

# GENDER SYMMETRY IN PARTNER VIOLENCE: THE EVIDENCE, THE DENIAL, AND THE IMPLICATIONS FOR PRIMARY PREVENTION AND TREATMENT <sup>1</sup>

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Physical aggression against marital partners, although long recognized and deplored, has historically been denied under the guise of protecting the privacy and integrity of the family (Calvert, 1974). The training manual published by the International Society Of Chiefs of Police (International Association of chiefs of Police, 1967), for example, advised officers to minimize involvement in what were then called “domestic disturbances.” Some cities in the United States followed an informal “stitch rule” under which arrests were made only if there was a wound that required sutures. As a result of efforts by the women’s movement starting in the mid 1970’s there has been a reversal of these traditional approaches. In most jurisdictions in the US and Canada police are now required or advised to arrest perpetrators of physical attacks on a partner. Concordant with the arrest policy has been the growth of treatment programs for perpetrators. Many courts now offer participation in such programs as an alternative to incarceration. There may be about a thousand such programs in operation in the United States, and over 200 in Canada (National Clearinghouse on Family Violence, 2004).

These are tremendous advances, but there is also evidence questioning the effectiveness of the thirty year long effort to reduce “domestic violence.” A central point of this chapter is that the effort has been handicapped by conceptualizing physical assaults on a partner in marital or dating relationships (partner violence or PV from here on) as almost entirely a phenomenon involving male perpetrators and female victims, i.e. as a problem of “violence against women;” and the corollary assumption that the primary cause of PV is the patriarchal nature of society and the family. The purpose of the first part of this chapter is to show the inadequacy of this conceptualization by summarizing evidence showing that women perpetrate PV as often as men, and that most PV is mutual. Moreover, the symmetry in PV includes

symmetry in etiology. It will also be shown that patriarchy is only one of many factors leading to PV. The second part the chapter identifies some of the reasons the symmetrical nature of PV has not been perceived. Part 3 documents the methods used to deny, hide, or sometimes distort the large body of evidence on gender symmetry. Part 4 summarizes studies which show that existing efforts at prevention and treatment of PV have had limited success and discusses the implications of symmetry and mutuality for prevention and treatment of PV. Part 5 suggests changes in prevention and treatment efforts that recognize gender symmetry in PV and that recognize the multiplicity of causes that lead to PV.

### **EVIDENCE ON GENDER SYMMETRY**

Gender symmetry in PV has been a controversial issue for many years. It has been explored in numerous articles (e.g. Kimmel, 2002; Saunders, 2002; Straus, 1999), three special issues of *Violence Against Women* in 2006, and books (e.g. Felson, 2002). Despite these writings, the prevailing conceptualization of PV remains that it is primarily a male crime and that the few women who do perpetrate PV do so almost exclusively in self-defense or in retaliation for a long history of victimization. Because of this conceptualization, it is necessary to present the evidence on symmetry in perpetration rate, motivation and risk factors for partner violence before moving on to explanations for the misperception and the implications of the misperception for designing more effective modes of prevention and treatment of PV.

#### **Symmetry In Perpetration Rates**

By 1980 there were already at least ten high quality studies which found that women physically assault their partners at about the same rate as men attack female partners. By 1995, there were about a hundred such studies. As of this writing, the evidence is even more overwhelming. There are about 200 studies documenting equal rates of PV perpetration (Fiebert, 2004). The meta-analysis by Archer (Archer, 2000) found a pattern of equal or higher

rates by women in studies conducted in several national and cultural settings. Table 1 shows the symmetry in rates from a few of the major studies.

(Table 1 to be inserted about here)

Gender symmetry in rates of physical violence may not extend to other forms of abuse or aggression against a partner. Although there are numerous studies showing substantial rates of sexual coercion by women (Anderson & Struckman-Johnson, 1998) men are much more likely to use physical force to coerce a partner into sex, and stranger rapes are almost exclusively a male crime (Saunders, 2002; U.S. Department of Justice, 2003). Criminal data also suggest that women are more likely to be stalked by their partners and that men are much more likely than women to be perpetrators of parent-child homicide-suicide (i.e., cases where the perpetrator kills himself and family members) (Felson, 2002; Saunders, 2002; Statistics Canada, 2005). However, these behaviors occur very infrequently relative to non-lethal physical violence in relationships.

### **Mutuality of PV**

The fact that about the same percent of women as men perpetrate PV does not necessarily show mutuality in PV. If the perpetration rate is 10% for both men and women, the women could be violent in one tenth of couples and the men in another tenth. Mutuality occurs when both partners are violent. Three mutuality types need to be considered when assessing this phenomenon (Medeiros & Straus, 2006b; Straus & Douglas, 2004; Straus & Ramirez, 2007): Male-Only Violent, Female-Only Violent, and Both-Violent. Several studies, including large and nationally representative samples, have found that that the most prevalent pattern is mutual violence, and that female-only violence is as prevalent as, or more prevalent than, male-only violence. This is true even for severe partner violence such kicking, attacks with objects, choking:

- The 1975 and the 1985 National Family Violence Surveys both found that about half of the violence was mutual, one quarter was male-only, and one quarter was female-only (Gelles & Straus, 1988b; Straus, Gelles, & Steinmetz, 2006 (reprint from 1980)).
- The National Comorbidity Study (Kessler, Molnar, Feurer, & Appelbaum, 2001) found percentages similar to those in the National Family Violence Surveys.
- The International Dating Violence Study of university students in 32 countries found that mutual violence was the predominant pattern in every one of those countries. In most, countries, mutual violence was characteristic of about two thirds of the cases (Straus, 2006). Although the predominant pattern is mutual violence, when that is not the case, the Female-Only type occurred more often than the Male-Only type.
- Other studies showing similar results include (Anderson, 2002; Capaldi & Owen, 2001; McCarroll, Ursano, Fan, & Newby, 2004; Moffitt, Caspi, Rutter, & Silva, 2001; Williams & Frieze, 2005).

### **Low Prevalence of Self-Defense**

Although men and women may physically aggress against each other at similar rates, their reasons for violence may differ. In particular, the predominance of mutual violence might really be a reflection of male attacks on female partners, to which women respond in self-defense or retaliation. Empirical evidence does not support that interpretation. Self-defense is a motive for only a small proportion of PV perpetrated by women (or men) (Carrado, George, Loxam, Jones, & Templar, 1996; Cascardi & Vivian, 1995; Felson & Messner, 1998; Follingstad, Wright, Lloyd, & Sebastian, 1991; Pearson, 1997; Sarantakos, 1998; Sommer, 1996). Using a variety of samples and assessment techniques, these studies find that self-defense characterizes less 20% of female violence. Moreover, in general population samples, men and women are equally represented as using violence in self-defense by both victim and perpetrator report. For example, using a college student population, Follingstad (1991) found that victims of violence reported their aggressors' motivation was self-defense in 1.4% of cases if the offender

was a male, and 4.8% of cases if the offender was a female and perpetrators reported that their motivation was self-defensive about 18% of the time (17.7% for men, 18.5% for women). As violence becomes more severe, there are greater gender differences in the use violence in self-defense; however, self-defense is still a motivation for a relatively small proportion of violence. In a sample of couples presenting for marital therapy, Cascardi and Vivian (1995) found that 20% of wives and no husbands attributed their use of severe aggression to self-defense. In cases of homicide, which make up a tiny fraction of PV, it is estimated that 9.6% of homicides perpetrated by women meet legal criteria for self-defense, compared to .5% of homicides perpetrated by men (Felson & Messner, 1998). Other homicide studies use different criteria and estimate higher rates of self-defense (e.g. Mann, 1988; Mann, 1992), though no study has found self-defense for a majority of cases.

### **Symmetry in Coercion and Control.**

Feminist approaches to understanding and treating PV rightly focus on coercion and control as key parts of the oppression experienced by female victims. Existing studies suggest that such motivations are also characteristic of female perpetration of PV. For both men and women, the most commonly reported motivations for use of violence are coercion, anger, and punishing misbehavior by their partner. For example, Fiebert and Gonzales (Fiebert & Gonzalez) studied 978 female college students and found that 285 (29%) reported *initiating* a physical attack. The percent agreeing to five questions about their motivations were: My partner wasn't sensitive to my needs – 46%; I wished to gain my partner's attention – 44%, I did not believe my actions would hurt my partner – 38%; My partner was being verbally abusive to me – 38%; and My partner was not listening to me – 43%. Fiebert and Gonzales did not include men in their study, but these same types of explanations give to us by many men. Similarly, Pearson (Pearson) reports that 90 percent of the women she studied assaulted their partner because they were furious, jealous or frustrated. Other studies with similar findings include:

- Stets and Hammons (Stets & Hammons, 2002) studied 286 couples in a longitudinal study of the first three years of marriage. In each of the three years, the wives had slightly higher scores on a scale measuring controlling behavior.
- Follingstad (1991) study of 495 college students found that male and female perpetrators of attributed their violence to anger 37.5% (male) and 57.6% (female) of the time, and to a desire to control their partner 8.3% (male) and 22.0% (female) of the time.
- Cascardi (1995) studied 62 couples presenting for marital therapy. In this sample, 99% of male and 90% of female perpetrators of mild aggression, and 86% of male and 92% of female perpetrators of severe aggression reported that anger or anger and coercion was one of their motives.
- Kernsmith (2005) studied a sample of clients of women charged with PV and found that the main motivations rather than self-defense were anger and coercion, to “discipline partner” and to “exert power.”

