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GENDER SYMMETRY IN PARTNER VIOLENCE: EVIDENCE AND IMPLICATIONS FOR PREVENTION AND TREATMENT

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Physical aggression against marital partners, although long recognized and deplored, has historically been ignored, except in extreme cases, under the guise of protecting the privacy and integrity of the family (Calvert, 1974). The training manual published by the International Association of Chiefs of Police (1967), for example, advised officers to minimize involvement in what were then called *domestic disturbances*. Some cities in the United States followed an informal *stitch rule* under which arrests were made only if there was a wound that required sutures. As a result of efforts by the women's movement starting in the mid 1970s, there has been a reversal of these traditional approaches. In most jurisdictions in the United States and Canada, police are now required or advised to arrest perpetrators of physical attacks on a partner. Concordant with the arrest policy has been the growth of treatment programs for perpetrators. Many courts now offer participation in such programs as an alternative to incarceration. There are about 2,000 such pro-

grams in operation in the United States and over 200 in Canada (National Clearinghouse on Family Violence, 2004).

These are tremendous advances, but there is also evidence questioning the effectiveness of the 30-year-long effort to reduce domestic violence. A central point of this chapter is that the effort has been handicapped by conceptualizing physical assaults on a partner in marital or dating relationships (i.e., partner violence) as almost entirely a phenomenon involving male perpetrators and female victims—that is, as a problem of violence against women—and the corollary assumption that the primary cause of partner violence is the patriarchal nature of society and the family. I begin the chapter with a review of the evidence countering this conceptualization. I then summarize studies that show that existing efforts at prevention and treatment of partner violence have had limited success. Finally, I suggest changes in prevention and treatment efforts that recognize gender symmetry in partner violence and the multiplicity of causes that lead to partner violence.

EVIDENCE OF GENDER SYMMETRY

Gender Symmetry in Prevalence and Motivation

More than 200 studies have found that men and women perpetrate partner violence at approximately equal rates and that the most prevalent pattern is mutual violence (Archer, 2002; Fiebert, 2004). Moreover, when it is not mutual, female-only and male-only partner violence occur with about equal frequency among married couples (K. L. Anderson, 2002; Capaldi & Owen, 2001; Gelles & Straus, 1988; Kessler, Molnar, Feurer, & Appelbaum, 2001; McCarroll, Ursano, Fan, & Newby, 2004; Medeiros & Straus, 2007; Moffitt, Caspi, Rutter, & Silva, 2001; Straus, Gelles, & Steinmetz, 2006; Williams & Frieze, 2005). Among young couples and dating couples, the percentage of female-only partner violence exceeds the percentage of male-only partner violence (Straus & Ramirez, 2007; Whitaker, Haileyesus, Swahn, & Saltzman, 2007). This pattern of gender symmetry is true even for severe partner violence, such as kicking, attacks with objects, and choking. However, the injury rate is much higher when the perpetrator is male (Gelles & Straus, 1988). Police statistics and crime survey statistics seem to contradict the idea of gender symmetry because 80% to 99% of the perpetrators identified in such surveys are men (Straus, 1999). This is not because of higher numbers of physical attacks by men but because of the greater probability of injury from attacks by men and greater fear for safety by women (Straus, 1999). These are characteristics that lead to police intervention. Such cases are mistakenly taken as representative of partner violence, even though at least 95% of partner violence cases are not known to the police (Kaufman Kantor & Straus, 1990; Statistics Canada, 2005).

Although there are numerous studies showing substantial rates of sexual coercion by women (P. B. Anderson & Struckman-Johnson, 1998), men predominate as perpetrators of sexual coercion and are much more likely to use physical force to coerce a partner into sex, and stranger rapes are almost exclusively a male crime (Saunders, 2002; U.S. Department of Justice, 2003). Official crime data also suggest that women are more likely to be stalked by their partners and that men are much more likely than women to be perpetrators of parent–child homicide-suicide, that is, cases in which the perpetrator kills himself and family members (Felson, 2002; Saunders, 2002; Statistics Canada, 2005).

Not only do men and women tend to perpetrate physical partner violence at about equal rates, but they tend to do so for similar reasons. The most commonly reported proximate motivations for use of violence among both men and women are coercion, anger, and punishing misbehavior by their partner (Cascardi & Vivian, 1995; Follingstad, Wright, Lloyd, & Sebastian, 1991; Kernsmith, 2005; Stets & Hammons, 2002). For example, Pearson (1997) reported that 90% of the women she studied assaulted their partner because they were furious, jealous, or frustrated. 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 partner violence perpetrated by women (and men; Carrado, George, Loxam, Jones, & Templar, 1996; Felson & Messner, 1998; Pearson, 1997; Sarantakos, 1998; Sommer, 1996). For example, using a college student population, Follingstad et al. (1991) found that perpetrators reported that their motivation was self-defensive about 18% of the time (17.7% for men, 18.5% for women). As violence becomes more severe, there are greater gender differences in the use of violence in self-defense; however, self-defense is still a motivation for a relatively small proportion of violence. For example, in a sample of couples presenting for marital therapy, Cascardi and Vivian (1995) found that 20% of wives and no husbands attributed their use of severe aggression to self-defense.

