Gender differences in the link between intimate partner physical violence and depression

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Abstract

Studies show that, in violent relationships, both partners suffer from higher levels of depression than in non-violent relationships. Most of these studies were based on samples of battered women. Very little research has examined the depression levels of women who physically assault a marital or dating partner or men who assault or are victims of female assaults. Moreover, the association between intimate partner physical violence and depression does not provide a theoretical framework or an explanation for the differences in depression levels of male and female perpetrators and victims. This article presents a preliminary, yet empirically grounded, foundation for explaining research findings on depression levels for males and females in three “Dyadic Types” of intimate partner physical violence: Male-Only, Female-Only, and Both Violent. The theoretical framework involves identifying the relation of intimate partner physical violence to be of greater male than female concern with status enhancement and greater female than male concern with risk reduction, and how these play out in each of the Dyadic Types.

1. Introduction

Intimate partner physical violence and depression are two widespread phenomena awarded much attention and concern in many societies (e.g., Caldwell, Swan, & Woodbrown, 2012; Graham, Bernard, Flynn, Tremblay, & Wells, 2012; Zacarias, Macassa, Soares, Svanström, & Antai, 2012). Although partner violence and depression are independent and distinct phenomena, studies reveal a consistent and strong association, albeit not necessarily a causal one, between the two. The objective of this article is to provide a brief review of relevant literature and propose a preliminary yet empirically grounded foundation for explaining research findings on depression levels. A starting point for achieving a more adequate understanding of the link between intimate partner physical violence and depression is to acknowledge that depression is not just one more indicator of the mental cost of intimate partner physical violence but is also an indicator of perceptions, motivations, and experiences that affect and are affected by how the partners in a violent relationship behave in and cope with challenges in their relationship and their lives. Such understanding emphasizes the importance of studying the relationship between partner violence and depression, as it broadens the scope of the theoretical and practical implications inherent in this relationship.
Studies on the association between intimate partner violence and depression concluded that individuals living in a physically violent relationship suffer from greater levels of depression than those in a non-violent relationship (e.g., Caetano & Curradi, 2003; Mburia-Mwalili, Clements-Nolle, Lee, Shadly, & Yang, 2010; Vaeth, Ramisetty-Mikler, & Caetano, 2010). This conclusion is based mainly on studies of depression among women who were victims of their partners' physical aggression (e.g., Nathanson, Shorey, Tirone, & Rhatigan, 2012). Other cases of depression, such as among men who assaulted their partners, women who assaulted their partners, or men who were assaulted by their partners received insufficient, if any, attention. The question thus far largely ignored by the research is whether it is only women who pay a mental as well as a physical price for being a victim of intimate partner physical violence. The few studies that did not examine depression among battered women exclusively demonstrate that the association between intimate partner physical violence and depression is more complex. However, those studies failed to provide a detailed theoretical explanation linking gender, role in intimate partner physical violence, and depression. It is argued that the scarcity of studies of the relationship between intimate partner physical violence and depression in both genders, and in different types of intimate partner physical violence such as the types identified by Holtzworth-Munroe (2000) (i.e., “Family-Only,” “Low-Level Family and Antisocial,” “Dyphoric-Borderline,” and “Generally Violent-Antisocial”) or the types suggested by Johnson (2006) (i.e., “Intimate Terrorism,” “Violent Resistance,” “Situational Violence,” and “Mutual Violent Control”), impedes our ability to understand the various aspects of the problem and offer effective solutions.

As mentioned, the objective of this article is to propose a preliminary, yet empirically grounded, foundation for explaining research findings on depression levels in three “Dyadic Types” of intimate partner physical violence (Male-Partner Only perpetration, Female Partner only, and Both Assault) (Straus, 2013). This explanation is conceptualized as a theoretical framework that can be used for reformulating gender theories of intimate partner physical violence that go beyond patriarchal theories in this field.

2. Gender differences in intimate partner physical violence

Gender is the first major component in the present study. Even after receiving special attention in four decades of partner violence research, the study of gender in this context has yet to be exhausted.

For many years, two divergent perspectives on the role of gender in partner violence steered research and practice. Johnson (2006), a feminist scholar, described the controversy as follows:

The long-standing argument in the family literature regarding the gender symmetry of intimate partner violence takes the form of a disagreement about the nature of heterosexual intimate partner violence, as if heterosexual partner violence were a single phenomenon. One side of the debate, generally referred to as the feminist perspective (Kurz, 1989), presents compelling empirical evidence that heterosexual intimate partner violence is largely a problem of men assauling female partners (Dobash, Dobash, Wilson, & Daly, 1992). The other side, generally taken in the family violence perspective, presents equally compelling empirical evidence that women are at least as violent as men in such relationships (Straus, 1999). (p. 1004).

The term “Gender Symmetry” is central to the controversy and conveys the notion that a significant (but not necessarily equal) proportion of both genders use violence in their intimate relationships (Straus, 2011; Winstok, 2011, 2012). Despite many years of partner violence research, the controversy is yet to be resolved.