### **Symmetry in Other Risk Factors**

Although coercion and anger are the predominant motivations for PV by both men and women, there are many other risk factors, including a wide range of social and psychological problems such as poverty and stress, depression, antisocial personality, and attachment disorder and social skill deficits such as communication problems, anger management, and negotiation skill. Usually these are investigated only for male offenders, giving the impression that these are risk factors for PV by men but not women. However, when studies include both men and women they have found that symmetry in these types of risk factors also predominates (Medeiros & Straus, 2006a; Medeiros & Straus, 2006b; Straus, Gelles, & Steinmetz, 2006 (reprint from 1980); Swan & Snow, 2006, 2006).

### **Gender Differences in Injury and Deaths**

The only consistently supported gender difference in PV by men and women is that attacks by men cause more injury, including more deaths. Although this may be the only

consistently supported gender difference it is an extremely important difference because it is one of several reasons for the need to continue to provide more services for female victims of PV than for male victims. Figure 1 illustrates the interaction of gender and injury rate using five major nationally representative studies of PV. Data are organized to show the links among estimated annual prevalence rates for violence victimization, gender symmetry, and injury rate.

(Figure 1 to be inserted about here)

On the left hand side of this graph is data from studies finding high rates of partner aggression. Studies finding the highest rates of violence are generally those which ask about family conflict; specifically, respondents are asked to report on the frequency with which a variety of strategies are used by themselves and their partners in conflict, only one of which is physical violence. Summarizing across three major surveys in the US, an estimated annual prevalence of PV victimization of 16% is obtained, with higher rates for younger, dating couples and lower rates for older, married couples. In these samples, the majority of violence experienced consists of relatively minor slapping, shoving, and throwing things (Gelles & Straus, 1988b; Straus, Gelles, & Steinmetz, 2006 (reprint from 1980)).

Further along the continuum are results from the General Social Survey of Canadians. This survey asked a series of questions specifically about respondents' experiences of minor and severe emotional and physical abuse, but in the broader context of a survey of criminal victimization and with the introduction that questions were about the "serious problem" of violence in the family. Five-year prevalence rates of 7% victimization are reported.

At the right of this figure are studies (NVAW, NCVS, NCS) finding annual incidence rates of victimization in the range of 1 to 3%. Studies finding rates of violence in this range tend to be those done in the context of understanding criminal victimization. For example, respondents may be asked about whether they have experienced assault, and if so, to specify if such assault was perpetrated by a family member. Reported victimizations on these surveys are most likely to co-occur with behaviors such as stalking, death threats, and sexual assault.

Superimposed on this figure are two additional pieces of data. The first is rates of injury reported in each study. As shown, differences in estimated injury rates across studies co-vary with prevalence of partner violence reported. In surveys of spousal conflict where high rates of violence are reported, rates of injury are very low (i.e., less than 2%). In studies of criminal victimization, rates of injury are markedly higher (i.e., 75%). In other words, as the estimated prevalence of partner violence decreases, the incidents reported are of substantially greater severity in terms of the likelihood of injury.

The second piece of data superimposed on this graph is the percentage of men identified as perpetrators. In studies with high estimated rates of PV and low rates of injury, men are identified as perpetrators about half of the time confirming gender symmetry in partner violence as a whole. As estimated prevalence of victimization decreases and injury rates increase, men are an increasing proportion of the perpetrators and women are an increasing proportion of the victims reflecting gender dissymmetry in experiences of injury-provoking violence.

### **Severe Violence Experienced by Men**

Although females outnumber males as victims of the most severe PV, female perpetration of severe violence is not a rare occurrence. In the US in 1998, 510 men were killed by their partners (as compared to 1,320 women, (Rennison, 2000) and in Canada in 2003, approximately 55 men were killed by their partners (as compared to 241 women, Statistics Canada, 2005). Similarly, there are large numbers of men who are severely assaulted and injured by their partner. Data from the National Crime Victimization Survey (Rennison, 2000) finds that annually, 60,000 men (and 900,000 women) are victims of severe PV and that between 1993 and 1998, 47,000 men were injured by their partner, 28,090 of whom received medical treatment.

It is most often assumed that self-defense and battered women syndrome explains the vast majority of these female-perpetrated instances of severe violence and homicide. In other

words, we assume that women harm their partners either to protect themselves or as a result of a long and traumatic history of victimization. However, the previously reviewed evidence shows that self-defense explains only a small proportion of female violence.

A helpful paradigm for exploring gender differences in motivation for severe violence is Johnson's violence typology. Johnson (1993; 1995) proposed four types of PV: a) situational couple violence, which is most often perpetrated as part of an argument that escalates into violence and is not embedded in a context of control and fear; b) intimate terrorism, characterized by one partner controlling the other through the use of fear-provoking physical and non-physical strategies; c) violent resistance, which occurs when a victim of intimate terrorism uses violence to fight against control; and d) mutual violent control, which occurs when both partners perpetrate violence in an attempt to create fear and control of the other (Johnson, 2000).

A number of scales have been developed to measure coercion (see previous review of gender differences in coercion and also Cook & Goodman, 2006). However, new scales or a method of using existing coercion scales are needed to distinguish between what can be called "situational coercion" and "generalized coercion." Most violence by women as well as men is situational coercion because it is intended to coerce the partner into doing or not doing some specific thing. On the other hand generalized coercion, which is intended to dominate and subordinate the partner in all aspects of their relationship, is much less frequent and may be more prevalent among men.

The two empirical studies of officially identified samples have found a high rate of intimate terrorism. Johnson's study of a court-based sample found that 68% of women were victims of intimate terrorism, with the remaining experiencing mutual violent control (3%) or situational couple violence (29%). Graham-Kevan and Archer (Graham-Kevan & Archer, 2003) found 38% intimate terrorism among a sample consisting predominantly of women at a shelter

and male prisoners. Although these are high rates, it is also important to note that a substantial percent of offenders were not intimate terrorists.

Finally, and most directly relevant for the focus of this chapter on symmetry in PV, are four studies that used community samples and compared the percent of men and women in the intimate terrorist category (Graham-Kevan & Archer, 2004; Laroche, 2005; Prospero, 2006; Straus & Gozjolko). All four found similar percentages of male and female perpetrators in the intimate terrorist category

A problem with the estimates of the prevalence of intimate terrorism in both court samples and general population samples is variation in the criterion for differentiating intimate terrorists from others. Johnson's criterion is that there is coercive control along with physical violence. The problem arises because, as noted above, situational PV is an attempt to coerce the partner into doing or not doing something. Thus, within the same sample, and using the same measure of coercion, the percent of intimate terrorists can range from close to 100% to close to zero, depending on how high a score on the coercion score is used to indicate a terroristic relationship.

## **Summary**

The available evidence clearly indicates that there are many similarities in PV perpetrated by men and women. Major and credible studies suggest that women perpetrate physical attacks on male partners at the same or higher rates as men attack female partners and that motives for PV are generally parallel for men and women. Even when severe violence is considered, only a minority of cases fit a profile of self-defense or violence in response to intimate terrorism. Another substantial proportion of cases are better characterized as common couple violence or mutual violent control in which men as well as women are victims of severe violence at the hands of their partners. This being said, it is also clear that the adverse impact of PV is much greater for violence perpetrated by men: Male violence is substantially more likely to result in injury or death, and is more fear provoking.

## **WHY PV IS MISPERCEIVED AS ASYMMETRICAL**

The evidence of symmetry in perpetration of PV and symmetry in context and motives has been available for more than 25 years. This raises the question of why that evidence has not recognized and not applied to programs to prevent and treat PV. Some of the many factors are listed below, organized under five broad categories.

### **Cultural Acceptance of Male Power and Male Violence**

- Until nearly the end of the 19<sup>th</sup> century, husbands were allowed to use “reasonable chastisement” to deal with errant wives (Calvert, 1974). Even though female PV has been documented since the middle ages (George, 1994), historically, male violence has been the culturally accepted aspect of PV. Thus, efforts to change this cultural norm have driven much of the research on PV.
- In many countries around the world, high levels of male control over women and of male violence against women is still culturally accepted (Archer, 2006). In these countries, there is an urgent need to promote empowerment of women and to provide resources to ensure safety of women and children.
- Men have the predominant power in society as judged by many indicators (Sugarman & Straus, 1988; UNICEF, 2006; Yodanis, 2004). The cognitive discrepancy between this fact and equal rates of violence, even in extremely male dominant societies (Haj-Yahia, 2000; Straus, 2006) blocks recognition of the equal rates of violence.

### **Gender Stereotypes**

- Most cultures define women as “the gentle sex,” making it difficult to perceive violence by women as being prevalent in any sphere of life.
- There are implicit norm tolerating violence by women, on the assumption that it rarely results in injury (Greenblat, 1983; Straus, Kantor, & Moore, 1994).

