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Article in *Journal of Aggression Maltreatment & Trauma* · August 2009

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**WHY THE OVERWHELMING EVIDENCE ON
PARTNER PHYSICAL VIOLENCE BY WOMEN HAS NOT BEEN PERCEIVED
AND IS OFTEN DENIED¹**

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1. Copies of this and related papers can be downloaded from <http://pubpages.unh.edu/~mas2>. It is a pleasure to express appreciation to members of the 2007-08 Family Research Laboratory Seminar for valuable comments and suggestions. The work has been supported by National Institute of Mental Health grant T32MH15161 and by the University of New Hampshire.

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Abstract

More than 200 studies over the last 30 years have found that women physically assault their partners at about the same rate as men, and that the risk factors and motivations of women are mostly the same as for men who assault female partners. Yet this fundamental fact has not been perceived by the public and practitioners. The first purpose of the paper is to offer explanations for the misperception of these aspects of gender symmetry in partner violence, for example, the fact that women are much more likely to be injured interferes with perceiving the equal rate of attack by women. Another part of the explanation is that many of the academics who know the research have concealed and denied it. The second purpose of the paper is to offer explanations for the concealment and denial. The paper concludes with discussions of the adverse effect that this misperception and denial have had on prevention and treatment programs, and with possible future developments which recognize these aspects of gender symmetry in partner violence.

Keywords: partner violence, female violence, feminist theory, prevention, treatment, science

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This focus of this article is gender differences in perpetration of *physical* assault against a partner in a martial, cohabiting, or dating relationship because that is the aspect of "partner violence" (PV from here on) for which there is extensive evidence of female perpetration, and the most controversy. Despite the extensive evidence, "gender symmetry" in PV has not been perceived by the general public and service providers. Gender symmetry will be used to refer to approximately equal rates of perpetration of physical assault by women and men, and similar

patterns of motivation and risk factors. When the term "violence" is used, it will refer to non-sexual physical violence.

The primary purpose of the article is to suggest explanations for the fact that, despite a large body of high quality evidence, gender symmetry has not been perceived by the public or service providers and has often been concealed and denied by academics. To avoid confusion, it is also necessary to identify issues which are *not* among the purposes of the article. First, the article is *not* intended to review the evidence showing gender symmetry because that has already been done (John Archer, 2000; D. M. Capaldi, Kim, & Shortt, 2007; Deborah M. Capaldi & Owen, 2001; Ehrensaft, Moffitt, & Caspi, 2004; Moffitt, 1997; Moffitt, Caspi, Rutter, & Silva, 2001; Straus, 2005, 2007a).

Second, it is not the purpose to present the evidence on and methods used to conceal and deny the evidence because that has also been documented in a previous article (Straus, 2007a), which describes and gives examples of seven of the methods, for example, publishing only the results on perpetration by men, even though both are available. Specific examples are cited in that article. One of them was an article of mine, which, at the request of the co-author, omitted the data on female perpetrators.

Third, the article does not cover sexual assault because there is no controversy concerning the fact that almost all heterosexual rapes are perpetrated by men. Finally, the article is not intended to change the opinion of those who reject the existence of gender symmetry. Rather, the purpose, as previously stated, is to suggest explanations for the misperception of the high rate of female PV by the public and service providers, and explanations for hiding and denying the evidence on gender symmetry by academics. This will be followed by a discussion of what I believe are some of the consequences of the concealment and denial, and my opinion on needed future directions. To put the article in context, it is one of a series of sociology of science essays which have analyzed the development of "family violence" as a field of research (Straus, 1992b, 1999, 2007b).

