GENDER SYMMETRY AND MUTUALITY IN PERPETRATION OF
CLINICAL-LEVEL PARTNER VIOLENCE: EMPIRICAL EVIDENCE AND
IMPLICATIONS FOR PREVENTION AND TREATMENT

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Abstract

This paper addresses the contradiction between the conceptualization of partner violence as almost exclusively perpetrated by men and over 200 studies with data on both men and women which found about the same percent of women as men physically assault a partner. Both Straus (2009b) and Johnson (1995) suggested that the contradiction can be resolved by taking a “dual population” approach. Straus argued that “ordinary” violence, such as slapping, shoving, and throwing things at a partner, is prevalent in the general population and is symmetrical; whereas “severe” violence such as choking, punching, and attacks with objects are rare in the general population but common in clinical populations and are male-predominant. Similarly, Johnson (1995) argued that “situational violence” is prevalent in the general population and symmetrical, whereas “intimate terrorism” is rare and is perpetrated almost exclusively by men. However, a review of 91 empirical studies found that symmetry and mutual violence perpetration is typical of relationships involving severe and injurious assaults and agency intervention, and of “intimate terrorists” as measured by Johnson’s criteria. The discussion of these results suggests that much of the controversy arises because those who assert gender symmetry do so on the basis of perpetration rates, whereas those who deny gender symmetry do so on the basis of the effects of victimization, i.e. the greater harm experienced by women. Thus, the “different population” explanation of the controversy need to be replaced by a “perpetration versus effects” explanation. When prevention of perpetration is the
focus, the predominance of symmetry and mutuality suggests that prevention could be enhanced by addressing programs to girls and women as well as boys and men. When offender treatment is the focus, the results suggest that effectiveness could be enhanced by changing treatment programs to address assaults by both partners when applicable.

KEYWORDS: aggression, assault, violence, gender, intimate terrorism, injury

1. The Gender Symmetry Controversy

A study of nationally representative sample of U.S. couples reported in Behind Closed Doors: Violence in The American Family (Straus, Gelles, & Steinmetz, 1980 (2006)) found that about the same percent of women as men physically assaulted their marital or cohabiting partner. This added fuel to a controversy that has raged for the past 30 years. Since then, over 200 other studies with data on both men and women, including the Canadian and UK national crime surveys, have also found gender symmetry in perpetration of physical attacks (Archer, 2000; Dutton, 2006; Felson, 2002; Fiebert, 2010; Gelles & Straus, 1988; Straus, 2009b). These results contradicted the prevailing theoretical explanation of partner violence (PV) -- that PV occurs because a patriarchal social system privileges men to use physical violence to maintain a position of dominance in the family. They also contradict analyses of police statistics and the US National Crime Victimization Survey which have found that 80 to 99% of PV cases involved a male offender and female victim. In addition, numerous studies of female victims, such as Walker (1979) portray a picture of unilateral male violence.

I suggested a resolution of this contradiction in a chapter on “Injury, Frequency, And the Representative Sample Fallacy in Measuring Wife Beating and Child Abuse” (Straus, 1990). The chapter argued that much of the controversy over whether the same percent of women as men physically assault a partner occurred because the two sides in the dispute base their perspective on data from different populations. On the one hand, the more than 200 studies just mentioned are mostly of couples in the
general population. On the other hand, police statistics, crime surveys, and studies of battered women, and “agency” samples have found male predominance. I argued that both sets of studies and both perspectives were correct, but referred to different populations. I further argued that modes of prevention and treatment should differ for the two populations.

Not much attention was paid to this “different population” perspective until Michael Johnson’s conceptualized the different population perspective in the form of a typology (Johnson, 1995). Johnson contrasted “common couple violence” with “patriarchal terrorism” (now called “intimate terrorism”). Johnson’s differentiation is based on whether the relationship involves a general pattern of coercive control, whereas as my differentiation is on the basis of the severity, frequency, and physical injuriousness of the assaults.

Johnson’s typology attracted wide attention. It was scientifically attractive because it recognized the dyadic nature of PV. It was ideologically attractive because Johnson asserts that “intimate terrorism is perpetrated almost exclusively by men” (Johnson, 2006, p. 1003) and it was originally named “patriarchal terrorism.” However, empirical studies using Johnson’s criteria for identifying “intimate terrorists” cast doubt on that assertion. Male predominance in “intimate terrorism” has been found by studies which have data only on assaults by men such as Johnson and Leone (2005) and Frey et al.(2006), and by studies of samples selected to include serious male offenders (Graham-Kevan & Archer, 2003). On the other hand, general population studies have found that, among those who assaulted a partner, about as many of the women as men are “intimate terrorists” – a median of 17% of men and 21% of women (Capaldi, et al., 2009; Frye & Karney, 2006; Graham-Kevan & Archer, 2004; Hines & Douglas, 2010b; Laroche, 2005; Próspero, 2006; Stefan Bogaerts, Van der Veen, & Van der Knaap, 2010; Straus & Gozjolko, In Press). The similar median percent of intimate terrorists suggests that gender symmetry may also characterize clinical-level PV.

2 Definitions
Because the key concepts used in this paper are the subject of controversy, it is necessary to give the definitions used for this research.

**Symmetry**, for purposes of this paper, is defined as approximately equal rates of perpetration of non-sexual physical assaults by male and female partners, or higher rates by female partners. Sexual assault is an extremely important form of violence, but is not covered in this review because there is no controversy about male predominance. As will be noted later in the section on Asymmetry In Effects, there can be symmetry in perpetration of physical assault and, in the same study, asymmetry in its effects such as fear and injury.

**Mutuality and Dyadic Aggression Types.** In addition to symmetry, this paper also addresses mutuality or bi-directionality of violence in a relationship. Mutuality is perpetration of assault by both partners. Symmetry can prevail at the population level, but at the individual couple level mutuality is not necessarily present. An extreme hypothetical example would be a study which interviewed men and women and found that 12% of men and 12% of women had assaulted their partner in the referent period, but in each case they reported that their partner was not violent. It would mean that, among the couples in the study, 12% were “Male-Only” and 12% were “Female-Only” and there were no mutually violent couples. Of interest for this paper are the percent of couples in each dyadic aggression type (Both, Male-Only, and Female-only). More refined categories are also possible, such as mutual but male-predominant, mutual but female-more, but no such studies were located.

**Clinical-level** for purposes of this paper, the criteria to identify studies reporting clinical-level PV are parallel to the criteria used by Ehrensaft (2004). Specifically the study had to report rates of severe violence in which either or both partners engage in severe assaults such as punching, choking, and attacks with objects or weapons; and to cases where a partner is injured by a physical attack. Although this is useful for categorizing studies, it should not be taken to imply that prevention and remedial efforts are not necessary for less severe assaults, such as slapping or throwing things at a partner. Indeed for primary prevention of PV, the most important target of prevention is minor assaults (Straus, 2009a).
Agency cases are those in which the case involves intervention by social service agencies such as shelters for victims, marital therapy; and agencies of social control such as the police.