- Media distortions that conform to these gender stereotypes. One example (from, literally, thousands) is *And Then He Hit Me* in the *American Association Of Retired People Magazine* (France, 2006). It states that the number of woman-on-man incidents of domestic violence among the elderly is “negligible” and cites a study by Pillemer and Finkelhor (Pillemer & Finkelhor, 1986). But that study found that 43% of the cases were of the wife assaulting the husband, whereas only 17% were of the husband assaulting the wife.

### **The Movement to End PV Was Developed By Feminists**

The women’s movement brought public attention the fact that PV may be the most prevalent form of interpersonal violence. The feminist effort created a world-wide determination to cease ignoring PV, and take steps to combat PV. Feminists have largely been responsible for changing police and court practices from one of ignoring and minimization PV to one of compelling the criminal justice system to attend and intervene. In addition, feminists have created two important new social institutions: shelters for battered women and treatment programs for male perpetrators. Naturally, this effort focused on female victims and male perpetrators.

### **Men Predominate In Crimes Known To the Police**

- For almost every other type of crime, and especially violent crime, men predominate, for some types of crime at a ratio of about ten to one. There is naturally a tendency to think that this also applies to PV (Ellis & Walsh, 2000).
- Among cases of PV recorded by the police, 80-99% male predominance also prevails. This is not because of more physical attacks by men, but because of the greater probability of probability of injury from attacks by men and greater fear for safety by women, and the greater reluctance of men to call the police (Straus, 1999). The predominance of female victims in police-call cases is usually taken as representative of all cases of PV. This gives the impression that few women physically assault their partner, even though police are involved in much less than 10% of PV

## **Empathy For And Concerns About Unfair Treatment Of Women Victims**

- As noted previously, women are physically injured more frequently than men. This results in appropriately greater concern and sympathy for female victims and leads the press and the public to focus on assaults perpetrated by male partners.
- A growing number of women are being arrested through the practice of dual arrest (Martin, 1997; Miller, 2001). There is a concern that women are being unjustly prosecuted for violence perpetrated in self-defense or in understandable (but not excuseable) retaliation to a history of traumatic victimization (Feder & Henning, 2005).
- There is a concern that acknowledging female violence will lead to further complications in arguing that custody and access decisions should recognize partner violence, and that such complications will eclipse PV cases where victims of terroristic violence and require the protection of the court (Logan, Walker, Jordan, & Horvath, 2002; Shaffer & Bala, 2004).

As a combined result of the factors listed above, the past 25 years has seen a systematic denial of evidence about perpetration of PV by women. This denial is troublesome for social scientists because it threatens the integrity of science, and for practitioners because it threatens the effectiveness of prevention and treatment efforts. However, our criticisms are not directed at advocates for women, including the-thousands of dedicated women who developed and maintain services for battered women. These women are part of a social movement that has benefited the entire society, not just women. The job of social movements and advocacy groups is to change society. To achieve this, social movements often deny contrary evidence, distort evidence, and exaggerate. It can be argued this is necessary to achieve even modest social changes. But it is the job of the scientist to explain the way the world works, and for this to be achieved, scientists cannot let their social and moral commitments lead them to deny contrary evidence, distort evidence, and exaggerate.

In denying and distorting the evidence, social scientists are also doing a disservice to the development of prevention and treatment resources to successfully end PV. First, in addition to being morally wrong, the use of violence in a relationship by either men or women is associated with lower levels of relationship health (see section below on healthy relationships). Second, there may be specific risks for women associated with their use of aggression. Girls (and boys) who bully in childhood are more likely to report being verbally and physically aggressive in their dating relationships (Connolly, Furman, & Konarski, 2000; Pepler et al., 2006). Moreover, female use of aggression is an important precipitant of male aggression (O'Leary & Slep, 2006). Third, the negative consequences for children of witnessing aggressive marital conflict and domestic violence have been well documented (Jaffe, Wolfe, & Wilson, 1990; Margolin & Gordis, 2000; Wolfe, Wekerle, Scott, Straatman, & Grasley, 2004) and these effects also apply when the perpetrator is the mother (Straus, 1992).

Finally, there are political reasons to recognize female perpetration of PV. As previously mentioned, one concern about acknowledging female aggression is that it might weaken feminists continuing advocacy for fair treatment of women, particularly in the legal arena. However, denial by social groups may be even more harmful to the group than is denial of painful phenomena by individuals (Zerubavel, 2006). The feminist denial of the evidence on female PV may be weakening the feminist cause. We believe it will ultimately have a more negative impact on advocacy than will acknowledging PV by women. Maintaining the position that men are almost exclusively perpetrators and women are almost exclusively victims is already alienating young women and is likely to weaken the public base of feminist support. At the same time, these assertions anger men who feel that they are being unjustly accused and provide fuel for the fire of the growing body of men's groups who claim that women cause more harm to men than visa versa. Finally, such claims may reduce the credibility among academics of feminist scholarship.

#### **METHODS USED TO CONCEAL, DENY, AND DISTORT THE RESEARCH**

Denying an overwhelming body of evidence takes extraordinary effort. In this section, we identify and provide examples of the methods used to conceal, deny and distort research showing gender symmetry in most forms of PV.

### **Method 1. Suppress Evidence**

Researchers with a commitment to the idea that men are almost always the sole perpetrator, or whose commitment to increase services to women victims of PV is so strong that it overrides their commitment to science, as shown previously, often leads to concealing evidence that contradicts this belief. In addition, many researchers not committed to that ideology have withheld results showing gender symmetry to avoid becoming victims of vitriolic denunciations and ostracism (see Method 7 below). A typical pattern is to publish only the data on male perpetrators or female victims, deliberately omitting data on female perpetrators and male victims. This practice started with one of the first general population surveys on family violence. The survey done for the Kentucky Commission On The Status Of Women obtained data on both men and women, but only the data on male perpetration was published (Schulman, 1979). Among the many other examples of respected researchers publishing data on assaults by men and the data on assaults by women are Kennedy and Dutton (1989), Lackey and Williams (1995), Johnson and Leone (2005), and Kaufman Kantor and Straus (1987).

### **Method 2. Avoid Obtaining Or Analyzing Data On Female Perpetration**

Due to prevailing ideology that women are almost never perpetrators of PV and men are almost never victims, researchers designing surveys have typically asked female participants only about attacks by their male partners, and male respondents only about perpetration. To achieve this, the Canadian national Violence Against Women survey (Johnson & Sacco, 1995), modified the Conflict Tactics Scales by omitting the questions on perpetration by the female participants in the study. The American National Violence Against Women Survey (Tjaden & Thoennes, 2000) sponsored by the Department of Justice originally planned the same strategy.

Fortunately, the US Centers For Disease Control added a sample of men to the project. But when Johnson and Leone (Johnson & Leone, 2005) investigated the prevalence of “intimate terrorists” among the participants in that study, they guaranteed there would be no female intimate terrorists by using only the data on male perpetration. Many other studies of PV have also omitted questions about female perpetration and male victimization. Many agencies do not permit collection of data on PV unless questions on female perpetration are omitted. This may have been the reason that a comprehensive four site study of batterer treatment programs asked the women only about violence by the partner (Gondolf, 2002). This was a tremendous lost opportunity because it may be the only comprehensive study of male offenders which had access to their female partners.

### **Method 3. Cite Only Studies That Show Male Perpetration**

Another method used to conceal evidence of gender symmetry is to selectively cite studies of male perpetration and avoid citing studies of female perpetration. US government, World Health Organization, and United Nations documents show that this method of concealment and distortion is institutionalized in official publications. For example, US Dept of Justice publications almost always cite only the National Crime Victimization study, which shows male predominance (Durose et al., 2005). They fail to mention the Department Of Justice published critiques which led to a revision of the survey. but which that only partly corrected that bias (Straus, 1999). Not only do Department of Justice publications on PV rely on data that they previously acknowledged is inaccurate for measuring PV, but they also ignore a major and more accurate study that they themselves sponsored – the National Violence Against Women Survey. This study found that women perpetrate about 40% of PV incidents, which is close to gender symmetry in perpetration

The widely acclaimed and influential World Health Organization report on domestic violence (Krug et al., 2002) reports that “Where violence by women occurs it is more likely to be in the form of self-defense (32, 37, 38).” This is selective citation because almost all studies that

have compared men and women find about equal rates of self-defense. Perhaps even worse, none of the three studies cited provide evidence supporting the quoted sentence. For example, Study #32 (Saunders & Hanusa, 1986) shows that about two thirds of female perpetrated PV was not in self-defense. Study #37 (DeKeseredy, Saunders, Schwartz, & Shahid, 1997) found that only 7% of women said their violence was in self-defense. Study #38 (Johnson & Ferraro, 2000) is a review paper that has no original data. It cites #32 and #37, neither of which supports the claim.