THE EVIDENCE ON GENDER SYMMETRY

Symmetry In Perpetration

Because concealment and denial of PV by women has been so effective, many readers will not be familiar with the evidence on gender symmetry. They can consult the references just cited. In the meantime, Table 1 and Figure 1 provide a small sampling of the basic information. Table 1 presents the gender-specific rates of perpetration from 12 major national epidemiological or longitudinal studies. It shows that the percent of women who physically assaulted a male partner is as high or higher than the percent of men who physically assaulted a female partner, and that this applies to severe violence such as kicking, choking, and attacks with objects and weapons, as well as to minor violence. Although not shown in Table 1, women initiate PV at the same or higher rates as men, and they are the sole perpetrator at the same or higher rates (Deborah M. [Capaldi, Shortt, & Crosby, 2003](#); [Ehrensaft, et al., 2004](#); [Kessler, Molnar, Feurer, & Appelbaum, 2001](#); [Straus, 2005](#); [Straus & Ramirez, 2007](#)). Moreover, Figure 1 shows that the evidence showing similar rates of perpetrating PV have been available for at least 25 years. One of the earliest studies showing symmetry in both perpetration and risk factors was the 1975 National Family Violence Survey (Straus, Gelles, & Steinmetz, 1980 (2006)). Since then, as shown in Table 1, there have been many other large scale studies, including a 32 nation study (Straus, 2008 in press) and about 200 other studies which have found gender symmetry in perpetration partner violence and a less but still large number which have found similar patterns of motivation.

(Insert Figure 1 and Table 1 about here)

Symmetry In Motives And Risk Factors

While there is beginning to be recognition of gender symmetry in perpetration of PV, those denying symmetry now emphasize the belief that the motives are different for men and women. Therefore, even though, as explained above, the purpose of this article is not to

document gender symmetry in risk factors and motivations, because few readers will be familiar with the evidence, it is necessary to provide at least some documentation that there is also symmetry in motives and risk factors. An early example is the empirically derived risk factor indexes for male violence against female partners and female violence against male partners. The items in these two indexes are almost identical (Straus, et al., 1980 (2006)), and have been confirmed by subsequent research. The most commonly reported proximate motivations for violence by, both men and women, are coercion, anger, and attempts to punish a partner for misbehavior, especially sexual infidelity ([Cascardi & Vivian, 1995](#); [Follingstad, Wright, Lloyd, & Sebastian, 1991](#); [Harned, 2001](#); [Hettrich & O'leary, 2007](#); [Stets & Hammons, 2002](#)). The motive of self-defense, which has often been put forward as an explanation for high rates of female violence, explains only a small proportion of PV perpetrated by women ([Carrado, George, Loxam, Jones, & Templar, 1996](#); [Felson & Messner, 1998](#); [Sarantakos, 1998](#); [Sommer, 1996](#)). For example, Follingstad's study of college students (1991) found that PV perpetrators reported self-defensive about 18% of the time (17.7% for men, 18.5% for women). Much other evidence on gender symmetry in motives and risk factors is summarized in Medeiros and Straus (2006).

In contrast to the research evidence showing gender symmetry, public perception of PV, and programs to prevent and treat PV are based on the assumption that PV is perpetrated almost exclusively by men. This raises the question of why the overwhelming body of evidence on gender symmetry has not been perceived and, in addition, has often been concealed and denied (see Straus (2007b) for documentation of the concealment and denial). This discrepancy is finally starting to be documented and criticized (Dutton, 2006; [Felson, 2002](#); [Hamel & Nicholls, 2006](#)). The following section will suggest explanations for the misperception. This will be followed by a section which suggests explanations for the fact that, when confronted with the evidence, there has been a 30 year long effort to hide and deny the evidence (documented in Straus (2007b)).

Asymmetry In Effects

There is, however, one important and consistently reported gender difference in PV. It is that, although women engage in both minor and severe violence as often as men, the adverse *effects* on victims are much greater for women. Attacks by men cause more injury (both physical and psychological), more deaths, and more fear. In addition, women are more often economically trapped into a violent relationship than men because women continue to earn less than men, and because when a marriage ends, women have custodial responsibility for children at least 80% of the time. In addition, almost all victims of heterosexual rape are women. 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. In addition, as will be explained later, the greater adverse effect on women underlies the reluctance to acknowledge the evidence on gender symmetry. However, empathy for women because of the greater injury and the need to help victimized women must not be allowed to obscure the fact that men sustain about a third of the injuries from PV, including a third of the homicide deaths (Catalano, 2006; Rennison, 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 ([Straus, 2007b](#)) when both partners are violent, as is the case for at least half of violent couples ([Feld & Straus, 1989](#); [Straus & Gozjolko](#); [Whitaker, Haileyesus, Swahn, & Saltzman, 2007](#)).

EXPLANATIONS OF THE MISPERCEPTION

In contrast to the voluminous empirical evidence on symmetry in perpetration and motivation of PV, the explanations for the misperception in this section, and the explanation for the concealment the following section, are the author's opinions, backed where possible by references to empirical data.