Source Of Data. When the studies analyzed for this paper present separate results for data reported by men and by women, they are tabulated separately to take into account gender differences in reporting.

3. The Need To Test The “Different Population” Perspective

The large percent of female “intimate terrorists” in the eight studies cited earlier raises questions about Johnson’s assertion that “intimate terrorists” are overwhelmingly men. It suggests the possibility that gender symmetry applies to clinical-level cases of PV. This possibility was also raised by one of the early studies at the University New Hampshire Family Research Laboratory (Giles-Sims, 1983) which found that 50% of women in a shelter for battered women had physically assaulted their partner, and that after leaving the shelter, 42% had assaulted again or assaulted a new partner. Most directly, a study by Ehrensaft, Moffitt, and Caspi (2004) of a birth cohort of 960 found that 9% met their criteria for a clinically abusive relationship and that such relationships were bidirectional. These studies suggested the need for a systematic review of empirical studies measuring clinical-level violence or agency involvement for PV to determine the extent to which there is gender symmetry and mutuality. This paper therefore examines studies that compared rates for males and females to address the following five questions.

1. To what extent does symmetry in perpetration of PV apply to severe assaults? Although more than 200 studies have approximately equal percent of men and women physically assault a partner (Fiebert, 2010; Straus, 2009b), it is not clear whether this applies to severe assaults.

2. To what extent does symmetry apply to inflicting injury? My hypothesis, based on previous research, was that men inflict more injury than women, but that the rate injuries inflicted by women was also high.

3. To what extent does symmetry in perpetration of PV apply to agency involved cases? My hypothesis was that the results would show a high percent of women perpetrators, but not symmetry.
4. To what extent does mutuality (both violent) apply to severe assaults and agency involved cases? At least 17 studies have found that mutual violence is the predominant pattern, for example Kessler (2001), Whitaker (2007) and Straus (2008). However, these studies need to be examined to determine whether mutuality also applies to severe assaults and agency involved samples. My hypothesis was that the results would show a high percent of mutual severe assault and a high percent of mutual violence in agency involved cases.

5. To what extent does symmetry in inflicting injury apply to the most severe injury of all – lethal injury? My hypothesis was that men perpetrate most of the partner homicides, but the rate of partner homicides perpetrated by women is also high enough to show that a substantial percent of murders of partners are committed by women and that partner homicide by women, like partner homicide by men, is a serious problem.

These are extremely important questions because the answer has implications for both theories about the causes, prevalence, and consequence of PV, and implications for prevention of PV and treatment of PV. The concluding section of this paper will suggest some of the prevention and treatment implications.

4. Method

4.1 Location Of Relevant Studies

The studies for which the literature was searched fell into two categories. The first category was general population studies that measured clinical-level violence (as defined above) by both males and females, that is measures of severe assaults and injury. The second category included studies of agency cases that measured perpetration and/or injury by men and women so that comparison is possible. The search began with the collection of books on family violence in the library of the Family Research Laboratory at the University of New Hampshire, and the author’s collection of reprints on family violence. Then Social Sciences Citation Index was used to locate studies of symmetry or mutuality in clinical-level relationships and mutuality in general population studies using the following search terms:
violence AND "mutual," "mutuality," "bi-directional," "reciprocal," and "symmetrical." A third method was to identify studies listed in the annotated bibliography of by Fiebert (2010) which reported rates of PV perpetrated by both men and women in studies of agency cases. These searches identified 91 empirical comparisons of clinical-level and agency studies which provided rates of violence perpetration for both males and females. These 91 empirical comparisons include 36 with data on severe assaults in general population sample, 14 with data on injury in general population samples, 21 with data on assault and injury in agency samples, 14 with data on mutual severe assaults in general population samples, 5 with data on mutual assault in agency cases, and 7 studies giving the percent of partner homicide perpetrated by women. Although this is considerable number of studies, the search procedure used are unlikely to have identified all the relevant studies.

4.2 Coding The Studies

For each of the studies that met the criteria listed above, the percent of male and the percent of female perpetrators were recorded in tables and in an SPSS file. Studies of dating relationships were included because many studies show that the antecedents and consequences for dating violence parallel that for married and cohabiting couples. Moreover, from a prevention perspective, focus on this age group may forestall what may otherwise be a life-long pattern as shown by Rosenbaum and O’Leary (1981).

If count data was presented in the article, percentages were computed. If the study presented two sets of male and female data, as in the longitudinal study by Arriaga and Foshee in Appendix Table 1, where the rates at Time 1 and Time 2 were reported, they were treated as separate comparisons. If a study reported victimization data rather than perpetration data, e.g., data on the percent of women assaulted by a partner and the percent of men assaulted, to make the results comparable to the results of perpetration studies, the percent of women assaulted was coded as the percent of male perpetrators and the percent of men assaulted was coded as the percent of female perpetrators.
4.3 Data Analysis

First, the frequency distribution of percent in each study who assaulted was tabulated for the male and female participants and the median assault rate of the studies was determined.

Second, for each study, the percent that the perpetration by women was of the perpetration rate of men was calculated. For example, if a study found that 30% of the men in the sample had severely assaulted their partner, and 15% of the women had severely assaulted, it was entered as women in that study having 50% of the assault rate of men in the study.

Third, the correlation of the across studies of assaults by men and by women was computed.

5. Results

It is important to keep in mind that cases analyzed are studies, not individual men and women. It is also important to keep in mind that, as explained in the Definitions section, results on symmetry do not necessarily indicate mutuality. For this reason, mutuality results are presented separately after the symmetry in perpetration results.
5.1 Severe Assault in General Population Studies

**Symmetry Tabulation.** Appendix Table 1 presents findings from 36 general population study comparisons of severe assaults by men and women. The median percent of men who severely assaulted a partner was 5.1%, compared to a median of 7.1% for severe assaults by the women in these studies. The median percent that the rate of severe assaults by women was of the rate of severe assaults by men is 145%, which indicates that almost half again more women than men severely attacked a partner.

**Correlation Of Male And Female Assaults.** Figure 1 shows that the higher the percent of men in a study who severely assaulted (the horizontal axis variable), the higher the percent of women who severely assaulted. This indicates symmetry when severe assaults are frequent as well as when they are not. It also can be interpreted as showing that studies using procedures and measures that uncover a high level of assault by one partner also tend to uncover a high level by the other partner. However, because even the most sensitive and specific procedure will not detect behavior that does not occur, these results are best interpreted as evidence of gender symmetry.

An analysis plotting the percent that the female severe assault rate in each study is of the male severe assault rate by the percent of men in each study who severely assaulted found a clear tendency for the percent of women who severely assaulted to be more similar to the percent of men who severely assault as the male rate of severe assault increases, suggesting that symmetry is more likely when the assaults are severe.