A closely related method is to present the results on female perpetration/male victimization and say nothing about those results. The 2006 US Department of Justice report on PV gives a chart showing trends for both men and women from 1993 to 2004 (Catalano, 2006b). The only thing said about trends in male victimization, i.e. female perpetration, is that "The rate of nonfatal intimate partner victimization for males increased between 2003 and 2004, returning to levels last seen in 1996 (and)1...for white males... (victimization)...increased between 2003 and 2004, from 0.5 to 1.1..." It is almost certain that that there would be a commentary and an extensive analysis if Nonfatal PV victimization of white females had increased between 2003 and 2004, from .5 to 1.1 victimizations per 1,000 i.e., if the female victimization rate had doubled. But the doubling in the male victimization rate was ignored.

#### **Method 4. Conclude That Results Refute Symmetry When They Do Not**

The studies cited above, in addition to be illustrating selective citation, are also examples of the ability of ideological commitment to lead researchers to misinterpret the results of their own research. A study by Kernsmith (2005), for example states that "Males and females were found to differ in their motivations for using violence in relationships." (p. 173), and that "female violence may be more related to maintaining personal liberty in a relationship than gaining power" (p. 180). Although Kernsmith's Table 2 shows that women had higher scores on the "striking back" factor, only one question in this factor is about self-defense and this item is endorsed infrequently. Other more frequently endorsed items are about being angry (e.g., "to

show anger") and getting back at a partner (e.g. "to get back at your partner for hurting you emotionally"). In contrast to the idea that women use violence to maintain liberty, these findings suggest that women are more likely than men to use violence in retaliatory anger. In addition, Kernsmith's conclusion ignores the fact that the scores for men and women were approximately equal in respect to two of the three factors ("exerting power" and "disciplining partner"). Thus, Kernsmith's study generally found the opposite of what was stated as the finding.

#### **Method 5. Create "Evidence" By Citation**

The Kernsmith's study, the World Health Organization report, and the pattern of selective citation show how ideology can be converted into "evidence by citation" or what Gelles (1980) calls the "woozle effect." A wozzle effect occurs when the frequent citation of assertion in previous publications that lack evidence mislead us into thinking there is evidence. For example, subsequent to the World Health Organization study and the Kernsmith study, papers discussing gender differences in motivation will cite them to show that female violence is predominantly in self-defense, which is the opposite of what the research actually shows. But because these are citations of an article in a scientific journal and a respected international organization, readers of the subsequent article will accept it as a fact. Thus, fiction is converted into scientific evidence that will be cited over and over and further strengthen the wozzle effect.

Another well documented example is the claim that the Conflict Tactics Scales (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) does not provide an adequate measure of PV because it measures only conflict related violence. Although the theoretical basis of the CTS is conflict theory, the introductory explanation to participants specifically asks participants to report expressive and malicious violence. It asks respondents about the times when they and their partner "...disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired or for some other reason." Despite repeating this criticism for 25 years in perhaps a hundred publications, we have not located any empirical study which has provided evidence showing that only conflict-related

violence is reported. In fact, where there is both CTS data and qualitative data, as in Giles-Sims (1983), it shows that the CTS elicits malicious violence as well as conflict-related violence. Nevertheless, because there are at least a hundred articles with this statement in peer reviewed journals, it is treated as an established scientific fact.

#### **Method 6. Obstruct Funding of Research That Might Contradict the Idea that Male Dominance Is The Cause of PV**

An example of denying funding to research that might contradict the idea that PV is a male-only crime is the call for proposals to investigate PV issued in December 2005 by the National Institute of Justice. The announcement stated that proposals to investigate male victimization would not be eligible. Another example is the objection by a reviewer to a proposal one of us submitted because of "...naming violence in a relationships as a 'human' problem of aggression not a gender-based problem." When priority scores by the reviewers are averaged, it takes only one extremely low score to place the proposal below the fundable level. Others have encountered similar blocks; for example Holtzworth-Munroe (2005). Eugen Lupri, a pioneer Canadian family violence researcher, has also documented examples of the resistance to funding and publishing research on female perpetrated violence (Lupri, 2004).

#### **Method 7. Harass, Threaten, And Penalize Researchers Who Produce Evidence That Contradicts Feminist Beliefs**

Suzanne Steinmetz made the mistake of publishing a book and articles (Steinmetz, 1977; Steinmetz, 1977-1978) which clearly showed about equal rates of perpetration by males and females. Anger over this resulted in a bomb threat at her daughters' wedding and she was the object of a letter writing campaign to deny her promotion and tenure at the University of Delaware. Twenty years later the same processes resulted in a lecturer at the University of Manitoba whose dissertation found gender symmetry in PV being denied promotion and tenure.

A PhD student working with Straus was warned at a conference that she will never get a job if she does her PhD research with him. At the University of Massachusetts, Straus was

prevented from speaking by shouts and stomping. At two hearings held by the Canadian Commission On Violence Against Women the chairperson stated that nothing Murray Straus publishes can be believed because he is a wife-beater and sexually exploits students (**Toronto Magazine article, ??**). When Straus was elected President of the Society For the Study Of Social Problems, a group of members occupied the first few rows of the auditorium and, at the start of the presidential address, stood up and walked out.

As a result of these types of harassment, there is widespread self-censorship by authors who fear that publishing politically incorrect data will undermine their reputation, or in the case of graduate students, their ability to obtain a job.

### **PREVENTION OF PARTNER VIOLENCE: CRITIQUE OF PAST EFFORTS**

Direct prevention efforts have tended to concentrate on raising public awareness of the frequency, pervasiveness and severity of PV with statements such as the following which imply that only men are perpetrators, and that chronic severe assaults and injury are typical:

- Nearly one-third of American women report being physically or sexually abused by a husband or boyfriend at some point in their lives, Family Violence Prevention Fund, <http://www.endabuse.org/resources/facts/>
- Any woman—regardless of her age, race, ethnicity, education, cultural identity, socioeconomic status, occupation, religion, sexual orientation, physical or mental abilities, or personality—may experience abuse, National Clearing House on Family Violence, [http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/femviof\\_e.html](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/femviof_e.html)
- PV results in nearly 2 million injuries and 1,300 deaths nationwide every year, National Centre for Injury Prevention and Control, <http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm>).

Prevention efforts have typically used images and stories of women who have been badly injured and/or who live in fear of their partners.

These public education efforts have contributed to increased funding for services to women victims of abuse and to improved professional training in the dynamics of domestic

violence. They have also contributed to a change in public perception on the acceptability of violence. However, such changes have been limited to male-perpetrated violence and have not extended to female-perpetrated PV. Two pieces of evidence support this assertion.

First, studies of shifts in public opinion on the acceptability of interpersonal violence show reductions in public acceptability of male, but not female PV. National samples of men and women responding to the questions “Are there situations that you can imagine in which you would approve of a husband slapping his wife’s face/wife slapping her husband’s face” from 1968 to 1994 found substantial declines in public approval of a man slapping his wife but no significant reduction in approval of a wife slapping her husband (Straus, 1995; Straus, Kaufman Kantor, & Moore, 1997). More recent data from the International Dating Violence Study shows much greater acceptance of female-perpetrated than male perpetrated minor violence by women in all but one of the 32 nations (Douglas & Straus, 2006). Such data clearly suggest that public messages about aggression in relationships in general have not extended to female-perpetrated PV.

(Insert figure 2 about here)

Data on decline in rates of actual PV show similar gender-related differences. In 1975, Straus, Gelles and Steinmetz conducted the first nationally representative household survey of PV (Straus, Gelles, & Steinmetz, 2006 (reprint from 1980)). The survey was repeated using the same measure of PV in 1985 (Gelles & Straus, 1988b), and again in 1992 by Kaufman Kantor (1994). Results show a substantial decrease in the rate of severe assaults on women by *male* partners (Figure 2) but no change for women. Canadian data provide a similar picture. Rates of male perpetration showed a slight decline between 1999 and 2004 while rates of female perpetration remained statistically stable (Statistics Canada, 2005). Similarly, the US National Crime Victimization Survey found a 60% reduction in male-perpetrated PV between 1993 and 2004, but no decrease in female-perpetrated PV between 1993 and 2003 and a slight increase in female perpetrated PV between 2003 and 2004 (Catalano, 2006a).

(Insert figure 3 about here)

### **IMPLICATIONS FOR PREVENTION**

In this and the following section, we suggest that part of the limitations of current prevention and treatment efforts relates to denial of the evidence on symmetry in prevalence and etiology of PV. Accordingly, we suggest alternative prevention and treatment approaches that are based on recognition of this evidence.

An important starting point for reform is the implicit assumption that almost all perpetrators are intimate terrorists and male. Both prevention and treatment of PV needs to recognize the heterogeneity of PV (Johnson & Ferraro, 2000; Straus, 1990). As previously shown (see Figure 1), the most frequently occurring forms of PV are minor (usually slapping, pushing) and rarely cause physical injury. These forms of violence are perpetrated equally by men and women, mostly in anger. A small but very important percentage of PV is severe, likely to cause injury, and may be experienced more frequently by women than men.

Appreciation of this heterogeneity has particular implications for prevention. Specifically, if the goal is the *prevention* of PV, there are number of reasons why the focus needs to be equally on male and female perpetration, and to primarily focus on minor forms of physical violence.