Men Predominate In Almost All Other Crimes

For almost every other type of crime, and especially violent crime, men predominate. For some types of crime, such as homicide, and sexual assault, the gender ratio is as high as ten to one (Dawson & Straus, 2007; Ellis & Walsh, 2000). There is naturally a tendency to think that this also applies to PV.

Male Predominance In Police Statistics On Partner Violence

Men also predominate in hospital and police statistics on PV. Most tabulations of police data show that in 80-99% of PV cases reported to police, men are deemed the primary perpetrator of violence. This is not because of more physical attacks by men. It is because of the greater probability of injury from attacks by men and greater fear for safety by women (Straus, 1999), both of which are characteristics that lead to police intervention. In addition, men are even more reluctant than women to report having been assaulted by a partner to the police and hospital staff (Tjaden and Thoennes 2000a). Police are not involved in at least 95% of partner violence cases (Kaufman Kantor & Straus, 1990). Despite the unrepresentative nature of police statistics, they are usually taken as representative of all cases of PV. This gives the impression that it is almost exclusively men who physically assault their partner. Similarly, hospital data show a preponderance of male victims, reflecting the greater probability of injury from an attack by a man, and the fact that the issue is usually investigated only for female patients. But as shown in Table 1, epidemiological surveys of representative samples in western nations have consistently found that the rates of physical PV perpetration by women are about the same as by men.

Women Injured More And Fear More

As noted previously, women are physically injured by PV more frequently than men. Empathy for victims results in greater concern and sympathy for female victims, as it should, and leads the press and the public to focus on assaults perpetrated by male partners. Related to this is the tendency to define physical violence by whether it results in an injury. This combination is probably a large part of the explanation for the greater cultural acceptance of

violence by women than by men in developed nations (Greenblat, 1983; O'Keefe, 1997; Straus, 1995; Straus, Kaufman Kantor, & Moore, 1997)

Violence by a male partner produces an appropriate fear of injury among women. However, for men, the much lower, but still present probability of injury (coupled with greater cultural acceptance of women's PV) leads to trivialization of physical attacks by women and hinders perception of PV by women. It also reduces the probability of men (and others) perceiving attacks by women as dangerous or "violent," even though men sustain a third of the homicides and a third of the non-fatal injuries inflicted by romantic partner (Catalano, 2006; Rennison, 2000; [Straus, 2005](#)). Witnesses are less likely to call police for female-to-male PV than for male-to-female PV unless the incident is very serious ([Felson, 2002](#)). This results in men not fearing injury and neglect of protective steps, such as calling the police or ending the relationship. The fact that about a third of partner homicide victims are men indicates that the neglect of self-protective steps can be fatal.

The Importance Of Ending Cultural Norms Tolerating Male Violence

Until nearly the end of the 19th century, husbands were allowed to use "reasonable chastisement" to deal with errant wives (Calvert, 1974). Thus, even though female PV has been documented since the middle ages ([George, 1994](#)), men who "allowed" this were ridiculed. Thus male PV, like corporal punishment of children then and now, has been an accepted part of the culture. It has taken a major effort by feminists and their academic colleagues, including one of us ([Straus, 1976](#)), to change the continuing implicit cultural norm accepting a certain amount of male PV. I suggest that the necessary intense focus on this effort interfered with recognizing PV by women, and interfered with recognizing the large body of evidence showing that there are many causes of PV in addition to male dominance ([Dutton, 2006](#); [Hamel & Nicholls, 2007](#); [Lutzker & Whitaker, 2008](#) in press).

Men have the predominant power in society as judged by many indicators (J. Archer, 2006; David B. Sugarman & Straus, 1988; United Nations Development Programme, 2006;

[Yodanis, 2004](#)). The cognitive discrepancy between this fact and high rates of PV by females, even in extremely male dominant societies ([Douglas & Straus, 2006](#); [Haj-Yahia, 2000](#); World Health Organization, 2006) blocks recognition of the equal rates of violence. In many societies or segments of societies around the world, high levels of male control over women and of male violence against women is still culturally accepted (J. Archer, 2006; David B. [Sugarman & Straus, 1988](#); United Nations Development Programme, 2006; [Yodanis, 2004](#)). In these countries, there is an urgent need to promote empowerment of women. That need also exists in the USA and other advanced industrial nations, but more as end in itself than as a means of ending PV.