5.2 Injury Perpetration In General Population Samples

**Symmetry Tabulation.** Appendix Table 2 presents the results on symmetry in injury perpetration in general population studies. Only 14 comparisons were available for analysis because most studies of PV in the general population do not provide data on injury. These 14 comparisons show, as hypothesized, that a smaller percent of women than men inflicted injuries. The median percent of men in these studies who inured a partner was 14%, compared to 7% for injuries inflicted by women. Although
more men injured a partner, the difference is not as large as was expected. The rate for women injuring a partner was 88% of the male rate. For complete symmetry it would have to be 100% of the male rate.

**Correlation Of Male And Female Rate Of Inflicting Injury.** Although few studies report injury rates for both men and women, the 14 comparison which were located and are listed in Appendix Table 2. They reveal an almost perfect correlation across studies (.96). That is, studies with a high percent of men inflicting injury are, without exception, also studies with a high percent of women injuring a partner. As noted previously, this can be interpreted as indicating that studies that are sensitive enough to detect high rates of injury inflicted by men also detect high rates of injury inflicted by women, and that this is not just a methodological artifact because it could not occur unless women also perpetrated at a high rate.

5.3 Assault And Injury Perpetration In Agency Samples

**Symmetry Tabulation.** Appendix Table 3 presents the results for 21 comparisons of men and women for couples whose problems were addressed by an agency of social support such as a shelter for women victims, or an agency of social control such as a court mandated batterer intervention program. The table for agency cases includes minor as well as severe assaults because those agencies generally consider any assault as needing intervention. It also includes perpetration of injury. The data were analyzed in two ways. The first method used all 21 gender comparisons, regardless of whether they referred to perpetrating minor assaults, severe assaults, or injury. Appendix Table 3 shows that, for the studies examined, the median percent of men who assaulted or injured a partner was 63%, and the median percent of women who assaulted or injured a partner was 48%. The median percent that these forms of violence by women was of the percent of violence by men was 71%. This can be interpreted as confirming the hypothesized high percent of women perpetrators in agency samples, but not symmetry.

**Correlation Of Male And Female Rates Of Assault And Injury Perpetration.** The second method was to create a three-level ordinal measure coding minor assaults = 1, severe assaults = 2, inflicted injury = 3. Use of this measure found that, the severity of violence by women in agency study
samples does tend to increase as the severity of violence by men increases. However, the correlation is
only moderate (.41). This is because data from three studies of female offenders where the rate is 100%.
Not all of their partners were also violent. If those three studies are removed from the analysis, the
correlation is .74. Thus, use of this three-level measure found that the more severe the violence by men
in a study, the more severe the level of violence by their female partners. This result is consistent with the
results on mutuality in the next section which shows that when violence is severe mutuality is greater.

5.4 Mutual Partner Violence And Dyadic Aggression Types

As explained in the Definitions section, the similar percent of violent male and female partners
suggests there is a high rate of mutual violence, but whether this is the case can only be determined when
there is data on both partners in a relationship. Therefore, this section focuses on studies that report
information on the percent of couples were both assaulted, only the male partner, and only the female
partner. Most of the studies obtained the data on both partners from one of the partners. This procedure
has been used in many published studies, for example Elliott et al. (1985) and Whitaker (2007). In
studies where data was obtained from both partners, such as Kessler et al. (2001), the results based on one
partner’s report tend to parallel the results based on data provided by both partners.

Severe Dyadic Aggression Types In General Population Samples. Appendix Table 4 presents
data on eight studies of severe assaults in general population studies that provided data on the percent
Both assaulted, Male-Only assaulted, and Female-Only assaulted. The percent Both ranged from 17% to
78%, and the median percent Both was 42%. Thus, the typical pattern is that when there are severe
assaults, in almost half couples, both severely assault. The two studies with extremely high rates of
mutual assault (68% and 78%) are studies of very young couples and those results are consistent with a
large number of studies that have found extremely high rates for very young couples (Stets & Straus,
1989).

The other two dyadic aggression types varied widely from study-to-study. The Male-Only type
ranged from a low of 2% to 70%, with a median of 16% Male-Only. The Female-Only type ranged
from a low of 12\% to 50\%, with a median of 26\%. The only study in which the Male-Only category was substantially larger than the Female-Only category is a Korean national survey. That result may reflect the male-dominant nature of Korean families.

These data on dyadic aggression assault types show that, contrary to the widespread belief, when there is severe violence the most likely pattern is for both partners to severely assault, and when only one partner severely assaults, it is more likely to be the female partner.

**Dyadic Aggression Types In Agency Samples.** Results for the five studies of agency samples that provided data on dyadic aggression types are in Appendix Table 5. The percent both ranged from 29\% to 86\%, with a median of 56\% of the couples where both assaulted. The percent Male-Only ranged from a low of zero to 29\%, with a median of 23\% of the agency couples in which only the male partner assaulted. The percent in the Female-Only dyadic aggression type ranged from zero to 44\%, with a median of 30\%.

In the study using data provided by women in a shelter for female PV victims (the study by Giles-Sims in the middle row of Appendix Table 5), there were, of course, no cases of Female-Only assaults because this is a sample of female victims. Similarly, for the study by Hines and Douglas in the row below, there are no cases of Male-Only because it is a study of male victims.

**5.5 Lethal Assaults: The Ultimate Clinical/Agency Case**

Men commit and are victims of about 90\% of all homicides. But the situation is very different in homicides of marital, cohabiting, and dating partners. Appendix Table 6 shows that the percentage of murders of a partner committed by the female partner ranges from 14\% for a sample in Fiji to 51\% for African Americans during the period 1985-87 (median of the seven studies = 38\%). However, partner homicides in the US have been declining for all groups, but especially for African Americans, and even more for women murdering a partner. This is shown by the three studies of the U.S. population in general in Appendix Table 6. The female percentage of murders of a partner declined from 44\% in the period 1976-1985 to 20\% in 2009. This is a tremendous change, but it still means that women perpetrate a fifth
of murders of partners. Thus, women in the U.S. currently perpetrate a much smaller percent of partner homicides than men. But although a fifth is a much smaller percent, it is not something which can be ignored because the percentage for men is much higher.

6. Does the High Rate of Female Assault Result from Self-defense?

Some bi-directional violence is the result of attacks by men, to which women respond in self-defense. However, the evidence suggests that the percentage is low. Studies which asked specifically about self-defense and found that only a small percentage of female assaults were in self-defense, such 5, 10, or 15% (Carrado, George, Loxam, Jones, & Templar, 1996; Cascardi & Vivian, 1995; Felson & Messner, 1998; Follingstad, Wright, Lloyd, & Sebastian, 1991; Pearson, 1997; Sarantakos, 1998; Sommer, 1996). For one study that found high rates of self-defense, the percentage was slightly greater for men (56%) than for women (42%) (Harned, 2001).

