- 28. About Sex

### Part 7: Relapse Prevention

- 29. Letting Go
- 30. Roles and Expectations
- 31. Self-Esteem: Feeling Good About Ourselves
- 32. The Final Touches
- 33. Role Reversal and Empathy
- 34. Relapse Prevention: Putting It on Paper



#### \*His violence\*

- He uses his physical power
- He hits
- He punches the walls
- He gets in her face
- He shoves
- He grabs her to restrain her

#### \*Her violence\*

- She uses her verbal power
- She slaps
- She throws things
- She nags
- She pushes
- She gets in front of the door

- He pounds on the table

- She refuses to talk or answer

- He yells

- She sulks

- He raises his fist

- She raises a knife



**VIOLENCE BETWEEN THE SEXES**

**\*His violence\***

- He keeps her from working
- He controls her spending
- He comes home late
- He quizzes the kids about her
- He cheats sexually
- He talks down about family and friends
- He drinks not to argue
- He criticizes her all the time
- He ignores her

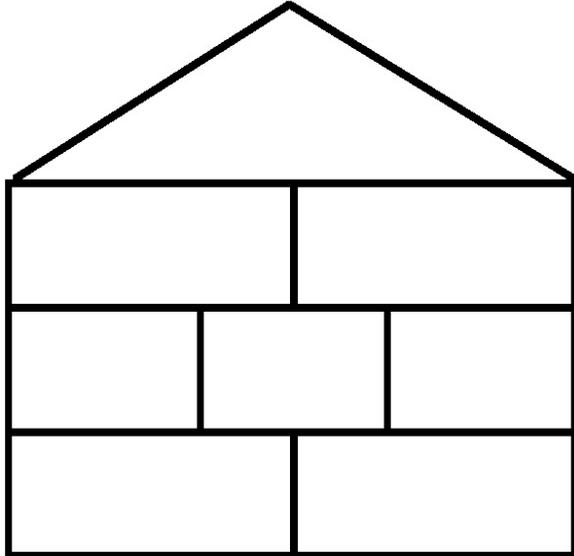
**\*Her violence\***

- She takes money from his wallet
- She runs up the credit cards
- She locks him out
- She denies visitation
- She withholds sex
- She won't let grandparents visit kids
- She drinks for the courage to argue
- She insults him in public
- She makes a scene

**Scenario 1 - Denial/Stalking**

Woman offender in group. Husband has asked for divorce. Won't tell her why or what she did "wrong." She wants some answers and barrages him with questions. He gets restraining order which she immediately violates by going to his work. "The law cannot dictate to me how I deal with my marriage or my divorce." She states that it is difficult for her to move on with her life without answers, and the only one who can give her these is him. How do you handle it?

**WOMEN'S COTTAGE OF ABUSE**



- 1) I use anger to \_\_\_\_\_.  
(keep others away, get my way, cover up other feelings, etc.)
- 2) I wish my partner were more \_\_\_\_\_.  
I wish my partner were less \_\_\_\_\_.
- 3) The abusiveness in my relationship began when \_\_\_\_\_.  
It got worse because \_\_\_\_\_.



- 1) If I found out that my partner was cheating on me, I would \_\_\_\_\_.  
If my partner found out that I was cheating, he/she would \_\_\_\_\_.
- 2) When we argue, I \_\_\_\_\_ (actions, emotions, behaviors).
- 3) If we could start our relationship over, I would \_\_\_\_\_.

## **Relaxation Exercise - Stress Management - Session #4**

### **8. Personal Relaxation Program**

Usually, such a program would include three components: **Progressive Muscle Relaxation, Breathing Exercises, and/or Mental Imagery.** An example of such a program is:

Sit in a chair and relax your body (your arms and jaw should be "loose").

Close your eyes and erase all thoughts from your mind.

Create in your imagination a vivid, soothing mental scene....a peaceful sky, a green valley, ocean waves, and so forth.

Focus on breathing slowly and deeply...let your breath out slowly through your nose.

For additional relaxation, repeat a phrase or sound that you find soothing (such as the word "flower" or the number "one").

Repeat this exercise at least three times each day, whether or not you are tense, for about 30 to 50 seconds.

After two weeks, your body will be conditioned to relax whenever you do this exercise, and you will feel yourself calming down.

## **SAFETY ISSUES AND RECIVIDISM DURING TREATMENT**

- Progress in treatment is often slow and sometimes regresses.
- Times of difficulty or crisis are times when there may be regression. We all have a tendency to go to "what we know" in times of difficulty.
- The treatment process (hopefully) will provide an atmosphere where the client can be open about times of difficulty and of stress.

Times of crisis may include: divorce proceedings, child visitation, financial crises, another lover in the picture, and loss of hope that the relationship is going to survive.