- Minor and mutual violence is the most prevalent pattern.
- Severe PV such as punching, choking, and attacks with objects are already recognized as unacceptable
- Prevention of minor violence may prevent escalation into more severe forms of violence
- Witnessing violence by either parent contributes to the next generation of PV
- Ending PV *by* women is an essential step in preventing violence against women because female violence evokes retaliation and contributes to legitimizing male PV (Straus, 2005).
- A focus on minor violence which rarely results in injury is consistent with the principle that

ending a risk factor with a low effect size, but which is broadly prevalent, makes a larger contribution to public health than ending a risk factor with a large effect size but which characterizes only a small part of the population (Cohen, 1996; Rose, 1985; Rosenthal, 1984).

- A focus on prevention of minor violence by women as well as men reflects our belief that all violence in relationships (except that perpetrated in self-defense) is wrong regardless of whether it causes injury, fear, or distress in the other person.

The emphasis in the previous paragraphs on “primary prevention” by focusing on minor violence does not mean ignoring that secondary prevention of severe violence and physical injury. However, the target population for secondary prevention and the information to be conveyed are different. The target population is those already involved physically violent relationships. The information need to focus on broadening recognition of risk-factors for severe PV (e.g., death threats, suicidality, availability of weapons). A focus on women is necessary due to the predominance of female victims of the most severe violence. However, the fact that many men are also victims of severe PV and their needs must also be considered.

Distinguishing between primary and secondary prevention is important from both theoretical and practical perspectives. From a theoretical perspective, it helps to counter the myth that physical violence by women is not important because it less often causes distress or injury. Instead, it allows for the assertion that physical violence is wrong, in and of itself. From a practical perspective, it helps to focus attention on the audience most appropriate for each form of prevention. Justice, health and social service personnel, for example, are primarily concerned with violence that results in or has a high probability of physical injury. Those seeking to promote healthy relationships are interested in a much wider range of violence because it is distressing, increases the probability of mental health problems and dysfunctional family relationships.

The following section begins with a critique of past prevention efforts in PV and shows

that confounding of purposes (i.e., violence prevention, injury reduction, gender equity) has limited the effectiveness of prevention efforts. Then, guidelines for future efforts to prevent violence and injury are presented.

### **Principles For Improving Primary Prevention**

The decline in male penetration provides a hopeful context for continued prevention efforts. However, the rate of PV by men remains high and the lack of corresponding decline in female victimization indicates that improvements are needed. We suggest four principles to guide improvements in prevention efforts.

**Principle 1. Assert that, except in self-defense, physical violence is not acceptable, and explicitly mention that this applies to girls and women, as well as to boys and men, and that retaliation is not self-defense.** Given the frequency of violence by both men and women, a first principle that should guide prevention efforts is the recognition that all forms of PV except those used in immediate self-defense, are unacceptable. Because broad shifts in public opinion on the unacceptability of interpersonal violence has focused almost entirely on violence by males. In fact, messages are so gender biased that terms such as “domestic violence” are now perceived as applying exclusively to male perpetrated violence. To change that perception, public education campaigns need to explicitly mention perpetration by girls and women as well as boys and men. Such messages should assert that physical aggression is not an appropriate way for girls and women to gain the attention of their partner, to emphasize a point, or to express anger or other emotions in their relationships. The brochure “Coaching Boys Into Men” (Family Violence Prevention Fund, 2006) which address the cultural acceptability of violence by boys, needs to be paralleled by a similar brochure addressed to girls.

A good example of a campaign that addresses PV by both women and men is the "Respect. Give it. Get it" initiative ([www.chooserespect.org](http://www.chooserespect.org)). This is a US national initiative designed to help adolescents form healthy relationships to prevent dating abuse before it starts.

Teens who access this website are provided with a variety of materials including educational games and videos, posters, tip cards and fact sheets. One example of a specific prevention initiative targeting young woman in a poster that shows a picture of a teen thinking "He made me mad..." and then considering a respectful "so we talked it out after school" versus a non-respectful and verbally aggressive response "so I yelled at him in front of his friends". These posters, along with all other materials on the site, emphasize the need for young women as well as young men to avoid physical violence, verbal abuse and emotional abuse.

**Principle 2. Increase Promotion of Positive Messages about Relationships as a Means to Prevent Partner Violence.** A second prevention recommendation is to reduce emphasis on the prevalence and severity of PV and increase focus on positive relationship skills. This recommendation is based on best practice documents for the prevention of other problem behaviors. For example, the Surgeon's General Report (2001) and the Blueprints Violence Prevention Initiative (Mihalic, Erwin, Fagan, Ballard, & Elliott, 2004) recommend that successful programs for bullying and peer violence are those that (among other things) focus on developing positive peer relationships skills.

Studies of healthy relationships suggest that good partnerships share a number of important features including mutual trust, emotional intimacy, positive affect, a sense of commitment and loyalty, good communication, and the desire to support one's spouse (Bagarozzi, 1997; Fenell, 1993; Moore et al., 2004). Of these, adequate communication skills have been most clearly related to the development of aggression against a partner. In a series of excellent observational studies, Gottman and colleagues (1994; 1998) discovered that failure to regulate reciprocation of negativity and de-escalate conflict is a central feature of aggressive relationships and an important contributor to understanding the deterioration of marriages. Teaching these conflict management skills are a promising focus for prevention efforts.

Resource materials available through the Choose Respect initiative provide one example of the type of positive messages recommended to prevent PV. Other prevention

initiatives targeting adolescents have also begun to rely on more positive messages. Two examples are the Making Waves website ([www.mwaves.org/](http://www.mwaves.org/)), which presents a combination of information about healthy, unhealthy and abusive adolescent relationships, and the Girls Health website sponsored by the US Department of Health and Social Services (<http://www.girlshealth.gov/index.htm>). It includes sections addressing healthy relationships for boys and girls as well as sections on abuse. Although these messages have the great merit of focusing on relationship skills for both boys and girls, neither of these websites use specific examples of girls hitting boys. They therefore fail to counter the myth that physical violence in relationships is an exclusively male behavior. However, these websites are at least an improvement over the website sponsored by Liz Claiborne ([www.loveisnotabuse.com](http://www.loveisnotabuse.com)) which explicitly presents teen dating violence as perpetrated by men for the purpose of controlling women (e.g., see section on "Question Why") and focuses primarily on helping women avoid being victims of abuse rather than developing healthy relationship skills as a method of achieving that. Broad public education campaigns to prevent PV in adult dating, cohabiting, and marital relationships should follow the lead of the teen prevention resources that focus on the development of healthy relationships skills and which emphasize the need for women, as well as men, to use these skills to avoid physical aggression.

**Principle 3. Carefully Consider when to Use Fear as a Motivator for Change.**

Prevention messages directed toward women often seem intended to promote fear; in particular, women's fear of men's violence. Fear-based messages have limited use in prevention. Research from a variety of areas of prevention show that when presented with fear-based messages, people respond positively only if preventive actions are readily apparent and easily envisioned. If preventative actions are not readily envisioned, fear-based prevention methods contribute to greater denial of the issue. Accordingly, best practice guidelines for prevention advise that if a fear-based message is to be used, it should be paired with a clear positive message on steps that can be taken to avoid the fear-provoking outcome (Ruiter,

Abraham, & Kok, 2001). PV preventative messages directed to women fail in this respect. Rather than present ways to avoid being a victim of PV, many woman abuse awareness campaigns emphasize the vulnerability of all women in any form of heterosexual relationship. Such messages leave women without any clear ideas of how to avoid being abused, except perhaps by avoiding relationships with men. The evidence from research on the impact of fear-provoking prevention methods suggests that such messages could increase women's denial of the possibility of being a victim of abuse and even contribute to backlash against the feminist movement by women.

**Principle 4. Recognize gender in the development of prevention messages.** The previous principles emphasized the need to send similar messages about violence and about healthy relationships to both men and women. Although the ultimate messages around avoiding PV should be the same, the nature of such messages needs to be informed by a gendered analysis of relationships. Men and women continue to be socialized differently about relationships. As a result, they have different expectations of relationships, face different relationship pressures, and are angered and frustrated by different factors. The realities of male and female socialization also play a significant role in how violence plays out in a relationship when it occurs. For example, it is likely that stereotypes about male self-sufficiency contribute to men's greater reluctance to report severe, injury-causing experiences of victimization to police (Felson & Pare, 2005). A gender strategic approach to prevention recognizes such differences and uses them to inform education and skill development (Crooks, Wolfe, & Jaffe, 2006).

### **Prevention of Injury and Death Resulting from Partner Violence**

Although estimates vary across studies, severe violence such as choking, beating up a partner, or threatening a partner with a knife or a gun, and violence that causes injury occurs in small proportion of relationships. (Kaufman Kantor & Straus, 1990; Straus, 1991). Because women are about two thirds of victims who suffer injury or death from these more severe forms of PV, and most of those who "fear for their lives" (Pottie Bunge & Locke, 2000), emergency

distress lines, shelters, and advocacy services for abused women remain critically important. Justice officials, advocates and services providers are in critical need of assessment tools and guidelines to differentiate forms of violence, both so that male victims can be recognized and so that women are not inappropriately punished for using violence in self-defense or in response to a history of criminal victimization.