There is other evidence which casts doubt on the idea that that PV by women is primarily in self-defense. Eight studies providing data on who hit first have found that women initiate from 30 TO 73% (median = 45%) of violent incidents, for example (DeKeseredy, Saunders, Schwartz, & Shahid, 1997; Saunders, 1986; Straus, 2005). Moffitt and colleagues (2001) found high rates of violence by women, even when male violence was statistically controlled. Numerous studies of men who assault a partner have found a larger than average percent with crimenogenic characteristics such as antisocial personality and prior criminality. That issue is seldom investigated for female offenders, probably because the prevailing cultural definition is that PV is a product of male dominance and that women are the innocent victims. Many are but more are not (Coleman & Straus, 1986; Straus, 1994; Sugarman & Frankel, 1996). When crimenogenic risk factors have been investigated for women who assault a partner, correlations that are as high as for men even though the rates of crimenogenic characteristics are lower for women (Gayford, 1975; Giordano, Millhollin, Cernkovich, Pugh, & Rudolph, 1999; Langhinrichsen-Rohling, 2006; Medeiros & Straus, 2006; Moffitt, et al., 2001).

7. Asymmetry in Effects: The Basis for Denial of Symmetry in Perpetration
The distinction between perpetration and the effects of the assault is extremely important. If the criterion for symmetry is whether an individual was physically attacked by a partner the studies reviewed in this paper indicate symmetry. However, if the criterion for symmetry is the extent to which the person attacked suffers physical, psychological, or economic injury, there can be symmetry in perpetration and asymmetry in effects. That is the case with PV. Attacks by male partners cause more fear, more physical and psychological injury, and more deaths. The greater adverse effect on women is an extremely important difference and it indicates the need to continue to provide more services for female victims of PV than for male victims.

When gender symmetry in PV is denied, it is usually on the basis of the greater injury suffered by women, which is factually correct, but does not alter the equally high rate of perpetration by women. This is illustrated by Hamburger’s review of female violence in agency samples (Hamburger, 2005). It is presented as a rebuttal to the claims of gender symmetry in PV. However, the rebuttal is not on the basis fewer assaults perpetrated by women. It is on the basis of more harmful effects. That is clearly what the research shows, but it does not mean that a larger percent of men than women physically assault a partner. Partner assault by women is a serious problem even when, as is usually the case, the male partner is not injured. Similarly, partner assault by men is a serious problem even when, as is also usually the case; the female partner is not physically injured.

Saunders (2002) argues that violence by women is not an important problem on the basis of the lesser injury incurred by men. In addition he cites studies that have found that a larger percent of men than women assault a partner. However, even in the studies cited by Saunders, women are also violent. The fact that a few studies show higher rates and more severe assaults by men does not mean, as Saunders claims, that violence by women is not an important social problem. It is like arguing that cancer is not an important medical problem because many more die of heart disease.

Kar and O’Leary (2010) reported results from a study of a representative community sample of 453 young couples. Like almost 300 other studies, they found an almost identical prevalence of assault
perpetration (29% by men and 30% by women). However, the title of their article is “Gender Symmetry or Asymmetry in Intimate Partner Victimization? Not an Either/or Answer.” They chose this title because, they also investigated the severity of the effects of violence by the partner, and also like almost all other studies, they found that women had more fear of their partners, higher rates of severe injury than physically victimized men and than non-victimized women. Victimized women had more depressive symptoms than victimized men and more than women who were not victimized or injured. Thus, their article confirms symmetry in perpetration, but their assertion that symmetry is “not an either/or” question is based entirely on the greater harm experienced by women.

A recent example of denying symmetry in perpetration on basis of the asymmetry in harmful effects is the survey reported in the article “A Thoroughly Gendered Affair: Teenage Partner Violence And Exploitation” (Barter, 2011, p 109). The claim of “thoroughly gendered” is based on the greater adverse effects, not on the basis of gender differences in perpetration, which is what is implied by the title and wording of this article.

Recognizing the greater harmful effects experienced by women is extremely important, as I have maintained for forty years. Unfortunately, the greater harm is typically presented in a way which implies that PV is primarily a male crime, as in the title of the paper by Barter just cited; and when prevention and treatment are discussed, the focus is entirely on male offenders. Thus, the parallel perpetration by women is ignored in thinking about prevention. For example the conclusion section of the Kar and O’Leary on interventions and treatment discusses implications of their results on harmful effects and completely ignores the implications for prevention and treatment of the high rate of female perpetration. This greatly handicaps prevention and treatment efforts because it ignores the necessity of also ending the equal prevalence of assaults by female partners.

In most jurisdictions in the U.S., being attacked, regardless of whether there is injury, is a crime. The target of the attack is a victim of what in many cases is a traumatic experience, even though it is not as serious as when injury occurs. If a man attacks his partner with a base ball bat and she dodges and gets
out the door without being touched, that is an “aggravated assault” in the U.S. legal system. Aside from the law, it is a traumatic experience, even when there is no physical contact.

The greater need to help victimized women must not obscure the fact that men sustain about a third of the injuries from PV, including a fifth of the homicide deaths (Catalano, 2006; Rennison & Welchans, 2000; Straus, 2005). PV by women is therefore a serious social and health problem that must be addressed, even though the effects are not as prevalent as from assaults by male partners. Moreover, the risk of injury and the probability of the violence continuing or escalating is greatest when both partners are violent (Straus & Gozjolko, 2007; Whitaker, et al., 2007), which is the situation that characterizes from half to two thirds of PV. Thus, violence by women is a threat to the safety and health of women. In addition, even when the male partner suffers no physical injury, the mere fact of attacking is legally a crime, is morally abhorrent, and has been shown by research to often be a traumatic experience for men as well as women, and one which increases the probability of psychological problems such as depression. Many studies have found these psychological effects for women. For men, the review by Hines and Douglas (2009) shows similar adverse psychological effects for male victims, as does their study of a national sample of male victims (2010a).

8. Limitations

The following limitations need to be kept in mind when considering the implications and conclusions presented below.

Because the cases analyzed are studies, not individual persons or couples, and the number of studies suitable for each analysis ranged from six to 36, it was not meaningful to conduct statistical tests to compare the rates for men and women. If tests of significance had been used, because of the low N’s it would have resulted in all comparisons finding no significant difference between the rates of assault by men and women. That would confirm the hypothesis of no gender difference, but for the wrong reason – lack of statistical power. Nevertheless, the consistency of the results across all six sets of gender comparisons provides a basis for confidence in the results.
Many of the studies obtained the data on the partner of the study participant by asking the study participant about the behavior of the partner. In principle data provided by both partners is preferable because when one partner reports on the behavior of the other partner, it is subject to the perceptual bias of the partner reporting. However, when each partner reports on their own behavior, those reports are also subject to the perceptual bias of the person reporting their behavior. Thus, each has potential biases and there does not seem to have been an empirical study providing evidence on which is the lesser of the two evils. Moreover, at least 30 papers have been published which report data on both partners obtained from interviewing one of the partners, for example, (Kessler, et al., 2001; Straus, 2008; Whitaker, et al., 2007).

An alternative to conceptualizing the controversy as reflecting a confounding of “perpetration versus effects,” would be to conceptualize it as failure to consider that symmetry varies. This would be a “degree of symmetry” explanation. It would disregard whether the phenomenon is the percent or severity of assault versus the percent and severity harm. Instead, the analysis would classify the data on the degree of symmetry. Physical assaults would head the symmetry list because just about the same percent of men and women perpetrate minor and severe assaults. Much farther down the list would be fear and injury because women experience about two thirds of the injuries and deaths at the hands of the partner. Stranger rapes, which are just about a male monopoly, would be at the bottom, i.e., zero symmetry.