Gender Stereotypes

Most cultures define women as “the gentle sex,” making it difficult to perceive violence by women as being prevalent in any sphere of life. More specifically, as noted previously, there are implicit norms tolerating violence by women, on the assumption that it rarely results in injury (Greenblat, 1983; Straus, Kantor, & Moore, 1994). This assumption is largely correct, but as previously noted, it is also correct that about a third of homicides of partners are perpetrated by women, and also about a third of non-fatal injuries (Catalano, 2006; Rennison, 2000; [Straus, 2005](#)).

Evidence Available To The Public

A major factor in understanding why the public does not perceive the extent of female PV is that the information has not been made available or has been distorted in the media, which are the public's main sources of information. Media coverage of PV reflects and reinforces the gender stereotypes described previously. For example, a study of newspaper coverage of the 785 homicides that occurred in Cincinnati, Ohio over a 17 year period found that 79% of partner homicides perpetrated by men were reported, compared to 50% of the partner homicides perpetrated by women (Lundman, 2000). Moreover, for cases of women killed by a male partner there was a mean of 3.5 articles, compared to a mean of 1.7 articles for

men killed by a female partner. Another example (from, literally, thousands) is *And Then He Hit Me* in the *American Association Of Retired People Magazine* (France, 2006). It states that the number of woman-on-man incidents of domestic violence among the elderly is “negligible” and cites as the source a study by Pillemer and Finkelhor (1986). But that study found that 43% of the cases of physical violence of the elderly were of the wife assaulting the husband, whereas only 17% were of the husbands assaulted their wife. This probably reflects the fact that many more wives than husbands have the responsibility of providing care for elderly infirmed and often difficult to deal with partners.

Difficulty Of Correcting False Information

Research on persistence of false information has found that it is difficult to correct the false information. Experiments by Schwarz (2007) and others have found that denials and clarifications of false information, although necessary, can paradoxically, contribute to the resiliency of popular myths. This may partly result from the fact that denials inherently require repeating the bad information. Consequently, even when the evidence on gender symmetry is presented by an authoritative source such as the Centers For Disease Control, there will be only limited success in changing beliefs about female perpetration.

EXPLANATIONS OF THE DENIAL

In addition to failing to perceive the extent of gender symmetry in PV there have also been strenuous efforts by researchers and other academics to deny the overwhelming evidence, including punishment of researchers who have persisted in publishing results showing gender symmetry, such as denial of tenure, and in the case of one of my colleagues with a long history of volunteer work at a shelter, a bomb threat at her daughter's wedding. These methods used to deny the evidence and enforce this on others have been described in other articles ([Gelles, 2007](#); [Straus, 1990b, 2007b](#)). In this article, the objective is not to repeat the presentation of that evidence, but to suggest why it has occurred. It is important to recognize that the terms concealment and denial only apply to those who have research evidence that

could be concealed or denied. Thus, this section refers to the academic community, not to service providers. Because these services are almost exclusively for women victims and male perpetrators, service providers have nothing to deny.

Lack of Attention to Heterogeneity of PV

One of the most important reasons for denial of gender symmetry is failure to adequately recognize heterogeneity in PV. Women's advocates most often focus on the relatively small proportion of overall PV that is visible to justice, shelter, batterer intervention and other service providers (i.e. cases where women's injury, fear, and domination are much more common). In contrast, the research showing gender symmetry has been based on general population samples where the predominant form of PV is minor, bidirectional, not physically-injurious, and often not fear-provoking for men, even when it should be. The findings of these general population studies are not believed by battered women's advocates because they are inconsistent with the characteristic of the actual cases they work with every day.

This article is not about service providers. It is about academics who engage in concealment and denial. They are the ones who know or produce the research and they are the ones who have concealed, denied, or hidden the evidence. One example is the belief that when women are violent, it is almost always an act of self-defense, whereas the previously cited studies (and others not cited) show that this is rarely the case. Instead of concealing and denying, academic advisors of service providers should help them understand the heterogeneity of severity and motives that characterize PV. This can help provide more effective prevention and treatment programs that take into account the heterogeneity.