A large body of empirical evidence tends to support the gender symmetry concept in perpetration of physical assaults against partners (Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012; Straus, 2011; Winstok, 2011, 2012). A recent review of 48 studies which obtained data on the behavior of both partners found that the typical pattern was that about half the cases were couples in the Both-Assault type, about a quarter were couples in the Male-Only type, and about a quarter were in the Female-Only type (see review: Langhinrichsen-Rohling, Selwyn, & Rohling, 2012). These results were found to apply to severe as well as minor assaults, to estimates based on data provided by women as well as by men, regardless of the instrument used to measure intimate partner physical violence, and to studies conducted in many nations. The multi-nation applicability of Dyadic Types was recently confirmed by a 15-nation study (Straus & Michel-Smith, in press). Considerable evidence of gender symmetry exists in the etiology of intimate partner physical violence. For instance, dominance by one partner (either man or woman) increases the probability of assault (Eisikovits, Winstok, & Gelles, 2002; Kim & Clifton, 2003; Medeiro & Straus, 2007; Straus, 2008; Sugihara & Warner, 2002; Winstok, Eisikovits, & Gelles, 2002). Moreover, it appears that only a small percentage of physical partner violence cases involve male dominance and female degradation (Gelles & Straus, 1988; Kantor & Straus, 1990; Straus & Gozjolko, in press). The assumption that female physical violence acts of self-defense was found to be true only in a small number of incidents (Carrado, George, Loxam, Jones, & Templar, 1996; Cascardi & Vivian, 1995; Dekeseredy, Saunders, Schwartz, & Shabid, 1997; Eisikovits & Buchbinder, 2000; Felson & Messner, 1998; Pearson, 1997; Straus, 2012).

Although the accumulated empirical knowledge tends to support the idea of gender symmetry in perpetration and etiology, it is important to emphasize that most studies show that women suffer more injuries than men. In some studies, the injury differences are large and in others, they are small. An example of large gender differences can be found in the second survey on family violence in the general population in the US performed in 1985. The survey (Stets & Straus, 1990) indicates large differences: 3% of women and 0.4% of men required medical attention as a result of a violent incident with their partner. Simpson and Christensen (2005), who studied this issue using a service population sample, found larger rates of injury but smaller gender differences: 11.7% of women reported being injured in a conflict with their partner; 17.9% of women reported that their partner was injured in a conflict with them; 18.3% of men reported that their partner was injured in a conflict with them; 15.4% of men reported being injured in a conflict with their partner.

3. Types of violent relationships

Alongside the evidence regarding the perpetration and etiology of physical partner violence, it was also recognized that such violence consisted of various types. The type of violent relationship is the second major component in the present study, expressing the context in which the link between gender (first component) and depression (third component to be further discussed) exists. Several typologies of violent relationships are proposed in partner violence literature; some are complex, vague, or theoretically biased—especially in the context of gender. Three criteria were used in the present article in the selection and representation of the type of violent relationship: simplicity, theoretical neutrality, and gender sensitivity.

Several typologies of perpetrators have been developed (e.g., Chase, O’Leary, & Heyman, 2001; Holtzworth-Munroe & Stuart, 1994; Johnson, 2006; Tweed & Dutton, 1998). Most of these typologies are complex. The Holtzworth-Munroe types, for example, require administering several tests, some of them lengthy. Another example is Johnson’s typology, which is unspecific as to how its characteristics should be operationalized and then interpreted (Winstok, 2012).
The simplest and clearest typology available is that of Dyadic Types, based on theoretically neutral observation units. In addition to the reference category of no-physical violence, the following Dyadic Types were used for this article: Male-Only (only the male partner assaults), Female-Only (only the female partner assaults) and Both-Assault. These types constitute the most easily measured and theoretically applicable typology available. This typology is not only free of presuppositions and theoretical interpretations, but has also received empirical support over the years (Langhinrichsen-Rohling et al., 2012; Stets & Straus, 1989; Straus, 1980b; Straus & Michel-Smith, in press; Straus & Winstok, 2013). It is a simple typology, but on the other hand, is sensitive to the role of gender in partner violence; hence, it was selected for this article’s examination of gender differences in the link between intimate partner physical violence and depression.

4. Gender differences in depression levels

In the present article, depression is the third central component that represents different levels of mood and aversion to activity that can have a negative effect on a person’s thoughts, feelings, and behavior. In Western societies, depression is about twice as prevalent among women as among men (e.g., Bebbington et al., 1998; Jorm, 1987; Kessler, 2006; Piccinelli & Wilkinson, 2000; Wolk & Weissman, 1995). This finding applies to both clinical and general population samples and is almost independent of the place, method of assessment, and measuring instruments (Kessler, McGonagle, Swartz, Blazer, & Nelson, 1993). It is widely accepted that gender differences in depression are the result of a complex interaction between biological, psychological, and social factors (Hopcroft & Bradley, 2007; Kuehner, 2003). Many studies have found depression to be a consequence of an individual’s exposure to stressors and his/her reaction to them (e.g., Linsky, Bachman, & Straus, 1995; Pearlín, 1989; Turner & Lloyd, 1999).

The theory developed in this article is in the tradition of theories that relate gender differences in depression to social gender positions within different domains of private and social life and to patterns of social expectations, goals, and roles (see: Van de Velde, Bracke, Leveque, & Meuleman, 2010). McGuire and Troisi (1998) took this notion one step further and argued that failing to achieve gender goals, especially those that developed during the evolution of humankind, is the primary cause of depression. Within this theoretical approach, gender differences in depression are the outcome of gender differences in social expectations and goals in various life contexts.