The two conceptualizations reflect different aspects of gender differences in PV. Both are correct. This paper uses the “perpetration versus effects” conceptualization because it focuses more directly on a denied aspect of symmetry – perpetration of minor and severe assaults. As will be explained below, female perpetration is neglected in theories of PV and prevention and treatment programs. Reducing PV and the safety of women requires addressing female PV in research and in policy and clinical practice.

9. Theoretical Implications
The results presented in this paper have important implications for theories of PV and for prevention and treatment. They call for a reconstruction of prevailing conceptions of the nature and etiology of PV to encompass female initiation and perpetration of PV and recognizing the dyadic nature of PV. This also includes recognizing that, while male-dominance is an important risk factor for PV, it is only one of many risk factors for PV, and not the most prevalent or most important. The theoretical reconstruction needs to explain the discrepancy between the similar female rates of PV by women and much lower rates of violence by women in other spheres of life. (Straus, 2005, 2008).

10. Prevention And Treatment Implications

To substantially reduce PV, prevention and treatment efforts must be explicitly directed to women as well as men, and must attend to the dynamics of the relationship. Ignoring the dyadic nature of PV may be part of the explanation for studies that have found that treatment programs for perpetrators of PV achieve only about the same reduction in recidivism as found in longitudinal studies without formal intervention (Babcock, Green, & Robie, 2004; Dutton, 2006; Feder & Dugan, 2002). Below are some of the more general policy and practice implications

10.1 Prevention

Most PV prevention programs focus on violence by boys and men. For example, the British Government recently announced that “Every school pupil in England is to be taught that domestic violence against women is unacceptable” (BBC News. http://news.bbc.co.uk/2/hi/uk_news/8376943.stm Downloaded 25 November 2008). Although the Love Is Not Abuse program sponsored by Liz Claiborne has partly replaced language which specified boys as the offender with gender neutral terms such as “abuse” and “domestic violence.” However, such gender neutral terms are perceived by program recipients as referring to male perpetration. Moreover, the examples continue to be exclusively of boys hitting girls (see for example “The Ten Warning Signs” Liz Claiborne International, 2010) and only statistics about female victims are presented despite the results of their own survey which found gender symmetry in perpetration (Liz Claiborne International, 2006).
It is not sufficient for prevention programs to be gender neutral. They need to be explicitly directed to girls and women as well as boys and men. In addition, more than just awareness of female perpetration is needed. The target audience of women and girls also needs to be informed that PV by a woman is morally wrong, a criminal act, and that it is a danger to women because it increases the probability of her partner being violent (Straus, 2005).

10.2 Treatment

The National Institute Of Justice Webpage on Intimate Partner Violence states that batterer intervention programs “…do not change batterers' attitudes toward women or domestic violence, and that they have little to no impact on reoffending.” (Downloaded 28 November 2010 from http://www.ojp.usdoj.gov/nij/topics/crime/intimate-partner-violence/interventions/batterer-intervention.htm). Part of the reason for their ineffectiveness is that they are based on two false assumptions. The first is that there is only one perpetrator and it is almost always a man. The default assumption should be that it could be Male-Only, Female-Only or Mutual. Once safety has been assured, the first step is to establish who is doing the hitting and to what extent is it bidirectional. Only then can treatment proceed on the basis of the actual pattern of relationships. Thus, treatment of PV needs to start by empirically assessing dangerousness by means of an instrument such as the Danger Assessment (Campbell, 2001, 1995) applied to both partners, and assessing symmetry in assault perpetration by means of an instrument such as the Conflict Tactics Scales (Straus & Douglas, 2004; Straus, Hamby, Boney-McCoy, & Sugarman, 1996).

The second false assumption is that the primary cause of most PV is male-dominance. Male-dominance is an important risk factor, but only one of many, including female-dominance. An example of the way this fallacious assumption hampers treatment is are the statutes and regulations for court-mandated offender treatment which forbid treating other causes, such as inadequate anger-management skills (Maiuro & Eberle, 2008) and forbid couple therapy. The alternative is to assume that there are multiple risk factors for PV and to assess risk factors by means of an instrument such as the Personal and
Address “Coercive Control” by Women as Well As Men. The predominant proximal motives for violence, by women as well men, are frustration and anger at some misbehavior by the partner. They are efforts to coerce the partner into doing or not doing something (Cascardi, O'Leary, Lawrence, & Schlee, 1995; Fiebert & Gonzalez, 1997; Follingstad, et al., 1991; Hettrich & O'leary, 2007; Kernsmith, 2005; Stets & Hammons, 2002). Studies that have tested both men and women using the same instrument have found that women engage in coercive control as much as men (Ehrensaft & Vivian, 1999; Felson & Outlaw, 2007; Laroche, 2005; Oswald & Russell, 2006; Stets, 1991; Stets & Pirog-Good, 1990).

Although it may seem obvious, an important aspect of primary prevention of PV which is ignored is the need to teach women and girls as well as men and boys non-coercive ways of attaining their goals.

Equality in relationships needs to be a focus because research has repeatedly shown that dominance by one partner, which can be the female partner as well as the male partner, is associated with an increased probability of violence (Straus, 2008). However, to maintain equality requires relationships skills. Thus, as pointed out in the preceding paragraph, a main focus of both prevention and treatment needs to be on relationship skills addressed to girls and women as well as boys and men. Moreover, training in violent modes of correcting misbehavior in the form of spanking by parents starts early in life and continues for an average of 12 years. Later in life, these lessons from childhood are applied to partners by both men and women (Douglas & Straus, 2006; Straus, Douglas, & Medeiros, In Press; Straus & Yodanis, 1996). Those 12 years of training in violence should instead be providing examples of non-violent methods of correcting misbehavior.

11. Conclusions

11.1 The Different Population Explanation

The evidence in this paper summarizing results from many studies using a wide variety of samples and measures requires rejection of both the Straus (1990) and the Johnson (2006) versions of the “different population” explanation of the discrepancy between studies finding gender symmetry and
studies that find male predominance in PV. This is because 91 studies reviewed for this article have found that symmetry also applies to cases with clinical-level violence and agency involvement. The explanation that clinical-level and agency cases are almost entirely male perpetrated is also not supported by the evidence in this paper. The studies reviewed found symmetry and mutuality whenever that has been measured for such populations.

What then can explain the belief that men are the almost always the perpetrators of clinical-level and agency cases? Although more is involved, I will suggest five explanations. First, is the focus of this article: the confounding of effects, which is asymmetrical with perpetration, which is symmetrical (see the sections on Definition and on Asymmetry in Effects: The Basis for Denial of Symmetry in Perpetration).