It is increasingly clear that the characteristics of "clinical" and "non-clinical" levels of PV differ, and therefore the interventions also need to differ ([Johnson & Ferraro, 2000](#); [Straus, 1990a](#); Straus & Scott, In press). This needs to be determined by initial screening, rather than the current practice of proceeding with all offenders as though they were clinical level offenders, motivated by desire to subordinate women as a class. For "non-clinical" forms of PV,

prevention focused on developing healthy relationships, conflict resolution skills, and anger management (usually for both parties, no matter who is the presenting partner) and couple therapy, are likely to be most effective. For "clinical-level" cases of PV, where psychopathology is often involved, more intense and evidence-based interventions are required, not just interventions based on the patriarchal theory of PV, but with continued focus on the safety needs of victims ([Ehrensaft, et al., 2004](#); Straus & Scott, In press; [Stuart, 2005](#)).

Defense Of Feminist Theory

The women's movement brought public attention to the fact that PV may be the most prevalent form of interpersonal violence and to the plight of women victims. The feminist effort created a world-wide determination to cease ignoring PV, and to take steps to combat PV. Feminists have largely been responsible for changing police and court practices from ignoring and minimizing PV (International Association of chiefs of Police, 1967; [Straus, 1976](#)) to compelling the criminal justice system to attend and intervene. That change in police practices is only one of the many ways in which the women's movement has changed social norms tolerating male-to-female PV. In addition, feminists have created two important new social institutions: shelters for battered women and treatment programs for male perpetrators. Because the well being of women is the primary concern of the feminist effort, their approach appropriately focused on protecting women from male violence.

The problem with this approach is not just the almost exclusive focus on female victims and male perpetrators. The problem is also insistence on a single cause theory: the belief that partner violence is a reflection of a patriarchal social and family system ([Dobash & Dobash, 1992](#); [Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002](#); [Loseke & Kurz, 2005](#)). Subsequent research has shown that there are many causes of PV and great variability in types of violent relationships. This research has also shown that women perpetrate PV as much or more than men, and that although some PV is "gendered" in the sense of an effort by men as a category to dominate women as a category, most is traceable to a number of other risk factors. For

frequent severe PV, psychopathology such as antisocial personality and borderline personality is frequent (Dutton, 2006); and for "ordinary" ([Straus, 1990a](#)) or "situational" ([Johnson & Ferraro, 2000](#)) violence, poor anger management, and frustration and anger at a misbehavior by the partner are frequent precipitants of PV (see the review in Straus & Scott, In press and, for example [Hettrich & O'leary, 2007](#)). The evidence on these risk factors and motives is difficult to square with the patriarchal theory of PV because the two central tenants of the patriarchal theory are male perpetration, motivated by efforts to maintain a male-dominant family and social system. I suggest that one of reasons for the denial is to maintain adherence to the patriarchal theory of PV.

In addition to being a threat to the theory that had inspired and sustained the battered women's movement, I suggest that the research showing gender symmetry has been denied because it may have been perceived as a threat to feminism in general. This is because a key step in the effort to achieve an equalitarian society is to bring about recognition of the harm that a patriarchal system causes. The removal of patriarchy as the main cause of PV weakens a dramatic example of the harmful effects of patriarchy. That is unfortunate, but by no means critical because the effort to achieve equality can continue to be made on the basis of many other ways in which women continue to be subordinate to men, for example, although women have moved from earning an average of only 60% of what men earn to 80%, that is still a long way from equality.

The above discussion *only* brushes the surface of a complex phenomenon, on which there is a voluminous literature. For example, even though *male*-dominance and male privilege may no *longer* be the major cause of PV in more egalitarian western societies, dominance by *either* party, regardless of whether it is the male or female partner, is associated with an increased probability of PV (Straus, 2007a). Moreover, comparative studies have shown that the more male dominant the society or segment of society, the more PV (J. Archer, 2006; [Straus, 1994, 2007a, 2008 in press; Yodanis, 2004](#)). Perhaps most important, although ending

male dominance and male privilege may not be central to ending PV in Western nations, it is central to creating a better society for men as well as women.