Although the majority of resources for victims of severe PV should target women, the service and victimization prevention needs of male victims should not be ignored, as is now the case. The review earlier in this chapter shows that most PV is mutual. Male victims as well as female victims deserve information and resources to help them recognize the possibility of injury and escape from further violence. This should include public information messages that focus on the need for men as well as women to give serious consideration to the criminal meaning and potential result of their partner's use of violence. Resources for helping men escape situations when their partner is being violent are also needed. Such services are starting to become available, for example, the Domestic Abuse Helpline for Men And Women which provides a 24 hour phone line (1-888-7HELPLINE) and other services (<http://www.dahmw.org/pub>)

Injury prevention programs need to accept the reality that men are about a third of those injured or killed by a partner. Although we do not recommend fear-based message to raise awareness of male victimization, male victimization must be given more than a short mention in prevention programs. Instead, prevention programs should explicitly state that, although women are more likely to be injured by their partners than men, large numbers of men are injured or killed.

Finally, services for male victims of PV such as those offered by the Domestic Abuse Hot Line For Men And Women need to be further developed. It is likely that such resources could be built into services already provided for men. When violent crime is considered in general, men far outnumber women as victims (Felson, 2002). Often, male victims of these

sorts of crimes appear in homeless shelters, at the YMCA, Salvation Army, Men's Mission, John Howard Society or in the care of other such organizations. Staff and administrators of these organizations, like the staff of similar organizations serving women, need training in issues around PV to better recognize both violence victimization and perpetration so that that needs of these men can be more adequately met.

### **Summary**

Prevention messages should emphasize the importance of non-violence by women as well as men. Relationship equity and effective methods of emotional expression and conflict resolution are also important prevention targets. Such messages are important for reducing interpersonal violence generally, and for preventing the negative consequences on relationships. Prevention messages are most likely to be successful if they are focused on healthy alternatives to expressing anger and frustration and if they avoid relying on fear as a motivating factors. Efforts to prevent injury and death resulting from PV should continue to focus on female victims. However, recognition of male victimization and provision of services for male victims are needed, including services that will enable men to escape from a dangerously violent situation such as have been provided for women.

### **TREATMENT OF PARTNER VIOLENCE**

Treatment programs for perpetrators of PV were developed almost exclusively by men and women who embraced the feminist theory that PV is used by men to reinforce a patriarchal social hierarchy. Specifically, men were thought to be violent because cultural norms support male dominance over women and provide no penalty for men's violence against women (Dobash & Dobash, 1979; Straus, 1976; Yllo & Bograd, 1988). It was also generally assumed that the men whose violence was recognized (e.g., by arrest or in treatment) were the "tip of the iceberg" - such patterns of male dominance and abuse were thought to be a normal result of a patriarchal social organization and were typical of a large proportion of male-female relationships.

With the assumption that men's abuse was a result of a patriarchal society, treatment programs focused primarily on "re-educating" men. Men were challenged to give-up their dominance in the family, avoid using their privilege as men in society to control women, and to become involved in advocating for gender equity. The assumption was that a man who has been violent has the skills and knowledge to behave in healthier ways, he simply chooses not to in order to maintain his entitlement to power over his partner and over women in general. Explanations of violence that referred to any other aspect of men's history (e.g., childhood abuse), circumstances (e.g., alcohol use), family (e.g., contributions of both members of the couple to conflict), personality (e.g., depression, personality disorder) or interpersonal skills (e.g., lack of communication and problem solving skills) were viewed as excusing male violence and distracting from the main problem of men's patriarchal and sexist attitudes. Treatments with individuals or couples (e.g., anger control programs, couple treatment) were denounced and made illegal in 43% of US states.

### **Critique of Past Efforts**

There have now been over 50 empirical studies evaluating the success of batterer treatment, using self-or partner-reports of assault or re-arrest as the basis for outcome. These studies generally find that approximately two thirds of men who complete treatment programs avoid physical reassault of their partners. However, men who do not attend batterer programs cease assaulting their partners at similar rates. Experimental studies address this question more accurately by randomly assigning men to receive, or not receive treatment, and then following their progress over time. These studies almost uniformly report that treated and non-treated men re-assault their partners at the same rate. In other words, these studies suggest that batterer programs are no more effective than non-treatment at reducing assault (Babcock, Green, & Robie, 2004; Levesque & Gelles, 1998). Clearly, improvements are needed.

In this final section, we add our speculations to those of others on ways to improve treatment through better recognition of gender symmetry (Stuart, 2005). We make seven

suggestions for assessment and treatment development. Many of these suggestions are controversial, largely because of past misapplication (or concern about misapplication) to the small proportion of male offenders who are immanently dangerous. However, it is only through recognizing that *most* PV is mutual and only *some* violence is terroristic, injury-causing, fear-provoking and unidirectional that we will begin to see improvements in rates of treatment success.

### **Assess all Presentations of Partner Violence for Dangerousness and Symmetry**

A critical first step to improving treatment of PV is to critically assess all presenting cases for both gender symmetry and dangerousness. Currently, the default assumption is that violence is unidirectional (male to female), is intended to dominate and subjugate the partner, does this by provoking fear of violence and actual violence, and is potentially lethal. As reviewed, the vast majority of violence is bidirectional and, even in court-based samples, only a proportion of cases fit the model of intimate terrorism where violence is used by one member of the couple (usually the man) to dominate the other through fear and threats of harm.

Assessment of PV should tap dangerousness by means of an instrument such as the Danger Assessment (Campbell, 2001, 1995), symmetry by means of an instrument such as the Conflict Tactics Scales (Straus & Douglas, 2004; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), and risk factors for PV by means of an instrument such as the Personal And Relationships Profile (Straus, Hamby, Boney-McCoy, & Sugarman, 1999; Straus & Mouradian, 1999),

Because some PV *is* dangerous, assessors should separate men and women during assessment and be prepared with safety plans for victims of injurious, fear-provoking violence.

Assessors also need to be well trained, so that they are able to safely follow-up on inconsistencies and minimization in reports from men and women.

### **Avoid Exclusive Reliance on Feminist Theory**

A second step for reform is review the theoretical basis of treatment programs for PV offenders (Stuart, 2005). As discussed, batterer treatment programs were originally designed to

change men's sexist attitudes and patriarchal entitlements, with the assumption that this attitude change would translate to lower rates of PV. Support for this assumption is sparse. Although studies show that patriarchy plays a more important role in predicting rates of violence at a societal level (i.e., rates of violence are higher in more sexist societies, (Archer, 2006; Straus, 1994) there is little evidence of the importance of sexism to predicting violence *within* a particular society (Davis, Taylor, & Maxwell, 2000; Faulkner, Stoltenberg, Cogen, Nolder, & Shooter, 1992; Feder & Dugan, 2002; Petrik, Olson, & Subotnik, 1994; Sugarman & Frankel, 1996). For example, Saunders and Hanusa (1986) found that among 92 men completing a 12-week treatment program, changes in attitudes towards women's roles, jealousy, and threat from female competency were unrelated to changes in men's reports of abuse perpetration or their partners' reports of victimization. Thus, although the promotion of gender equality is an important goal for society, it does not appear to be a critical target for treatment among men already demonstrating PV.

Another problem for feminist theory is the assumption that violent men in treatment are representative of normative patterns of male dominance. The use of severe, injury-provoking violence is not normative for men (or women) in Euro-American societies and men who perpetrate such violence are not representative of the population. Among men who have been arrested for assault of an intimate partner, high proportions are alcoholic or have alcoholic tendencies, many have narcissistic or antisocial characteristics, over half identify growing up in families where their parents were physically abusive or had drug or alcohol problems. These problem rates are all higher than population averages and suggest that these men are dealing with a number of co-occurring social and psychological challenges.

### **Consider Replacing Educational “*Intervention*” With Cognitive-Behavioral Or Other Empirically Validated *Treatment***

The short-term Batter Intervention Programs (BIP) offered across most of North America may serve the function of sanctioning criminal behavior, much like attending remedial driving

education classes might be used as a sanction for repeated speeding tickets. However, because perpetration of severe and physically injurious violence is not normative, we suggest that re-education will not be sufficient to promote change. Rather, a more therapeutic orientation may be needed. Adopting a therapeutic orientation would have a number of implications for batterer treatment programs. First, group sizes would need to be reduced from the 20-25 men/group (common in programs using the Duluth model) to the 8-12 typically recommended for group therapy. In addition, the relationship between therapist and clients (acknowledged as one of the most important nonspecific factor for promoting change) would need to be emphasized to a much greater extent than it is currently. Finally, there needs to be more attention to investigating and using empirically supported treatment strategies,

There is a growing body of literature in support of a more therapeutic orientation to treatment for men who have engaged in criminal forms of PV. Taft, Murphy Elliott, and Morrel (2001; 2003) found that therapeutic and group alliance factors were important predictors of reduced recidivism regardless of other major differences in the style of treatment. Similarly, Scott and King (In Press) have shown that use of a more supportive and engaging therapeutic style with highly resistant clients reduces dropout and enhances change in abuse-supporting attitudes. Focusing on psychological targets, rather than on re-education, has also been supported. On the basis of a broad review of literature, Scott (2004) concluded that, to date, the only variables that have reliably been associated with reductions in abusive behavior are reductions in anger, alcohol and drug use, and level of psychopathology (e.g., level of depression). Considerably more research in this area is needed for the development of theoretically and empirically sound treatments for this client group.