Fig. 1 describes a preliminary heuristic model of depression that is based on the principles presented above (e.g., that failing to achieve gender goals, especially those that developed during the evolution of humankind, is the primary cause of depression). This serves as a starting point for developing the theoretical framework of this article. The model consists of four constructs. The first represents “Gender-Related Social Expectations, Goals, and Roles.” This construct directly affects perceived reality, including the second construct designated “Gap between Perceived Reality and Desirability.” This gap generates “Stress,” represented by the third construct: The larger the gap, the higher the stress. In turn, stress levels directly affect “Depression,” represented by the fourth construct in the model: The higher the stress levels, the more strongly depression is experienced. The process is not linear and therefore, depression levels are not the end of the process. Depression levels affect the three preceding constructs that created them. Depression may strengthen the gender-related social expectations, goals and roles, the perceived reality, and accordingly, the gap between perceived reality and desirability and the level of stress. In general, although not necessarily always, the depression feedback is “positive,” i.e., it amplifies the probability of depression.

Partner conflicts, especially those escalating to violence, are the context in which all the preconditions for the development of the process described in Fig. 1 are met. Partner conflicts may arise when one partner experiences a discrepancy between his or her view of goals and roles that are desirable and available, and perceives the other partner as responsible for this gap. Such conflicts may escalate to violence when one or both partners try to force their position on the other (Winstok, 2012). As depression is a frequent reaction to stressful events (Hammen, 2005), it is reasonable to assume that this process is mediated by stress. In such cases, depression is a normal reaction to stressful (mainly violent) events.

Research has found that depression is associated with an increased probability of many types of aggression (Berkowitz, 1993; Krahé, 2013; Linsky et al., 1995), including child abuse (Straus & Kaufman Kantor, 1986) and intimate partner physical violence (Straus, 1980a; Woodin, Caldeira, & O’Leary, 2013). Depressed individuals display decreased ability to communicate with their partner, and frequently express negative feelings, criticism, and defensiveness. In turn, their partner also expresses criticism and negativity toward them and the marital relationship (e.g., Benazon & Coyne, 2000; Hautzinger, Linden, & Hoffman, 1982). Hence, depression of one or both intimate partners can be a cause and/or effect of a dysfunctional relationship, increasing the probability of conflicts that may escalate to violence (Winstok, 2012).

As previously mentioned, most of the studies on intimate partner physical violence and depression arose out of interest in battered women, and accordingly, were based on samples of women who assaulted a partner and found that they also suffered from high depression levels (e.g., Cascardi & O’Leary, 1992; Cascardi, O’Leary, Lawrence, & Schlee, 1995; Deyessa et al., 2009; Filson, Ulloa, Runfola, & Hokoda, 2010; Hankin, Smith, Daugherty, & Houry, 2010; Mburia-Mwalili et al., 2010; Prosmans, Jansen, Pan, Neidig, & O’Leary, 1994; Schumacher, Feldbau-Kohn, Smith Slep, & Heyman, 2001; Sugarman et al., 1996). Very little research has addressed the depression levels of women who assault a partner (Cascardi, Langhinrichsen, & Vivian, 1992; Swan, Gambone, Fields, Sullivan, & Snow, 2005) or of male victims of assault by a partner (Caetano & Cunradi, 2003; Próspero, 2007; Simonelli & Ingram, 1998).
Unsurprisingly, these studies also found an association between perpetration or victimization and high depression levels. Even fewer studies examined the association between the victimization of both genders and depression (Coker et al., 2002) or between perpetration by both genders and depression. A study by Vaeth et al. (2010) is an example of such research, but they did not specifically address cases in which both partners were violent. Despite their limitations, the aforementioned studies established a perspective that both partners in any type of violent relationship suffer from high levels of depression as compared to partners who maintain a non-violent relationship.

Based on the aforementioned studies, it can be safely argued that men and women in violent relationships experience higher levels of depression than men and women in non-violent relationships. However, the existing research provides no basis for conclusions about the effect of gender differences on being a victim or an aggressor and about whether these effects are contingent on being the aggressor in one of the three Dyadic Types: Male-Only, Female-Only, or Both-Assault relationship. This information can have theoretical meaning and significant practical implications.

In a unique study in the context of intimate partner physical violence and depression, Graham et al. (2012) hypothesized that depression will vary by gender and role in different types of intimate partner physical violence (victim, perpetrator, or bidirectional). To test their hypothesis, they used data derived from a survey of 14,063 Canadians. Fig. 2 summarizes these findings. It shows that both men and women who had reported partner aggression were more likely to have experienced depression than those who had not, and that the increased depression applied to both male and female perpetrators as well as victims. There were, however, gender–role differences among those who experienced aggression. For males, depression was most strongly associated with perpetration only (reported by 21.4%), followed by bidirectional (17.2%), and was lowest for victimization only (i.e., partner only aggressive: 11.1%). For women, depression was most prevalent for those reporting bidirectional (35.7%) or victimization only (33.5%) aggression and least prevalent among female respondents reporting perpetration only (20.3%). The Graham study is consistent with many other studies that found that, in general, depression levels among women are higher than among men. What is unique is that they find a dramatic difference in the depression levels of men and women living in different Dyadic Types of intimate partner physical violence. They found that the lowest level of depression was among male victims of intimate partner physical violence and female perpetrators of intimate partner physical violence (Women-Only Assault Dyadic Type).

Despite its importance, the Graham study has methodological and theoretical limitations that may bias the findings and limit generalizability. This will be reviewed below in light of the unique nature of the study. The following paragraphs address three limitations; the first two are methodological and the third is theoretical.