A second explanation lies in the phrase in the previous paragraph: “whenever they have been measured.” Relatively few general population studies obtain and report perpetration of severe assault for women as well as men and even fewer on injury and generalized control by women as well as men. Even fewer studies of agency populations obtain or report data on perpetration rates of both partners. Most shelters for battered women will not permit a study which asks the women about their perpetration.

Third, there is well documented evidence that when research does reveal symmetry and mutuality, often the only the results for male perpetration are published.(Straus, 2007, 2009b).

Fourth research results such as those in the articles reviewed for this paper are not mentioned in textbook or sections of textbooks on family violence.

Fifth, the idea of symmetry seems to be contradicted by the US National Crime Victimization survey (NCVS) which, finds about 85% male perpetration. Understanding this anomaly starts with the extremely low ability of the NCVS to detect cases of PV. The NCVS prevalence rate is less than half of one percent, compared to 5% to 30% in other general population surveys. This vast underestimation of cases of PV occurs because of the context of the survey and the questions asked are about crime and injury. Consequently, study participants tend to tell NCVS interviews about cases with attacks serious
enough for the participant to perceive the incident as a crime, not just a family fight. This also greatly inflates the percent of cases in which there is injury because attacks by a partner are more likely to be perceived as a crime and reported to the NCVS interviewer if there is injury. Consequently, the NCVS finds that about half of partner violence victims are injured, whereas studies which ask about injury in the context of a survey of family problems find one to ten percent injured. The fact that NCVS data tends to be cases involving injury is part of the explanation for the 85% male perpetrator rate (Straus, 1999). Because men inflict about two thirds of the injuries, that alone could result in many more male than female perpetrators in NCVS statistics.

Similar problems also apply to police statistics. Less than 10% of perpetrators were women until the policy of mandatory or recommend arrest was instituted. Now about three quarters of arrestees are men. If there is gender symmetry in preparation, why are men still three quarters of arrested perpetrators? The likely explanation is parallel to the explanation of male-predominance in the NCVS. It is because police are more likely to be called when there is serious injury and men are more likely to cause serious injury. Thus the predominance of male perpetrators is partly because those statistics reflect the greater harm caused by men, not higher rate of perpetration by men. Even before that, many studies, such as the National Violence Against Women Survey (Tjaden & Thoennes, 2000) have found that male victims are much less likely to call the police. Moreover, when police are called, they are reluctant to arrest the female partner. A study by Douglas and Hines (In press) found that when male victims call the police because of being assaulted by their partner, they are just as likely to be arrested as their female partners. This may be partly reflect the “primary aggressor” guidelines used in most jurisdictions because the criteria for identifying the primary aggressor specify characteristics of men; for example, “the one with the most ability to inflict injury” (Roanoke, Virginia), and “…the more dominant or significant aggressor” (Maine), and which partner is larger and stronger (Colorado).

11.2 Intimate Terrorists

It may come as a surprise to some readers to learn that I believe the type of relationship brought
to mind by the phrase “intimate terrorism” is overwhelmingly perpetrated by men. “Intimate terrorist” evokes the image of a man who not only dominates but also severely and repeatedly assaults, inflicts injuries, and virtually imprisons his partner. However, the studies cited earlier, which used Johnson’s criteria to identify “intimate terrorists,” have found that, among those who assault a partner, a median of 17% of men and 21% of women in the US and UK are classified by Johnson’s criteria as “intimate terrorists.” This contradicts Johnson’s assertions that intimate terrorism is rare and is overwhelmingly perpetrated by men. The discrepancy occurs because according to Johnson’s criteria, a partner who is dominant is an “intimate terrorist” if there is a single slap or instance of throwing something at the partner in anger. True intimate terrorism, in my opinion, is exemplified by the *Burning Bed* book (McNulty, 1980) and movie starring Farrah Fawcett, and is extremely rare, probably much less than one tenth of one percent (Straus, 1991). But even a tiny fraction of millions is a large number of women in desperate need of help. Suggestions for making the operationalization of intimate terrorism correspond more close to that type of case are in (Straus & Gozjolko, 2007).

**11.3 The Future**

The high prevalence of PV by women, either minor violence or clinical-level violence, is not perceived by the public and is often denied or concealed by academics. The denial and concealment is documented in Straus (2007, 2009b; Straus, 2010). It is crucial to change academic denial and public perception because ending PV by women is morally, legally, and therapeutically necessary, and is essential to reduce violence against women because, as Whitaker (2007) found, “…a woman’s perpetration of violence was the strongest predictor of her being a victim of partner violence.” Similar conclusions follow from the longitudinal study of Feld & Straus (1989) and Stith’s meta analysis of risk factors for victimization (2004).

The effort to end PV by women must include attention to psychological aggression and minor violence by women such as slapping and throwing things at a partner because those behaviors are harmful themselves and because they tend to evoke retaliation and escalate into more severe attacks by both
parties (Feld & Straus, 1989; Winstok, 2008; Winstok & Straus, 2010).

Although denial and concealment of gender symmetry in perpetration describes the current situation, recognition of the symmetrical and predominantly mutual nature of PV perpetration is starting to happen and is part of a process that is likely to ultimately end the present ineffective ideological approach to PV and replace it with evidence-based approaches that do not deny the overwhelming evidence on the prevalence and importance of female perpetration of PV. If this continues, it is likely to open the way to more effective prevention and treatment of PV.

Acknowledgements

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REFERENCES


Liz Claiborne International (2010). Ten Warning signs


Straus, M. A. (2009b). Why the overwhelming evidence on partner physical violence by women has not been perceived and is often denied. *Journal of Aggression, Maltreatment & Trauma, 18*(6), 552-571.