Defense Of Services And Avoiding Harm To Women Victims

There is a fear that, if the public, legislators, and administrators believed the research on gender symmetry, it would weaken support for services to female victims, such as shelters for battered women, and weaken efforts to arrest and prosecute violent men. I know of no evidence funding for services for female victims has ever been decreased because "women are also violent." Nevertheless, I have been told on several occasions that I am endangering services for battered women by publishing the results of research showing equal perpetration. One of these was during a panel discussion of PV research at the 19?? meeting of the Society For Study of Social Problems. One panel member said that this type of phalli-centric research was undermining efforts to help battered women. This was followed by vigorous applause.

There is also a fear that efforts to arrest and prosecute male offenders will be undermined by acknowledging female PV, and that women will be unjustly prosecuted for violence perpetrated in self-defense ([Feder & Henning, 2005](#)). In fact, a growing number of women are being arrested through the introduction of mandatory or recommended arrest for PV ([Martin, 1997](#); [Miller, 2001](#)). For example, in California between 1987 and 1997, the ratio of male and female arrests for PV decreased from 1 female arrest to 18 male arrests to a ratio of 1 to 4.5 (DeLeon-Granados, Wells & Binsbacher, 2006). It is unlikely that this shift is a result of an increase in female violence. Rates of both fatal and non-fatal PV have been dropping over time (Catalano, 2006; Rennison & Rand, 2003) and such marked shifts in female-perpetration are not found for other crimes. I suggest that fear of weakening arrest of men and, more recently, increasing arrest of women is part of the reason for concealing the evidence. However, in my opinion, the main factor contributing to increased arrest of women is the success of the effort by the women's movement to change police practice from one of avoiding interference in "domestic disturbances" to one of mandatory or recommended arrest (DeLeon-Granados et al., 2006).

Another concern that may have motivated the concealment and denial is the fear that recognizing the complexity of PV, including acknowledging female PV, will weaken the ability of the justice system to act on behalf of women victims of PV. The prototypical cases that galvanized efforts to ensure women received swift police response, followed by arrest and prosecution of their partners, were of non-violent women who are terrorized by their partners and needed the assistance of the legal system to escape. I suggest that those concerned with protecting female victims fear that if this image of PV is lost, and instead the justice system has to assess the context of the incident, the history of both partners, the motive for the offense, and the level of fear generated, the difficulty and burden of doing that may result in failing to adequately protect women and prosecute male offenders.

CONSEQUENCES OF THE DENIAL

I am concerned that the systematic denial of evidence about perpetration of PV by women (documented in the references cited previously* , can have important harmful side-effects. It can hurt social science because it threatens the integrity of science and undermines public confidence in social science. A small but growing number of others (Dutton, 2006; [Hamel & Nicholls, 2007](#); Lutzker & Whitaker, 2008 in press) believe it has already hindered practitioners and those they seek to help because it has blocked the development of evidence-based prevention and treatment efforts.

The criticism inherent in this article is directed primarily to the research community. The thousands of dedicated women and their allies who developed and maintain services for battered women are part of a social movement that has benefited the entire society, not just women. The objective of social movements and advocacy groups is to change society. To achieve this, social movements often deny contrary evidence, distort evidence, and exaggerate. This may be necessary to sustain the effort to achieve even modest social changes. But it is the objective of science to explain the way the world works, and for this to be achieved, scientists cannot let their social and moral commitments lead them to deny contrary evidence, to

exaggerate, and to penalize those who produce the evidence, as has been the case (Straus, 1990b, [2007b](#)). In a sense, the service providers can be considered victims of the denial of the scientific evidence by the research community concerned with PV.

In denying the evidence, social scientists are also doing a disservice to women. They are hindering efforts to help women avoid engaging in PV. This is important because women, like men, need to be helped to recognize that hitting a partner is morally wrong, criminal, and harmful to the perpetrator as well as to the victim. First, it is associated with lower levels of relationship health. Second, it increases the probability of physical attacks by the woman's partner (Deborah M. [Capaldi & Owen, 2001](#); Straus & Gozjolko; [Whitaker, et al., 2007](#)). Third, it exposes children to the well documented harm to children from witnessing PV ([Jaffe, Wolfe, & Wilson, 1990](#); Margolin & John, 1997; [Wolfe, Wekerle, Scott, Straatman, & Grasley, 2004](#)), and those consequences also apply when the perpetrator is the mother ([Straus, 1992a](#)).