The measurement of violence in the study was based on the Harris (1992) approach, according to which participants were asked to describe the most severe act of physical aggression by a partner toward the respondent in the past two years, as follows: “People can be physically aggressive in many ways, for example, pushing, punching, or slapping, or physically aggressive in some other way. What is the most physically aggressive thing done to you during the last two years by someone who is or was in a close romantic relationship with you such as a spouse/partner, lover, or someone you are or were dating or going out with?” As the authors of this study acknowledged, this approach can create significant biasing. One major partiality can result from the classification of research participants living in a violent relationship to one of three groups that interested the researchers. Moreover, this measurement does not allow an accurate calculation of the prevalence of violence, and it may also bias the computation of the chronicity (incidence) of violence. The authors concluded that a preferable approach to this type of study should better rely on a standard measurement such as the Conflict Tactic Scale (CTS-2: Straus, Hamby, Boney-McCoy, & Sugarman, 1996). CTS-2 is appropriate for this purpose, not only because it is a standard measurement in the field but also because it can be translated into reliable indices of the prevalence and/or chronicity of victimization and perpetration.

The representation of depression in the study could also blur and bias the findings. Depression was measured using the World Health Organization (WHO)’s Composite International Diagnostic Interview (CIDI) questions designed to assess whether the respondent meets the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) and International Classification of Diseases, 10th Revision (ICD-10; WHO, 1990) criteria for major depression in the past year (Wittchen et al., 1991; WHO, 1990). In simple language, depression was computed and presented in the analyses as a dichotomous variable differentiating between normative and clinical levels of the phenomenon. This approach may be relevant in epidemiological and clinical research that views depression as an illness rather than a natural response to life realities. Moreover, as mentioned, depression is an arbitrary concept because of the absence of clear markers or natural thresholds in symptom distribution (Piccinelli & Wilkinson, 2000). It seems that to broaden and deepen our understanding of how intimate partner physical violence is perceived, formed, and experienced by victims and/or perpetrators of both genders, depression should be presented as a continuous variable.

Graham et al. (2012) concluded that “gender-by-role differences in the relationship of partner physical violence with depression raises the possibility that the mechanisms underlying the association of depression with partner physical violence may be different for men than for women” without providing a comprehensive description of the mechanism (theory). Nevertheless, their discussion of the findings provides several insights that can serve as a lead for such a theory. First, they differentiated between depression resulting from intimate partner physical violence and depression that is a reason for intimate partner physical violence. In the former case, they assessed that man-to-woman physical violence arouses negative emotions in men and women that promote depression. These negative emotions will be expressed through helplessness and victimization in women, and through guilt and shame in men. In the latter case, they assessed that depression in men may drive them to use physical violence against their partners. This is a partial explanation because it ignores many situations. Since they presented two types of causal relationships between intimate partner physical violence and depression, as well as three types of intimate partner physical violence and two genders, they should have had at least 12 cases to explain, rather than three. Moreover, even if 12 separate explanations were provided, integrating them would still be required.

![Fig. 2. Dyadic types of partner physical violence, gender and depression. Bar-chart was generated based on findings from Graham et al. (2012) study.](image-url)
5. Toward a theoretical framework on gender differences in the link between intimate partner physical violence and depression

Fig. 1 is the starting point for developing a theory to explain differences in depression levels of men and women in the Male-Only, Female-Only, and the Both-Assault Dyadic Types. This model expresses the argument in general that failing to achieve “gender-related social expectations, goals and roles,” (which will also be designated as motivations) is a primary cause of depression (McGuire & Troisi, 1998). Perceived failure to materialize these motivations creates an experience of stress. The intensity of the stress determines the level of the experienced depression. What is needed to fill out the theory is to identify the gender-related social expectations, goals, and roles in general and in the context of Dyadic Types of intimate partner physical violence. This attempt is based on two gender-based motivations, designated “status enhancement” and “risk reduction.”

5.1. Status enhancement and risk reduction as gender-related social expectations, goals, and roles

Much of the literature on sex differences in aggression is based on social role theory (Bettencourt & Kernahan, 1997; Bettencourt & Miller, 1996; Eagle & Steffen, 1986) and sexual selection theory (Archer, 1996; Daly & Wilson, 1988). Sexual selection theory locates the origins of sex differences in human evolution. According to this theory, men along the history of evolution concentrated on reproductive competition, for which status had crucial importance. Women concentrated on pregnancy, birth, and raising the children, for which security and safety had crucial importance.

Social role theory also locates the basis of sex differences in many aspects of behavior in the historical division of labor. Roles produce expectancies about gendered characteristics, leading to different patterns of behavior that are transmitted to future generations through socialization processes. Based on these theories, it is argued that status enhancement is more important for males than for females, and is more important for males than risk reduction, whereas the opposite is true for females. The main concern about aggression of women tends to be risk reduction rather than status enhancement (Campbell, 1999). Status enhancement and risk reduction are two basic gender-related motivations that stem from evolutionary and socialization processes that are the cause and consequence of social expectations, goals and roles.