Laboratory. Available in: http://pubpages.unh.edu/~mas2/


### Table 1. PERPETRATION OF SEVERE ASSAULTS BY MALES AND FEMALES IN GENERAL POPULATION SAMPLES

<table>
<thead>
<tr>
<th>Study &amp; Sample</th>
<th>N</th>
<th>Perpetration rate by:</th>
<th>Percent female rate of male rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>College students (Arias, Samios, &amp; O'Leary, 1987)</td>
<td>270</td>
<td>10.0%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Students in 8th and 9th grade in a rural county in North Carolina, re-interviewed after 6 months (Arriaga &amp; Foshee, 2004)</td>
<td>526</td>
<td>Time 1= 5%</td>
<td>Time 2= 15%</td>
</tr>
<tr>
<td>High school students (Bennett &amp; Fineran, 1998)</td>
<td>463</td>
<td>5.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>College students (Jamila Bookwala, 2002)</td>
<td>161</td>
<td>0.4%*</td>
<td>6.9%*</td>
</tr>
<tr>
<td>Introductory psychology student volunteers. (Jamila Bookwala, Frieze, Smith, &amp; Ryan, 1992)</td>
<td>355</td>
<td>6%</td>
<td>20%</td>
</tr>
<tr>
<td>Canadian Randomly selected couples (M. B. Brinkerhoff &amp; Lupri, 1988)</td>
<td>562</td>
<td>2.4%*</td>
<td>7.3%*</td>
</tr>
<tr>
<td>Community survey of couples in Calgary, Canada (M. B. Brinkerhoff &amp; Lupri, 1988)</td>
<td>562</td>
<td>4.8%</td>
<td>10.7%*</td>
</tr>
<tr>
<td>High school students age 13-19 (Callahan, Tolman, &amp; Saunders, 2003)</td>
<td>190</td>
<td>39%</td>
<td>23%</td>
</tr>
<tr>
<td>Children in Community (CIC) Longitudinal Study (Ehrensaft, et al., 2003)</td>
<td>541</td>
<td>Male reports</td>
<td>Female reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.5%*</td>
<td>4.5%*</td>
</tr>
<tr>
<td>University student reports about their parents(Fauchier &amp; Straus, 2008)</td>
<td>1313</td>
<td>Male reports</td>
<td>Female reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.1%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Study &amp; Sample</td>
<td>N</td>
<td>Perpetration rate by:</td>
<td>Percent female rate of male rate</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>-------</td>
<td>-----------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>College students (Foo &amp; Margolin, 1995)</td>
<td>290</td>
<td>4.3%*</td>
<td>4.7%*</td>
</tr>
<tr>
<td>University students (Hines &amp; Saudino, 2003)</td>
<td>481</td>
<td>10.5%</td>
<td>7.5%</td>
</tr>
<tr>
<td>National Co-morbidity Survey, 1990 &amp; 1992 (Kessler, Molnar, Feurer, &amp; Appelbaum, 2001)</td>
<td>3,537</td>
<td>Male reports 5.5%</td>
<td>Female reports 6.2%</td>
</tr>
<tr>
<td>College students (Lane &amp; Gwartney-Gibbs, 1985)</td>
<td>325</td>
<td>5.4%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Adolescents from a longitudinal study for effects of marital violence on the development of children. (Lichter &amp; McCloskey, 2004)</td>
<td>208</td>
<td>3.7%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Canadian National Survey (Lupri, 1990)</td>
<td>1,123</td>
<td>10.1%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Dunedin Multidisciplinary Health and Development Study (Magdol, et al., 1997)</td>
<td>861</td>
<td>5.7%</td>
<td>18.6%</td>
</tr>
<tr>
<td>College students (Pedersen &amp; Thomas, 1992)</td>
<td>166</td>
<td>Male reports 11.0%</td>
<td>Female reports 13.0%</td>
</tr>
<tr>
<td>National Survey (Schafer, Caetano, &amp; Clark, 1998)</td>
<td>3,198</td>
<td>2%**</td>
<td>6%**</td>
</tr>
<tr>
<td>Randomly selected couples (Slep &amp; O'Leary, 2005)</td>
<td>453</td>
<td>13.5%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Representative sample of dating people ages 18-30 (Stets &amp; Henderson, 2001)</td>
<td>272</td>
<td>3.4%</td>
<td>19.2%</td>
</tr>
<tr>
<td>Study &amp; Sample</td>
<td>N</td>
<td>Perpetration rate by:</td>
<td>Percent female rate of male rate</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>-----</td>
<td>-----------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>1992 National Alcohol &amp; Family Violence Survey (Straus, 1995)</td>
<td>1,970</td>
<td>2.0%</td>
<td>4.3%</td>
</tr>
<tr>
<td>University students in 32 nations (Straus, 2008; Straus &amp; Gozjolko, 2007)</td>
<td>13,601</td>
<td>7.6%</td>
<td>10.6%</td>
</tr>
<tr>
<td>1985 National Family Violence Survey (Straus &amp; Gelles, 1990)</td>
<td>6,002</td>
<td>3.0</td>
<td>4.4</td>
</tr>
<tr>
<td>1975 National Family Survey (Straus, Gelles, &amp; Steinmetz, 1980 (2006))</td>
<td>2,143</td>
<td>3.8%</td>
<td>4.6%</td>
</tr>
<tr>
<td>College students’ reports about their parents (Tang, 1994)</td>
<td>382</td>
<td>Male child reports: 5.3%* Female child reports: 3.9%*</td>
<td>108%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.7%*</td>
<td>4.6%*</td>
</tr>
<tr>
<td>National Violence Against Women Survey (Tjaden &amp; Thoennes, 2000)</td>
<td>16,000</td>
<td>Life time 4.1%* Last year 1.3%</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.2%*</td>
<td>0.9%</td>
</tr>
<tr>
<td>National Co-morbidity Survey, 1994(Williams &amp; Frieze, 2005)</td>
<td>3,518</td>
<td>1.1%*</td>
<td>2.3%*</td>
</tr>
<tr>
<td>National Youth Survey (Wofford-Mihalic, Elliott, &amp; Menard, 1994)</td>
<td>262</td>
<td>5.7%</td>
<td>3.8%</td>
</tr>
<tr>
<td><strong>Median</strong></td>
<td></td>
<td>5%</td>
<td>7%</td>
</tr>
</tbody>
</table>

* Percentages under 100 indicate a lower percent of women than men assaulted a partner. Percentages over 100 indicate that the percent of women who assaulted a partner was higher than the percent of men who assaulted.

** Computed for this table from data in source document.
<table>
<thead>
<tr>
<th>Sample and Reference</th>
<th>N</th>
<th>Perpetration Rate By:</th>
<th>Percent female rate of male rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Survey of Families And Households, 1988 (Brush, 1990)</td>
<td>5,474</td>
<td>1.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>High school students age 13-19 (Callahan, et al., 2003)</td>
<td>190</td>
<td>22%</td>
<td>19%</td>
</tr>
<tr>
<td>Panel study of young men, initially selected for being at risk of delinquency. Re-</td>
<td>158</td>
<td>15.2%*</td>
<td>21.4%*</td>
</tr>
<tr>
<td>interviewed for data on relationships at age 18, 21, 24 &amp; 26. (Capaldi, Kim, &amp;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortt, 2007)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community (CIC) Longitudinal Study (Ehrensaft, et al., 2003)</td>
<td>541</td>
<td>Male reports 5%</td>
<td>Male reports 6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female reports 7%</td>
<td>Female reports 7%</td>
</tr>
<tr>
<td>The severely violent relationships in New Zealand Birth Cohort of 960 asborn</td>
<td>75</td>
<td>68%</td>
<td>60%</td>
</tr>
<tr>
<td>College students (Makepeace, 1986)</td>
<td>391</td>
<td>15.6%</td>
<td>18.6%</td>
</tr>
<tr>
<td>High school students (O'Leary, Slep, Avery-Leaf, &amp; Cascardi, 2008)</td>
<td>2,363</td>
<td>24%</td>
<td>33%</td>
</tr>
<tr>
<td>NSFH national survey (Sorenson, Upchurch, &amp; Shen, 1996)</td>
<td>6,779</td>
<td>Male reports 4.0%</td>
<td>Male reports 2.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female reports 13.0%</td>
<td>Female reports 6.0%</td>
</tr>
<tr>
<td>1985 National Family Violence Survey (Stets &amp; Straus, 1990)</td>
<td>232</td>
<td>4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>&quot;National Survey of Families And Households&quot; (Szinovacz &amp; Egley, 1995).</td>
<td>4,088</td>
<td>Male reports 0.7%</td>
<td>Male reports 0.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female reports 1.3%</td>
<td>Female reports 0.6%</td>
</tr>
<tr>
<td>2001 National Longitudinal Study of Adolescent Health (ages 18-28 examined)</td>
<td>1,537</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>(Whitaker, Haileyesus, Swahn, &amp; Saltzman, 2007)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>13%</td>
<td>7%</td>
<td>88%</td>
</tr>
</tbody>
</table>