### **Conduct Additional Research on Treatment Needs of Men and Women Who Have Engaged In Partner Violence**

The concept of "need" in a criminal context (Andrews & Bonta, 1998) is an attitude, behavior, trait, or other factor that relates directly to an individual's likelihood of re-offending.

Because research on treatment for partner violence has focused primarily on *whether* programs are successful, rather than *why* programs might succeed, we currently know little about what might promote change in PV. Dutton (2006) speculates that successful therapy of men who perpetrate PV needs to address attachment needs and trauma symptoms. In particular, he emphasizes the importance of anger management, stress tolerance, emotional regulation and of a strong relationship between therapist and client where relationship issues can play out in a therapeutic context. Other theorists, notably Murphy and Eckhardt (2005) include many of these features, and emphasize enhancing client motivation to change, training in relationship skills and addressing cognitive distortions of abusive partners. Both assert that change in clients' emotion regulation, particularly anger, and in their patterns of thinking about and reacting to relationships are key components to promoting change. More controversial are theories suggesting that cessation of male violence is contingent of the female partner also ceasing (Feld & Straus, 1989a; Straus, 2005) and theories suggesting that other characteristics of the relationship between men and women, such as dyadic patterns of hostility and withdrawal, are most important to promoting change. All of these theories need further empirical investigation with samples of partners who successfully end their use of abusive behaviors both with and without attending treatment.

### **Develop Better Strategies To Contain High-Risk, Repeat Offenders**

Although most men charged with assault against their intimate partner avoid engaging in subsequent physical abuse, approximately 25% of men repeatedly reassault their partners. These repeat offenders are a critical focus of treatment and monitoring efforts. Longitudinal studies suggest that reassaults are most likely to happen quickly, that repeat offenders tend to engage in multiple re-offenses and that these men are responsible for the majority of injuries to women (Gondolf, 2002).

To date, researchers have been relatively unsuccessful at reliably identifying those men who are at high-risk for reassaulting their partners from data available at the beginning of

treatment. However, the behavior of men during and after treatment does show moderate predictive ability. For example, men who drop out of treatment and who are drunk in the months following treatment are more likely to reassault. Women's perception of safety is also a significant predictor of men's assaults (Gondolf, 2004; Weisz, Tolman, & Saunders, 2000). These findings suggest that models of ongoing risk management might be superior to early identification efforts. Risk management models involve models of ongoing risk management involve periodic assessment of short-term risk, treatment or increased monitoring in response to any immediate risk, and repeated risk reassessment over time (Fein, Vossekuil, & Holden, 1995). For example, on the basis of the finding that men who dropout of treatment are more likely to reassault their partners than men who do not, dropout should initiate a system of greater justice monitoring and the provision of additional information and support to potential victims of violence, as well as reasonable sanctions for failing to comply with court-ordered treatment. For those who do not succeed at ending their abusive behavior, more intensive and highly monitored treatments should be an option. Drug courts and associated treatment programs have pioneered work in this area, and batterer treatment system might profitably consider similar models.

### **Develop theoretically and empirically-supported treatment programs for female offenders**

There is a critical need for better understanding of women arrested for assault against their partners and for the development of empirically-supported treatments for this population. In response to pressure from the justice system (where, recently, women have been arrested in about a quarter of calls for partner assault), many larger cities now run treatment programs for female offenders. These programs tend to combine materials from traditional batterer treatment and from trauma-based counseling approaches. Unfortunately, neither of these treatment approaches are good models. Batterer program have been built on feminist assumptions that make little sense when applied to female use of violence (i.e., how should women be re-educated to avoid patriarchal attitudes and behaviors?). Trauma-based models, in contrast,

focus on the resolving the impact of past victimization. Neither address needs of female offenders for strategies to better express anger, assert needs, resolve interpersonal conflict and make better relationship choices. Fortunately, there is a growing body of literature on the treatment needs of female offenders (Dowd, Leisring, & Rosenbaum, 2005), their risk for re-offense (e.g. Henning & Feder, 2004) and on the efficacy of treatment for this population (Carney & Buttell, 2004; Carney & Buttell, 2006). In addition, some comprehensive treatment programs have been developed. One example is the VISTA program in New Jersey (Larance, 2006). VISTA uses an ecological model to understand and contextualize women's use of violence. When self-defense motives are identified, women are referred to a companion program for victims of abuse. Assessment is ongoing throughout women's involvement in the program and aims to promote women's understanding of the range of emotions, events, and contributing factors to her use of aggression. Educational group sessions focus on educating women on the links between shame and anger and on the impact of familial expectations on her development, promoting women's responsibility for their behaviors and for use of force in relationships, and developing women's skills for resolving problems and conflicts without violence.

### **Consider Expanding Services In Couple Therapy And Restorative Justice**

Finally, providers of treatment for DV should consider significantly expanding the range of services offered. As previously noted, national surveys in the US and the International Dating Violence Study have found that mutual violence is the typical pattern. Studies that have investigated this issue find that both partners are violent in half the cases and the remaining half are about equally divided between Male-Only, and Female-Only. This means that women are violent in about three quarters of violence cases. Moreover, violence by the female partner is an important risk factor for re-offending (Feld & Straus, 1989b; Gelles & Straus, 1988a). These data indicate a need for treatment of both partners in a violent relationship, either couple therapy or separately, even when only one partner is the presenting case. The need to attend to

both partners in a relationship is made even more pressing in the light of the lack of evidence for the effectiveness of “batter intervention programs” which treat only one partner.

Currently, the most likely professional resource that violent couples are likely to seek is marital therapy. Cascardi et al., (1992) found that almost three quarters of couple-clients seeking marital therapy reported at least one incident of PV in the past year, 86% of which was reciprocal. There are a variety of theoretical perspectives on how to best address violence within the context of couple therapy and they vary on the extent to which both members of the couple are held responsible for escalation of conflict. One of the more promising models seems to be Physical Aggression (see also Heyman & Schlee, 2003; O’Leary, 2001). Under this model, each partner is held responsible for their own behavior, but both are taught to recognize cycles of dysfunctional interaction and to respond with de-escalation strategies.

For partners who have been arrested for domestic violence, “restorative justice” (Daly & Stubbs, 2007; Mills, 2003; Strang & Braithwaite, 2002) is a promising approach that needs further trial and research. Restorative justice is an alternative to the current retributive justice system. In the current system the crime is considered an offense against *the state*, and the state imposes penalties (retribution). Restorative justice seeks to rectify the harm by including both the victim and the offender as parties in need of restoration. It addresses the harm to the dignity and physical, psychological, economic, and social status of the victim, and seeks to re-integrate the offender into society. For a court to assign a case to restorative justice both the offender and the victim must be willing and there has to be a danger assessment before proceeding. A meeting is arranged which includes all the stake holders – the offender, the victim, a representative of the criminal justice system, and key people in the lives of the offender and victim. The offender must acknowledge his or her wrongdoing and steps to rectify the harm to the victims are developed and agreed on at the meeting. Subsequent to the meeting, the case is monitored. If there is lack of compliance, the case goes back to the standard system of justice.