Notably, the two gender-related motivations on which we will focus, which are status enhancement and risk reduction (as gender-related social expectations, goals and roles), have a common denominator. Both are evaluated and experienced based on coping with risk. However, whereas risk reduction is derived from risk avoidance, status enhancement is derived from facing and responding to risk (rather than avoiding it). In this context, risk carries a high probability for sustaining significant injury, and therefore is defined as existential threat. Relative to women, men possess a high ability to inflict injury on others and high resiliency to being injured by them. To enhance status and gain a positive image, men are expected to prove these traits. They do so when they defend those who are weak and by their willingness to fight those who are equal, and especially surpass, their power. On the other hand, men’s image might be damaged when they avoid fighting those who are equal or strong, or fight those who are weaker. As, in most cases, men are stronger than women, they are expected to protect women. This trait is sometimes referred to as chivalry (Felson, 2002; Felson & Feld, 2009; Glick & Fiske, 1996; Glick et al., 2000; Viki, Abrams, & Hutchinson, 2003; Viki, Kristina Massey, & Masser, 2005). When a man fails to protect or even worse, harms a woman, violating the dictum of chivalry, he is socially condemned and rejected and his positive image is challenged. If so, then the male motivation for status enhancement is compatible with the female motivation for risk reduction, because men are required to protect women and not only to avoid threatening them. Status enhancement becomes a resource for risk reduction for women, and vice versa. Simply put, both motivations sustain each other. It is argued that failing to achieve gendered social goals has a high social and hence personal cost, which increases stress and depression levels. A word of caution, though; assigning different and distinct gender-specific motivations is an extreme and simplistic approach that ignores the multifaceted changes that have occurred in the perception of gender in many societies and cultures. Differences between men and women appear to have somewhat diminished across time.

A previous study (Winstok & Strauss, 2011) examined the argument of different motivations for men and women. This study compared the severity of aggressive response (escalatory tendency) of men and women facing aggression from their partners, from unfamiliar men, and from unfamiliar women. The findings indicated that for women, the aggressive response tendency was consistent with risk reduction tendency. Women used the most severe aggression against the opponent who was perceived as the least dangerous. The findings also indicated that, for men, the aggressive response tendency was consistent with status enhancement. Men used the most severe aggression against the opponent who was the most dangerous. These findings supported the research hypotheses derived from gender theories of sex differences in aggression. The findings also encouraged using these theories for the study of intimate partner physical violence. It remains to be examined how gender motivations can explain differences in depression levels between genders and their roles in different Dyadic Types of intimate partner physical violence.

Fig. 3 is an extension of the heuristic model in Fig. 1. It specifies gender-related social expectations, goals, and roles by the gender motivations (i.e., status enhancement and risk reduction) discussed above and their implications. In this figure, feedback courses were removed to simplify the model’s presentation. It is important to note in advance that the purpose of this model, as is that of the first, is heuristic, serving as background for presenting and describing the mechanism that associates intimate partner physical violence and depression. Social expectations, goals, and roles are expressed in the model as motivation for status enhancement for men and as motivation for risk reduction for women (right side of the figure). From this point on, these motivations regulate the process. First, they construct the perceived reality (availability and desirability and whether and to what extent a gap exists between the two). The perceived gap between availability and desirability expresses success or failure in achieving gender goals. In men, it affects self-evaluation and perceived social status. Success is when status is enhanced, and failure is when it is challenged. In women too, the perceived gap between availability and desirability expresses success or failure in achieving gender goals. In this case, it affects the sense of safety. Success is when risk is diminished and sense of safety increases, and failure is when the risk persists. The experienced stress is not directly affected by the perceived gap between availability and

![Fig. 3. Expanded heuristic model of gender and depression.](image-url)
desirability, but by self-evaluation in men and sense of safety in women. Eventually, stress levels affect the levels of depression. A common argument is that positive/negative self-evaluation is tightly linked to stress intensity and depression level (Beck, 1967; Brown & Harris, 1978; Hammen, 2005; Metalsky, Joiner, Hardin, & Abramson, 1993; Orth, Robins, & Meier, 2009). The notion that sense of security and safety is linked to depression is implied in studies of the association between helplessness and depression (Pryce et al., 2011), anxiety and depression (Matthews & MacLeod, 2005), and especially in studies mentioned above on the link between physical violence against women, fear, and depression. Below, we will suggest how these general gender motivations are expressed in men and women in violent relationships and how they affect depression levels.

The differentiation between male and female motivations should be put into perspective. The way the model was presented may create the impression that status enhancement is solely a male motivation and that men are not motivated also by risk reduction. The same goes for women. The model does not imply that risk reduction is solely a female motivation and that women are not motivated by status enhancement. It presents motivations in a mutually exclusive fashion to simplify the arguments to be presented below. It is worth mentioning that individuals may have several motivations of varying importance, some even contradicting. The mixture of these motivations determines the individual’s perception, experience, and course of action. It should be taken into consideration that status enhancement and risk reduction motivate men as well as women. The gender difference is in the combination: in men, the tendency for status enhancement is stronger than that for risk reduction, whereas the opposite is true in women. The gendered mixture of motivations is not devoid of socio-cultural context. Gender motivations as mutually exclusive are but an extreme case presented and discussed for the sake of convenience.

Modern, and perhaps also traditional, societies expect men (especially educated men) to refrain from using physical force against women in general and specifically against their intimate partners. The absence of such physical violence is a personal and social indication of appropriate and normative behavior of men in their intimate relationships. Thus, it can be expected that the image of men living in a non-violent relationship is not challenged and is more positive than the image of men living in a violent relationship. The image of men in a violent relationship is negative, but it is reasonable to assume that the intensity of this negativity would depend on the direction of the physical violence. The image of men who have been assaulted by their partner and who do not attack their partner is not positive because it is evidence of a problematic relationship. However, the image of these men is less negative than that of men who do batter their partners. In a society that strives for gender equality, men are expected to handle their partners’ physical violence in non-violent ways. In most cases, such conduct indicates not only compliance to social norms but also resiliency and masculine strength. Men’s physical violence against their partners, be it the man only who is violent or the woman too, indicates weakness. Yet, the former is less negative than the latter. When men stoop to the lowest level and assault their partner, it would at least be expected that they successfully control and manage the situation. In this case, lack of violent retaliation on the part of the woman may imply male domination, however limited and condemned, whereas violent retaliation on the part of the woman indicates that there is no deterrence or male domination. Two sub-groups are distinguishable in the case of the Both-Assault type: men who initiate physical violence whose wives do not fear them and retaliate and men who respond to physical violence initiated by their partner.