Gender Differences in Injury and Deaths

The only consistently supported gender difference in partner violence by men and women is that attacks by men cause more fear and injury, including more deaths. Although this may be the only consistently supported gender difference, it is an extremely important difference because it is one of several reasons for the need to continue to provide more services for female victims of partner violence than for male victims. It is also worthwhile to note that such differences are particularly apparent in studies of less common and more severe forms of violence. In general population surveys, estimated annual rates of violence perpetration are high (e.g., 10%–30%; Straus, 1999; Whitaker et al., 2007), men and women are equally likely to perpetrate vio-

lence, and rates of injury are low (e.g., 0.4%–28%; Kaufman Kantor & Straus, 1990; Stets & Straus, 1990). Here, differences in the victimization of men and women are not large (in part because there are low rates of injury). In contrast, police statistics and crime surveys, such as the National Violence Against Women Survey, show much greater gender differences. The prevalence rates are much lower (under 2%; Straus, 1999), but the injury rates are much higher (e.g., 50%; Straus, 1999), and women predominate as victims.

Severe Violence Experienced by Men

Although women outnumber men as victims of physical injury, female perpetration of severe violence is not a rare occurrence. In the United States in 1998, 38% of persons killed by a partner were men (Rennison, 2000), and in Canada in 2003, 23% of partner homicide victims were men (Statistics Canada, 2005). Similarly, large numbers of men are severely assaulted and injured, even though not killed, by their partner. Data from the National Crime Victimization Survey (Rennison, 2000) show that between 1993 and 1998, 47,000 men were injured by their partner, 28,090 of whom received medical treatment.

Why Partner Violence by Women Is Not Recognized or Is Denied

The evidence of symmetry in perpetration of partner violence and symmetry in context and motives has been available for more than 25 years. This raises the question of why that evidence has not been perceived. Some of the many factors are presented elsewhere (Straus, 2007b). In addition, there has been an extensive effort to deny and misrepresent the evidence on gender symmetry because many people from the advocacy tradition believe the data are wrong and because they fear it will undermine support of services for female victims (Straus, 2007a).

CRITIQUE OF PAST EFFORTS FOR PREVENTION

Direct prevention efforts have tended to concentrate on raising public awareness of the frequency, pervasiveness, and severity of partner violence with statements that imply that only men are perpetrators and that chronic severe assaults and injury are typical. These public education efforts have contributed to increased funding for services to women victims of abuse and to improved professional training in the dynamics of domestic violence. They have also contributed to a change in public perception on the acceptability of partner violence. However, such changes have been limited to male-perpetrated violence and have not extended to female-perpetrated partner violence. Two pieces of evidence support this assertion.

First, studies of shifts in public opinion on the acceptability of interpersonal violence show reductions in pubic acceptability of male partner violence but no change in the acceptability of female partner violence. From 1968 to 1994, national samples of men and women responded to the question, "Are there situations that you can imagine in which you would approve of a husband slapping his wife's face/wife slapping her husband's face?" There were substantial declines in public approval of a man slapping his wife but no significant reduction in approval of a wife slapping her husband (Straus, 1995; Straus, Kaufman Kantor, & Moore, 1997). More recent data from the International Dating Violence Study show much greater acceptance of female-perpetrated than male-perpetrated minor violence by women in all but 1 of the 32 nations (Douglas & Straus, 2006; Straus, in press). Such data clearly suggest that public messages about aggression in relationships in general have not extended to female-perpetrated partner violence, even though female perpetration is as common or more common than partner violence perpetrated by men.

Data on decline in rates of actual partner violence show similar gender-related differences. In 1975, Straus, Gelles, and Steinmetz conducted the first nationally representative household survey of partner violence (Straus et al., 2006). The survey was repeated using the same measure of partner violence in 1985 (Gelles & Straus, 1988), and again in 1992 by Kaufman Kantor, Jasinski, and Aldarondo (1994). Results show a substantial decrease in the rate of severe assaults on women by male partners but no change for women (Straus, 1995). Canadian data provide a similar picture. Rates of male perpetration showed a slight decline between 1999 and 2004, whereas rates of female perpetration remained statistically stable (Statistics Canada, 2005). Similarly, the U.S. National Crime Victimization Survey found a 60% reduction in male-perpetrated partner violence between 1993 and 2004, but no decrease in female-perpetrated partner violence between 1993 and 2003 and a slight increase in female-perpetrated partner violence between 2003 and 2004 (Catalano, 2006).