Finally, just as denial of painful phenomena by individuals is usually harmful, denial by social groups is likely to be harmful to the group engaged in the denial (Zerubavel, 2006). I am concerned that denial of the evidence on female PV may ultimately interfere with the very goals the denial is intended to achieve because, when the evidence finally prevails, the discrepancy could undermine the credibility of the feminist cause. It may alienate young women from the feminist cause, and it could weaken the public base of feminist support. At the same time, casting PV as almost exclusively a male crime angers men who feel that they are being unjustly accused and provides fuel for the fire of extremist men's groups. These organizations often have a larger anti-feminist agenda and use the denial and distortion of the evidence on PV as part of that larger effort. This is happening in many countries (see, for example, the organization Save Family India <http://www.dnaindia.com/report.asp?NewsID=1122392>). Finally, I am concerned that the denial in the face of overwhelming evidence may reduce the credibility of feminist scholarship among academics.

THE FUTURE

Recent articles and books (e.g. (Dutton, 2006; Ehrensaft, et al., 2004; Hamel & Nicholls, 2007; Straus & Scott, In press; Stuart, 2005) indicate a process that is likely to ultimately change the current pattern of denial gender symmetry in the scholarly literature, and the current failure to apply what is known about gender symmetry to improving the dismal performance of treatment programs for perpetrators of PV (Babcock, Green, & Robie, 2004; Dutton, 2006). One manifestation of how this denial has interfered with developing effective treatment programs is deliberately ignoring the evidence from studies that has investigated the issue in the general population and in samples of battered women which shows that most PV is bidirectional. This calls for involving both partners in treatment. But legislation or administrative rule in 43% of American states forbids couple therapy in court-mandated treatment of PV.

Almost all "batterer intervention programs" use the "Duluth" model for treatment (Rosenbaum & Price, 2007). This model prevents making use of the vast amount of evidence on the etiology of partner violence accumulated in the past 20 years by excluding any cause except of the idea that PV is an effort by men to uphold male privilege in the society and the family, and by rejecting any other explanation or treatment modality as excusing male violence. As we stated earlier, although replacing patriarchal beliefs and social organization with equalitarian values and equality between men and women is an extremely important goal, it plays a much less important role in explaining individual differences in PV (D. B. Sugarman & Frankel, 1996). Instead, the predominant proximal motives for "ordinary" or "common couple" PV by both men and women are frustration and anger at the partner, and efforts to coerce the partner into doing or not doing something; and the predominant risk factors for "clinically abusive" PV are antisocial personality traits, excessive drinking, social disadvantage, history of childhood victimization and elevated hostility, anger, and other psychological problems (Ehrensaft, et al., 2004; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Kim & Capaldi, 2004; Straus & Scott, In press). This calls for the development of multiple forms of

treatment to address those motives and psychological problems, and since most PV is bidirectional, treatments which address the problems of both partners.

At the same time, continued efforts are needed to further the empowerment of women, especially in less developed nations. Gender equality is a critical part of human rights and of a humane society; and it contributes to prevention PV, even though it is not the predominant risk factor. Given the fact that patriarchy is not the predominant risk factor for PV, to maximize prevention and treatment of PV it is essential that the effort not be restricted to treatments based on correcting patriarchal beliefs and behavior. For the more common forms of PV, the primary prevention efforts need to focus on reducing acceptance of all forms and levels of violence, starting with corporal punishment by parents (Straus & Yodanis, 1996) and with psychological aggression by parents and between partners. On the positive side, the prevention effort needs to focus on developing the skills needed to manage the inevitable conflicts in relationships, as is exemplified in the *Choose Respect* program of the Centers For Disease Control (www.chooserespect.org).

. Treatment of existing clinical-level cases of PV requires continuing to include justice system interventions as an expression of social norms condemning PV, to protect victims, and to mandate treatment. As in the case of the primary prevention, research has shown that psychological problems such as antisocial and borderline personality are major risk factors for clinical level PV. Consequently, treatment of existing cases needs to expand from efforts to end patriarchal dominance to include diagnosis for these psychological problems and treatment when identified. A tragic irony is that the denial which obstructs this needed fundamental change in prevention and treatment of PV is, in our opinion, largely motivated by a concern with the safety of women. The tragedy associated with this irony is that, rather than enhancing the safety and well-being of women, the denial blocks steps that could increase the effectiveness of the effort to reduce violence against women.