Table 1 describes the relation of Dyadic Types of intimate partner physical violence to men’s social status, stress, and depression. It should be noted that, although the table is organized according to the customary order of presenting Dyadic Types, the following explanation is organized according to depression levels from low to high.

- The first row of Table 1 indicates that men in the No Violence category have a point in their favor. They gain this point due to their ability to have a normative relationship.
- The third row of Table 1 describes the situation of men in a relationship with Female-Only violence (the men are the victims), who lose a point and gain a point. They lose a point due to their inability to have a normative relationship, and they gain a point for refraining from responding with violence.
- The second row of Table 1 describes the situation of men in the Male-Only assault type who are the only violent partner in the dyad (the women are the victims). They lose two points and gain one point. One point is lost for the men’s inability to maintain a normative relationship. Another point is lost for using violence against their partner. One point is gained for their successful control of the relationship.
- As indicated in the last row of Table 1, men in the Both-Assault Dyadic Type (both partners are victims as well as perpetrators) lose three points: one for failure to have a normative relationship, another for being violent against their partner, and yet another for losing dominance in the relationship.

The points gained and lost by men affect image and stress, and in accordance with this, the depression that they experience. The more negative the point balance, the higher the level of stress. The higher the stress level, the higher the depression level. Hence, it is argued for men that: the lowest depression levels will be experienced by men living in a non-violent relationship; higher depression levels will be experienced by men living in Male-Only dyads; even higher depression levels will be experienced by men living in Male-Only violent relationships; the highest levels of depression will be experienced by men in the Both-Assault type relationships.

In modern (especially educated) societies, the violence of women against men, unlike that of men against women, is not regarded as a severe social problem requiring intervention and change (Straus, 2005; Winstok, 2012). This may stem from the fact that the rates of injury

<table>
<thead>
<tr>
<th>Dyadic type</th>
<th>Status enhancement</th>
<th>Status detraction</th>
<th>Perceived social status</th>
<th>Stress levels</th>
<th>Depression levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neither (referent category)</td>
<td>• Living in a non-violent dyad (women do not retaliate)</td>
<td>• Living in a violent dyad</td>
<td>Best (normative)</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Male Only</td>
<td>• Domination is maintained</td>
<td>• Violating social directive that men must not hit women</td>
<td>Low</td>
<td>Moderate</td>
<td>Moderate to high</td>
</tr>
<tr>
<td>Female only</td>
<td>• Handle partners’ violence in non-violent way</td>
<td>• Living in a violent dyad</td>
<td>Middle</td>
<td>Mild</td>
<td>Mild to moderate</td>
</tr>
<tr>
<td>Both assault</td>
<td>• Living in a violent dyad</td>
<td>• Violating social directive that men must not hit women</td>
<td>Very low</td>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>
caused by male physical violence are higher than those caused by female physical violence (Jose & O'Leary, 2008). In this reality, the physical violence of women against men is perceived as the result of self-defense, courage, and strength and therefore, such physical violence not only does not threaten the status of women but may also enhance it. Hence, the physical violence of women against men is an issue of safety and strength (success in gaining risk reduction) or alternatively, weakness, fear, and helplessness (failure in gaining risk reduction). It can be hypothesized that the sense of safety and strength of women in the Male-Only dyadic type would be the lowest. They probably do not respond violently because they feel weak, vulnerable, helpless, and scared. Johnson (2006) called this type of relationship “Intimate Terrorism,” although his method of identifying such cases did not include measurement of any of these characteristics of female partners (Straus & Gozjolko, in press). It may be also that these women evaluate that, at best, a violent response on their part will be useless, and at worst, it may encourage the man to escalate his physical violence and put the woman in even greater danger. This evaluation has solid empirical foundation (Stith, Smith, Penn, Ward, & Tritt, 2004; Whitaker, Haileyesus, Swahn, & Saltzman, 2007).

It is likely that the sense of safety and strength of women in the Both-Assault type is higher than in the Male-Only type because in such a case, the woman is not entirely passive. Two sub-groups in the Both-Assault type can be distinguished: women who initiate physical violence and women who respond with physical violence to their partner’s physical violence. Although the women in the two sub-groups are not identical, it is still likely that they do not feel helpless like the women in the Male-Only group.

Turning to the Female-Only dyadic type, according to this theory, the perceived safety and strength of these women will be even higher. Their confidence may result from knowing that their partner does not respond to their physical violence with physical violence because he is conforming to the “never hit a woman” cultural principle, or because he fears either her or the social condemnation of such a response. It is also possible that these women believe that they are capable of handling a violent response on the part of their partner. Although among women living in a violent relationship, the safety of those in a Female-Only violent relationship is the highest, the safety of women in a non-violent relationship would be even higher, since in their case, physical violence in their intimate relationship is not an option.

Table 2 describes the relation of Dyadic Types of intimate partner physical violence to women’s social status, stress, and depression. It should be noted that, although the table is organized according to the customary order of presenting Dyadic Types, the following explanation is organized according to depression levels from low to high.

- The first row of Table 1 indicates that for women, a relationship without violence is an indicator supporting their sense of security and power. Lack of violent history is an indication of a normative relationship in which violence is a non-option.