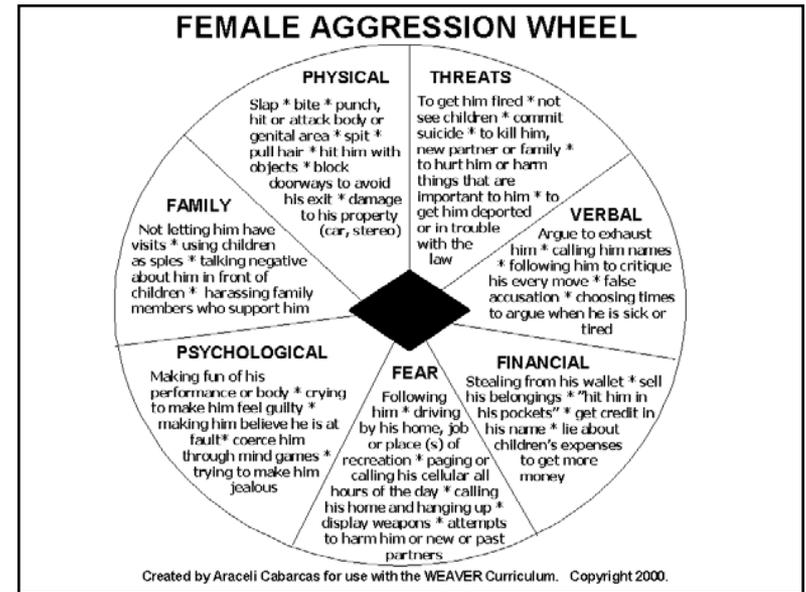
Victims may often become angry and make demands on the perpetrator that may not be able to be met. This may precipitate a regression.

Clients need to be aware of the possibility of these times of crisis and know that they can ask for support from a variety of sources when/if that happens.

If clients/victims ask for help, support them, safety plan with them, and give them positive feedback for the newer and more productive ways that they handle issues.

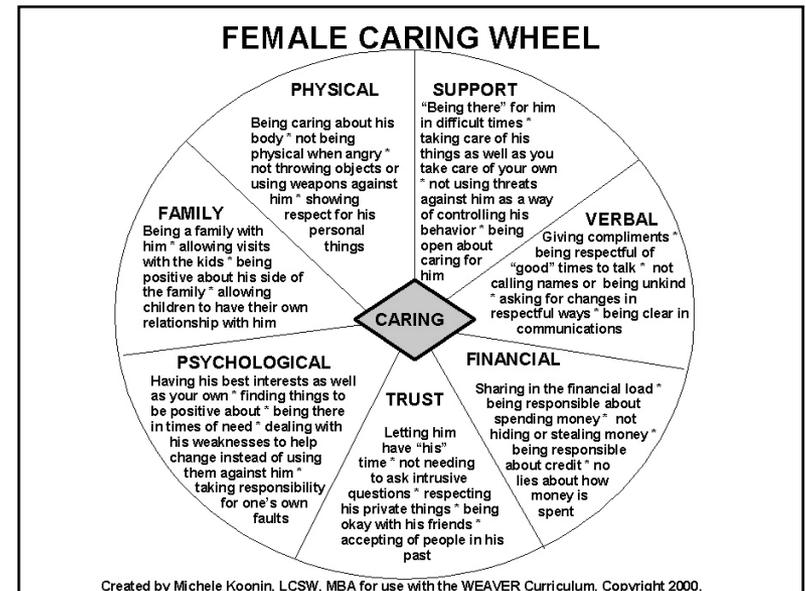
## Scenario 3- Recidivism

Young woman in group for about 18 sessions, and doing well in group. Gets positive evaluation from facilitator for court. Facilitator then gets call from DA asking if program is aware of the violations that have occurred recently. Apparently the young woman has had 4 incidents while in the program - one resulting in the man needing hospital care. This woman had not disclosed any of these incidents when they happened. How would you handle it?



Now look at the *Female Caring Wheel* on the next slide. Using the *Caring Wheel*, and the *Aggression Wheel* from Session One (the previous slide), and answer the following questions:

1. What changes have I made in relationships?
2. What have been the outcomes of those changes, both positive and negative?
3. What changes do I need to still work on in the future?



## Me Now

**My boundaries:**

**My fears:**

**My supports:**

**My beliefs:**

**Things I need to do and learn:**

**My regrets:**

**My "Wish I would have's":**

**Things I want to change/things I think I can't change**

**My hopes and dreams:**

**My goals:**

**My accomplishments**

**My strengths:**

**My Weaknesses:**

## The me I want to be

**Fill in this puzzle with the you that you would like to be. After the puzzles are filled in, ask yourself the following questions:**

1. How close are the two Me's?
2. What are the biggest areas of difference?
3. What do I want to let go of? Where did I learn these things? How can I let go of them?
4. What is it that I want to change about myself the most? What are the obstacles to doing that?
5. What do I still do in spite of knowing that it is wrong for me? What keeps me stuck in still doing it?
6. How do I help myself become who I want to be?
7. How do I keep myself from becoming who I want to be?

### Excuses

a) Something I am afraid of dealing with is...

b) In the past, when I tried to change, it was \_\_\_\_\_ that caused me to fall back.

c) I (use drugs, gamble, overeat, etc.) to escape from feeling \_\_\_\_\_, start feeling \_\_\_\_\_, not feel \_\_\_\_\_.

The good the bad the ugly

a) The changes I have made in my life are \_\_\_\_\_. The benefits of those changes are \_\_\_\_\_.

b) Things that will be different in my life from now on are: positive \_\_\_\_\_, negative \_\_\_\_\_, losses \_\_\_\_\_, gains \_\_\_\_\_.

c) The boring part about recovery is \_\_\_\_\_.

**“The act of love is to say, “I want you to be who you are.”**

**The act of abuse is to say, “I want you to be who I want you to be.” It is that simple.”**