*Percentages under 100 indicate that women perpetrated less assaults than men; those over 100 indicate that women perpetrated more assaults than men in the study.
**Computed for this table from data in the source document
<table>
<thead>
<tr>
<th>Study and Sample</th>
<th>N</th>
<th>Severity Of Assault</th>
<th>Peretration rate by:</th>
<th>Percent that female rate is of male rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men and women from treatment programs (Busch &amp; Rosenberg, 2004)</td>
<td>M= 45 F= 46</td>
<td>Severe Injury inflicted</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Participants in U.S. Army treatment programs for domestic violence (Cantos, Neidig, &amp; O'Leary, 1993)</td>
<td>139 couples</td>
<td>Injury infliction</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Couples seeking therapy at University clinic (SUNY) from 1989 to 1991. Injury from mild assault (Cascardi, Langhinrichsen, &amp; Vivian, 1992)</td>
<td>93</td>
<td>Injury from mild assault</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Agency identified couples with records of DV and their neighbors as controls (Gelles, 1974)</td>
<td>20 couples</td>
<td>Any assault</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Female partners of men in five batterer intervention programs (Gondolf, 2002)</td>
<td>482</td>
<td>Not specified, but most said it was self-defense</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Residents of a shelter for battered women (Giles-Sims, 1983)</td>
<td>31</td>
<td>Any</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>National survey of men who sought help for domestic violence from a variety of sources [Hines, 2010 #14989]</td>
<td>302</td>
<td>Minor Social work agency Police</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>U.S. military couples who sought marital therapy from a clinic (Langhinrichsen-Rohling, Neidig, &amp; Thorn, 1995)</td>
<td>199 couples</td>
<td>Mild Severe</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>U.S. Army Family Advocacy Program (McCarroll, Ursano, Fan, &amp; Newby, 2004)</td>
<td>2,0959</td>
<td>Any</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Women at Chiswick Women's Aid, “first refuge' (Pizzey, 2009)</td>
<td>100</td>
<td>Chronically violent</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Mothers in domestic violence shelters. (McDonald, Jouriles, Tart, &amp; Minze, 2009)</td>
<td>258</td>
<td>Severe</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Study and Sample</td>
<td>N*</td>
<td>Type of Data</td>
<td>% Male Only</td>
<td>% Female Only</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-----</td>
<td>--------------------</td>
<td>-------------</td>
<td>---------------</td>
</tr>
<tr>
<td>University Students (Jamilia Bookwala, et al., 1992)</td>
<td>305</td>
<td>Severe assault</td>
<td>At least 6%</td>
<td>At least 20%</td>
</tr>
<tr>
<td>Cross-section of Manitoba couples, 1981 (Merlin B. Brinkerhoff, Grandin, &amp; Lupri, 1992)</td>
<td>121</td>
<td>Severe assault</td>
<td>22%</td>
<td>50%</td>
</tr>
<tr>
<td>National Comorbidity Survey Male Report (Kessler, et al., 2001)</td>
<td>97</td>
<td>Severe assault</td>
<td>2%</td>
<td>54%</td>
</tr>
<tr>
<td>Korean national survey (Kim &amp; Emery, 2003)</td>
<td></td>
<td></td>
<td>70%</td>
<td>13%</td>
</tr>
<tr>
<td>Stony Brook NY Representative Sample (Slep &amp; O'Leary, 2005)</td>
<td>107</td>
<td>Severe assault</td>
<td>21%</td>
<td>37%</td>
</tr>
<tr>
<td>National Family Violence Survey (Straus, 2005)</td>
<td>211</td>
<td>Severe assault</td>
<td>35%</td>
<td>30%</td>
</tr>
<tr>
<td>International Dating Violence Study (Straus, 2008)</td>
<td>14,252</td>
<td>Severe Assault (median of 32 nations)</td>
<td>9.9%</td>
<td>21.4%</td>
</tr>
<tr>
<td>2001 National Longitudinal Study of Adolescent Health (at age 18-28). (Whitaker, et al., 2007)</td>
<td>760</td>
<td>High violence frequency</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Median</strong></td>
<td>16%</td>
<td>26%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* N refers to the cases in which a severe physical assault occurred. This is frequently only a small percent of the study N.

NR % “Both” Not reported
<table>
<thead>
<tr>
<th>Sample and Reference</th>
<th>N*</th>
<th>% Male Only</th>
<th>% Female Only</th>
<th>% Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couples seeking therapy at University clinic (SUNY) from 1989 to 1991 (Cascardi, et al., 1992)</td>
<td>67</td>
<td>7%</td>
<td>7%</td>
<td>86%</td>
</tr>
<tr>
<td>Case studies in a book on family-therapy in cases of partner violence (Hamel, 2008)</td>
<td>14</td>
<td>29%</td>
<td>43%</td>
<td>29%</td>
</tr>
<tr>
<td>Women interviewed at a woman’s shelter s (Giles-Sims, 1983)</td>
<td>30</td>
<td>23%</td>
<td>0%</td>
<td>77%</td>
</tr>
<tr>
<td>Heterosexual men aged 18-59, in a relationship lasting at least one month in the previous year who had been physically assaulted by female partner and sought help from the Domestic Abuse Helpline for men(Hines &amp; Douglas, 2008)</td>
<td>52</td>
<td>0% because of the sample</td>
<td>44%</td>
<td>56%</td>
</tr>
<tr>
<td>Couples seeking therapy in a mid-western VA med center between Sept 1997 and Nov 2003, male was the veteran in all couples (Teten, Sherman, &amp; Han, 2009)</td>
<td>103</td>
<td>23%</td>
<td>30%</td>
<td>47%</td>
</tr>
<tr>
<td>Median</td>
<td></td>
<td>23%</td>
<td>30%</td>
<td>56%</td>
</tr>
<tr>
<td>Study</td>
<td>% Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canada, 2003 (Statistics Canada, 2005)</td>
<td>23%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiji, 1982-1992 (Adinkrah, 2000)</td>
<td>14%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Supplemental Homicide Reports, U.S.,1998 (Rennison &amp; Welchans, 2000)</td>
<td>38%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. 2009 (Federal Bureau of Investigation, 2010)</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Supplemental Homicide Reports, for African Americans 1985-87 (Plass, 1993)</td>
<td>51%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Chicago, 1965-1996 (Breitman, Shackelford, &amp; Block, 2004)</td>
<td>48%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>38%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REFERENCES FOR APPENDIX