- The third row of Table 1 indicates that for women in the Female-Only violent relationship (the man is the victim) there is an indicator that hinders and an indicator that supports the women’s sense of security and power. The hindering indicator is that the relationship is non-normative, making violence a realistic option. Within this relationship, that option is currently realized only by the woman, but even if it is perceived as highly unlikely, at some point, the man may use violence as well. The women’s sense of security and power-supporting indicator is in the men’s avoidance of using violence, and the women’s belief that this behavior will continue.

- The fourth row of Table 1 indicates that for women in the Both-Assault relationship (both men and women are victims and also perpetrators), two indicators hinder and one supports the women’s sense of security and power. The hindering indicators are that the relationship is non-normative and violence is a real option, that violence is also used by the male partner who is likely to be more resilient than the female partner and that the use of violence disregards social dictates. The security and power-supporting indicator is that the women believe that they should not fear or be deterred by their partner’s violence and that they can use violence as well.

The indicators supporting or hindering women’s sense of security and power affect their risk evaluation and perception, their stress, and accordingly, their experienced depression. The more negative the balance between indicators, the higher the stress level. The higher the stress level, the higher the depression. Hence, it is argued for women that: the lowest depression levels will be experienced by women living in a non-violent relationship; higher levels of depression will be experienced by women in a Female-Only violent relationship; even higher depression levels will be experienced by women in both Assault type, and the highest levels of depression will be experienced by women in Male-Only violent relationships.

The above premises enable a presentation of depression level differences between men and women in violent relationships, as summarized in Table 3. The table differentiates between the non-violent cases and the cases in the three Dyadic Types of intimate partner physical violence. Three levels of depression are presented for the Dyadic Types, 1 being the lowest and 3 being the highest. It should be mentioned that the arguments presented in the table are consistent with the findings of Graham et al. (2012), especially

### Table 2
Women depression levels across dyadic types of partner physical violence.

<table>
<thead>
<tr>
<th>Dyadic type</th>
<th>Sense of security and power&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Sense of security and power&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Perceived sense of security and power&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Stress levels</th>
<th>Depression levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neither (referent category) Male only</td>
<td>Living in a non-violent dyad</td>
<td>Living in a violent dyad</td>
<td>Best (Normative) Very low</td>
<td>Low High</td>
<td>Low High</td>
</tr>
<tr>
<td>Female only Both assault</td>
<td>Men avoid violent retaliation</td>
<td>Women avoid violent retaliation</td>
<td>Men does not avoid initiation of violence</td>
<td>Moderate</td>
<td>Mild to moderate</td>
</tr>
<tr>
<td></td>
<td>Women can act violently</td>
<td></td>
<td>Top victim</td>
<td>High Moderate</td>
<td>High Moderate</td>
</tr>
</tbody>
</table>

- The indicators supporting or hindering women’s sense of security and power affect their risk evaluation and perception, their stress, and accordingly, their experienced depression. The more negative the balance between indicators, the higher the stress level. The higher the stress level, the higher the depression. Hence, it is argued for women that: the lowest depression levels will be experienced by women living in a non-violent relationship; higher levels of depression will be experienced by women in a Female-Only violent relationship; even higher depression levels will be experienced by women in both Assault type, and the highest levels of depression will be experienced by women in Male-Only violent relationships.

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<sup>a</sup> Sense of safety and strength results from a subjective evaluation that might be revealed as a false one. In such cases (i.e., high sense of safety and strength) it becomes a risk factor.
formed due to the notion that if a component predicts the next one, it is not suf-

Table 3

Gender differences in depression across dyadic types of assault.

<table>
<thead>
<tr>
<th>Dyadic types of assault</th>
<th>Levels of depression*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
</tr>
<tr>
<td>No assault</td>
<td>Normal a</td>
</tr>
<tr>
<td>Men only</td>
<td>Level 2</td>
</tr>
<tr>
<td>Women only</td>
<td>Level 1</td>
</tr>
<tr>
<td>Both assault</td>
<td>Level 3</td>
</tr>
</tbody>
</table>

* Depression Levels for men and for women are not equal and probably are higher for women than for men.

b Normal here means a level of depression that is typical of person of the gender and age of this sample.

with the main finding that for couples in the Female-Only type, both partners exhibit the lowest depression levels.

6. Conclusion

In the controversy on gender differences in intimate partner physical violence (Belknap & Melton, 2005; Johnson, 2006, 2011; Straus, 1999, 2007, 2008, 2009, 2010, 2011) researchers distinguish between three aspects of intimate partner physical violence: the motivation to assault the partner, perpetration of assault, and its physical and/or mental outcomes. There is broad agreement that the outcomes of assault by men and women are not symmetrical. Women are injured significantly more than men (e.g., Archer, 2000; Johnson & Pottie Bunge, 2001; Jose & O'Leary, 2008; Straus & Gelles, 1990; Tjaden & Thoennes, 2000). However, there is disagreement over gender differences in the motivation for assaulting a partner. This disagreement is referred to as “the controversy over gender symmetry/asymmetry in intimate partner physical violence” (Winstok, 2012). The bulk of the dispute is over whether women, and not only men, contribute to the problem of intimate partner physical violence. In simple words, the controversy refers to the role of gender in the causes of intimate partner physical violence. Is it significant or marginal? This controversy manifests itself in discussions of ontological and methodological issues such as identifying the appropriate research issues, the phrasing of research questions, the assumptions to be made and on which basis, the appropriate methods for researching these issues, the correct and appropriate way of interpreting the findings, and the conclusions that should be derived from them for theory and practice (Winstok, 2011).