FIG. 1

**CUMULATIVE NUMBER OF STUDIES SHOWING SIMILAR
RATES OF ASSAULTING A PARTNER
BY WOMEN AND MEN**

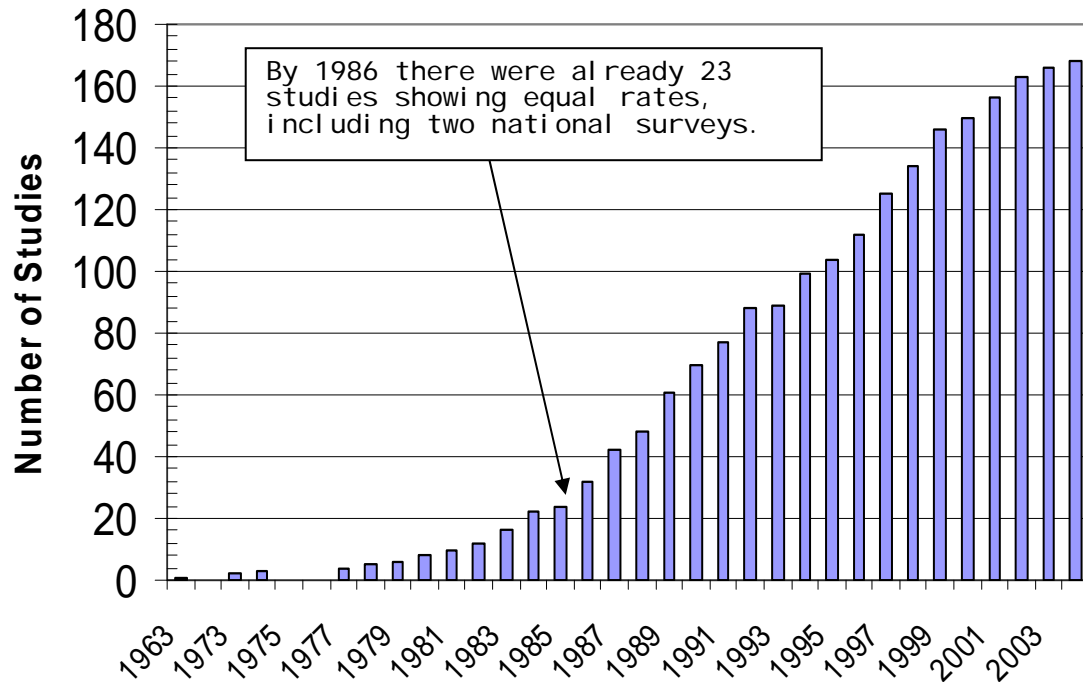


Table 1. Twelve Examples Of More Than 200 Studies Showing Gender Symmetry In Partner Violence			
Study	Severity Of Assault	Perpetrator	
		Male	Female
1975 National Family Violence Survey (Straus et al 1980)	Minor Severe	11.6% 3.8%	12.1% 4.6%
1985 National Family Violence Survey (Gelles & Straus 1990)	Minor Severe	11.3% 3.0%	12.1% 4.4%
Canadian National Survey (Lupri, 1990)	Minor Severe	17.8% 10.1%	23.3% 12.9%
Canadian General Social Survey (1999)	Overall rate	7.0%	8.0%
British Crime Survey (1996)	Overall rate	4.2%	4.1%
National Co-morbidity Study (Kessler, 2001)	Minor Severe	17.4% 6.5%	17.7% 6.2%
National Alcohol and Family Violence Survey (Straus, 1995)	Overall rate Severe	9.1% 1.9%	9.5% 4.5%
Dunedin Health and Development Study (US Dept of justice 1999)	Overall rate	27.0 %	34.0%
National Violence Against Women Survey (Tjaden & Thoennes, 2000)	Overall rate	1.3%	0.9%
Youth Risk Behavior Survey (Centers For Disease Control, 2006)	Overall rat	8.8%	8.9%
National Youth Survey (Wofford-Mihalic, Elliott, & Menard,,1994).	Overall rate Severe	20.2% 5.7%	34.1% 3.8%
National Longitudinal Study of Adolescent Health (Whitaker, et al 2007)		19.3%	28.4%

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