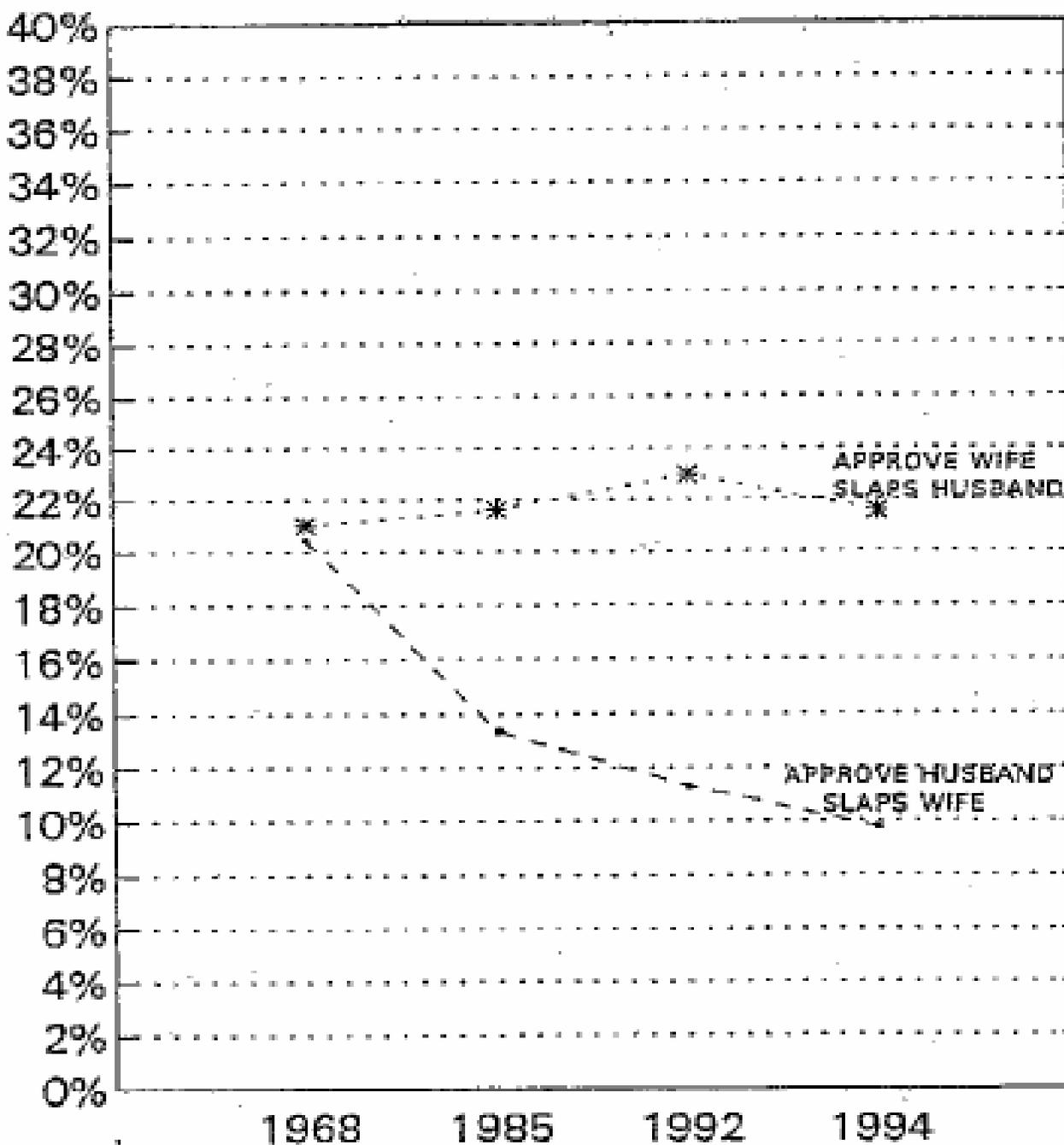
Both couple therapy and restorative justice must address the potential dangers of couple work in violent relationships. Although this is a critically important issue, most of what has been written reflects a mis-application of data from more extreme forms of violence to all partner abuse. With appropriate screening, such as use of the of instruments such as Campbell's Danger Assessment scale (Campbell, 2001, 1995) and the Conflict Tactics Scales (Straus & Douglas, 2004; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), couples where there has been significant injury, where one member of the couple denies violence, and where either member of the couple is fearful can be excluded. The limited research that has been done on couple therapy suggests that this form of treatment is at least as successful as group-based treatment for reducing rates of violence recidivism (Stith, Rosen, & McCollum, 2003).

### **Summary**

As with prevention, treatment efforts need to be differentiated according to the severity of PV. Different approaches are needed for dangerous offenders than for couples who are "situationally" violent (Johnson & Ferraro, 2000). Despite that, there are two general principles that must be applied to enhance the effectiveness of PV treatment for all but the most extreme and immanently dangerous level. The first principle is that most PV is mutual. The second principle is that education about patriarchy and male privilege, although extremely important as an end in itself, is a relatively minor risk factor for PV in Euro-American societies and is therefore not likely to result in much change in those receiving this message. Changing PV will require treatment that increases interpersonal relationship skills, and for the more severe levels of PV, therapy to change the personality, cognitive, behavioral, and emotional underpinnings of severely abusive behaviors. These treatments need to be offered in a variety of formats including couples counseling, individual counseling and group treatment, and with varying levels of criminal justice monitoring. To achieve this type of differentiated treatment requires more systematic use of existing assessment methods to assess multiple risk factors for PV, and development of new instruments so that appropriate screening and referrals can be made to

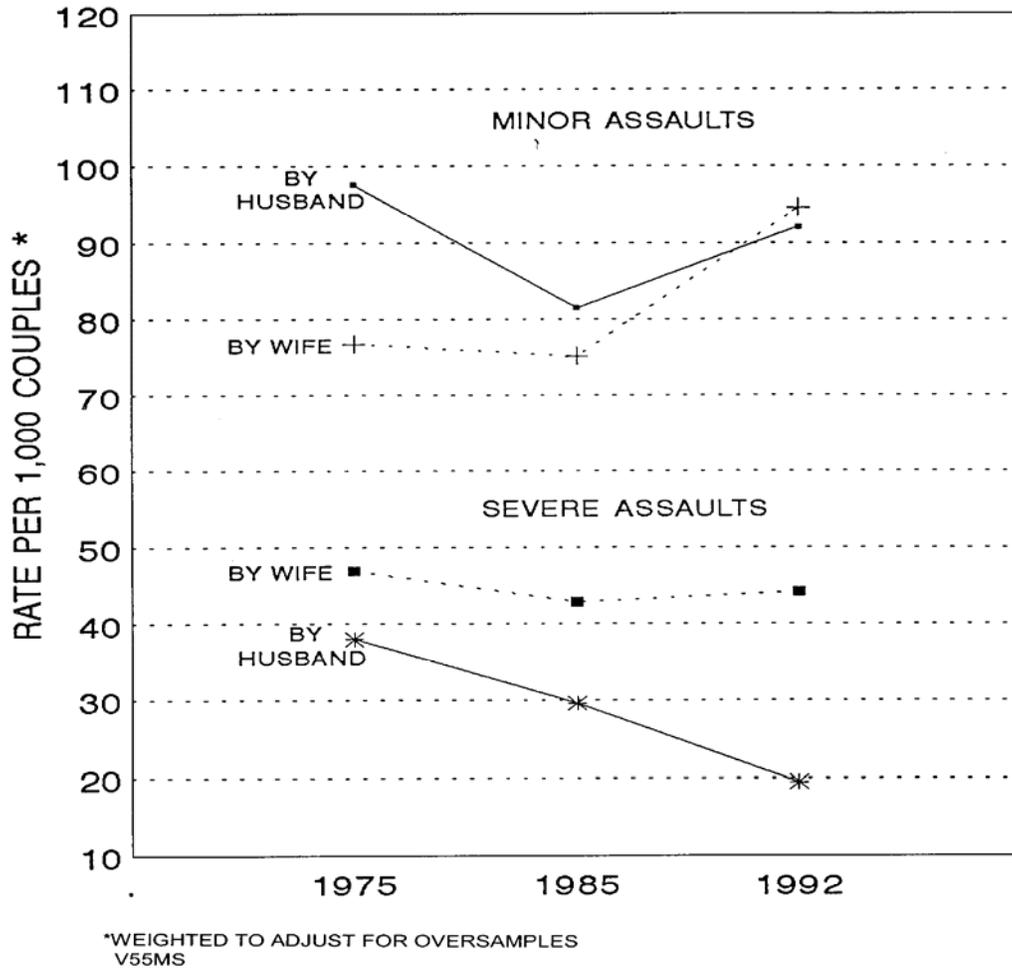
each of these types of services.

Figure 1. Trends In Percent Who Agreed That "There are Situations in which it is ok to slap [a wife's] [a husband's] face" (Four US National Samples as Reported in Straus, Kaufman Kantor, & Moore, 1997)



\*ADJUSTED FOR COVARIATES AND INDEPENDENT VARIABLES  
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Figure 2. Trends In Minor And Severe Assaults By Male And Female Partners (Three US national samples and reported in Straus & Kaufman Kantor, 1994)



<b>Table 1. Examples of the Approximately 200 Studies Showing Gender Symmetry in Assault</b>			
<b>Study</b>	<b>Severity Of Assault</b>	<b>Perpetrator</b>	
		<b>Male</b>	<b>Female</b>
1975 National Family Violence Survey (Straus et al 1980)	Minor Severe	11.6% 3.8%	12.1% 4.6%
1985 National Family Violence Survey (Gelles & Straus 1990)	Minor Severe	11.3% 3.0%	12.1% 4.4%
Canadian National Survey (Lupri, 1990)	Minor Severe	17.8% 10.1%	23.3% 12.9%
Canadian General Social Survey (1999)	Overall rate	7.0%	8.0%
British Crime Survey (1996)	Overall rate	4.2%	4.1%
National Co-morbidity Study (Kessler, 2001)	Minor Severe	17.4% 6.5%	17.7% 6.2%
National Alcohol and Family Violence Survey (Straus, 1995)	Overall rate Severe	9.1% 1.9%	9.5% 4.5%
Dunedin Health and Development Study (US Dept of justice 1999)	Overall rate	27.0 %	34.0%
National Violence Against Women Survey (Tjaden & Thoennes, 2000)	Overall rate	1.3%	0.9%
Youth Risk Behavior Survey (Centers For Disease Control, 2006)	Overall rate	8.8%	8.9%
National Youth Survey (Wofford-Mihalic, Elliott, & Menard., 1994).	Overall rate Severe	20.2% 5.7%	34.1% 3.8%
% of Emergency room visits for PV (Annals of Emergency Medicine, 200??)		19.0%	20.0%

VF Gender Diff

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