The three aspects mentioned above stem from a basic preliminary causal model associating motivation to assault a partner with mental outcomes. This is a heuristic model describing the basic aspects of the phenomenon, but it may be misleading because it assumes that the three components are on a temporal continuum. Even when the time sequence has been established and can be used to make predictions, it is not sufficient as an explanation. There is a great difference between prediction and explanation, but sometimes an erroneous opinion is formed due to the notion that if a component predicts the next one, it means that the former also explains the latter. It would be like arguing that fall explains winter. Autumn does precede and predict winter, yet it definitely does not explain why winter comes. This type of misconception is also apparent in the prevalent interpretation of the link between intimate partner physical violence and depression. It is misleading, at least in part, because it presents the assault as the component explaining mental outcomes such as depression.

Research on the links between intimate partner physical violence and depression is, to a large extent, based on the depression of one gender (women) and investigates or assumes that the violence is the Male-Only assault type. Depression among women who assault their partners, depression among assaulting men, among male victims of intimate partner physical violence, and among both men and women in the Both-Assault type, are the subject of little or no research. Nevertheless, as noted earlier, the Both-Assault pattern has been found by more than 48 studies to be the most prevalent type of intimate partner physical violence. Ignoring the most frequent dyadic type of intimate partner physical violence might stem from the longstanding predominance of the patriarchy theory of intimate partner physical violence. This theory assumes that almost all perpetrators are men and that male dominance is the fundamental cause of intimate partner physical violence (Dobash et al., 1992). According to this theory, when female physical violence against male partners occurs, it is a natural reaction to the male control and dominance. There is, of course, a kernel of truth in this theory, which has been supported by research. However, there is even more evidence that intimate partner physical violence has multiple causes, of which male-dominance is only one, and not even the most important. This is illustrated by the 25 items in the Spouse Abuse “Prediction” Checklist [Straus, Gelles & Steinmetz, 1980 [2006], p 203]. It is based on results for a nationally representative sample of US couples. Of course, male dominance is one of the 25, but only one. The cumulative effect of the other 24 is almost certainly greater than the effect of male dominance, important as male dominance is, both as a social evil and a risk factor for other evils. In the more than 30 years since the publication of this checklist, hundreds of studies have confirmed the multiple risk factors in the 1980 risk factor index. The chapter on partner violence in Krug, Dahlberg, Mercy, Zwi (2002), which many regard as a definitive statement, included a list of 17 risk factors, one of which is male dominance, but again, only one of the 17. The same applies to the list of empirically established risk factors for partner violence published by the Centers for Disease Control and Prevention (2007).

This article attempted to expand the discussion on gender in intimate partner physical violence and to do so from the perspective of several premises for which there seems to be broad agreement: intimate partner physical violence is a complex phenomenon with numerous distinct aspects. Any attempt to force them into a one-size-fit-all explanation is destined for refutation because different aspects of intimate partner physical violence can have different explanations. Moreover, these do not have to have a common denominator, and even if one exists, the scientific agenda requires that the first step be to identify various explanations and only once these are empirically supported, they can be used to create an integrative meta-explanation.

The arguments presented here are based on a theoretical perception differentiating between male (status enhancement) and female (risk reduction) motivations. These human evolutionary differences resulted from mutual existential needs through which societies defined men, women, and their intimate relationships. Motivations created a social order that established, maintained, and transmitted these motivations from one generation to the next. The basic difference between the two theories underlying this article is in their main focus. Sexual selection theory addresses the development and effect of gender motivations on social order, whereas sex roles theory addresses the development of social order and its effect of gender motivations. No attempt is made here to determine whether the social order is just, appropriate, or befitting present human need; it is meant to examine the implications of said motivations for the case study of family physical violence and depression. There is a two-fold benefit to be gained from this examination: on one hand, the distinction between gender motivation differences can be supported, and on the other hand, our understanding of the outcomes of intimate partner physical violence can be broadened and expanded. Through the examination of relevant theories and empirical findings, this study draws a series of arguments linking gender motivations to depression in intimate partner physical violence.

The social arrangements sustaining the gender motivations described here are customarily presented as a patriarchal structure society. The patriarchy theory acknowledges this structure and regards it a key factor in the situation of men and women in many societies. The theory correctly maintains that the patriarchal structure creates power and control gaps between the sexes, which, in many societies, is usually used for the benefit of men and to the detriment of women. Yet again, however, the application of this theory to intimate partner
physical violence is erroneous. As mentioned, at the beginning of human evolution, the social order of the patriarchal structure did not create motivations, but quite the opposite: motivations produced social order. Hence, if there is a gender factor responsible for intimate partner violence and specifically its mental outcomes, it is gender motivations rather than patriarchal social order. In simple words, motivations are the cause of both social order and depression in intimate partner physical violence as well—a false connection that stems from one factor (gender motivations) affecting both. The present article provides a theoretical rationale for gender differences stemming from motivational differences, underpinning the importance of gender and providing a different theoretical perspective from that of the patriarchy theory.

The theory presented in this article is steeped in research data and we hope that it will suggest research that can significantly advance understanding of the role of gender in intimate partner physical violence. For that to happen, the studies will need to establish differences in depression among men and women, whether they be victims or perpetrators, and in societies that differ in their treatment of gender and intimate partner physical violence. In particular, they will have to establish the significance that men and women in different cultures assign to status enhancement and risk reduction when the violence is by the male partner only, by the female partner only, or by both.

References