PRINCIPLES FOR IMPROVING PREVENTION

To address shortcomings in current prevention efforts, approaches based on recognition of the evidence of symmetry and the heterogeneity of partner violence are needed. An important starting point for reform is recognition that the most frequently occurring forms of partner violence are minor (usually slapping and pushing) and rarely cause physical injury. These forms of violence are perpetrated equally by men and women, mostly in anger. A small but important percentage of partner violence is severe, likely to cause injury, and is experienced more frequently by women than men. However, because I believe that a focus on primary prevention is extremely important,

for the reasons presented in the list that follows, the focus needs to be on the widely prevalent minor violence. To paraphrase Cowen (1978), primary prevention of family violence involves lowering its incidence by counteracting harmful circumstances before they have had a chance to produce violence. It does not seek to prevent a specific person from committing a violent act; instead, primary prevention seeks to reduce the risk for a whole population. The outcome envisioned as a result of primary prevention is that, although some individuals may continue to be violent, their number will be reduced. There are a number of reasons why the focus of primary prevention needs to be on minor forms of physical violence and equally on male and female perpetration.

1. Minor and mutual violence is the most prevalent pattern.
2. Severe partner violence, such as punching, choking, and attacks with objects, is already recognized as unacceptable and therefore does not require an educational effort.
3. Prevention of minor violence may prevent escalation into more severe forms of violence.
4. Witnessing violence by either parent contributes to the next generation of partner violence, and therefore partner violence by mothers needs attention commensurate with their equal prevalence rate.
5. Ending partner violence by women is an essential step in preventing violence against women because female violence evokes retaliation and contributes to legitimizing male partner violence (Straus, 2005).
6. A focus on minor violence that rarely results in injury is consistent with the principle that ending a risk factor with a low effect size, but which is broadly prevalent, makes a larger contribution to public health than ending a risk factor with a large effect size, but which characterizes only a small part of the population (P. Cohen, 1996; Rose, 1985; Rosenthal, 1984).
7. A focus on prevention of minor violence by women as well as men reflects the belief that all violence in relationships (except that perpetrated in self-defense) is wrong regardless of whether it causes injury, fear, or distress in the other person.

My emphasis on primary prevention by focusing on minor violence does not mean secondary prevention of severe violence and physical injury should be ignored. (Secondary prevention is intended to prevent reoccurrence of the target behavior.) However, the target population for secondary prevention and the information to be conveyed are different. For secondary prevention, the target population is those already involved in physically violent relationships, as either victims or perpetrators. For such individuals, preventative initiatives need to focus on increasing awareness of supports and broad-

ening recognition of risk factors for severe partner violence (e.g., death threats, suicidality, availability of weapons). A focus on women is necessary because of the predominance of female victims of the most severe violence, although the fact that men are also victims of severe partner violence requires that their needs also be considered.

Distinguishing between primary and secondary prevention is important from both theoretical and practical perspectives. From a theoretical perspective, it helps to counter the belief that physical violence by women is not important because it less often causes fear or injury. Instead, it allows for the assertion that physical violence is wrong, in and of itself. From a practical perspective, it helps to focus attention on the audience most appropriate for each form of prevention. Justice, health, and social service personnel, for example, are primarily concerned with violence that results in or has a high probability of physical injury. Those seeking to promote healthy relationships, as do the programs by Botvin, Griffin, and Nichols (2006; see also Foshee, 2004) and Wolfe, Wekerle, and Scott (1997), are interested in a much wider range of violence because it is distressing, increases the probability of mental health problems and dysfunctional family relationships, and can escalate into severe partner violence.

Principles for Improving Primary Prevention

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

One example of a program that addresses partner violence by women as well as men is Safe Dates (Foshee, 2004; Foshee et al., 2005). Another is Choose Respect (http://www.chooserespect.org). This U.S. national initiative, developed by the Centers for Disease Control and Prevention, is de-

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

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

Studies of healthy relationships suggest that good partnerships share a number of important features, including mutual trust, emotional intimacy, positive effect, a sense of commitment and loyalty, good communication, and the desire to support one's spouse (Bagarozzi, 1997; Fenell, 1993; K. A. Moore et al., 2004). Inadequate communication skills, for example, have been related to the development of aggression against a partner. In a series of observational studies, Gottman (1994, 1998) discovered that failure to regulate reciprocation of negativity and deescalate conflict is a central feature of aggressive relationships and an important contributor to the deterioration of marriages. Moreover, longitudinal studies have shown that poor parent–child communication relates to later perpetration of partner violence (J. A. Andrews, Foster, Capaldi, & Hops, 2000; Capaldi & Clark, 1998). Thus, teaching conflict management skills is a promising focus for prevention efforts.

Resource materials available through the Choose Respect program provide one example of the type of positive messages recommended to prevent partner violence. Other prevention initiatives targeting adolescents have also begun to rely on more positive messages. Two examples are the Making Waves Web site (http://www.mwaves.org) and the Girls Health Web site sponsored by the U.S. Department of Health and Social Services (http://www.girlshealth.gov/index.htm), both of which include sections on characteristics of healthy relationships. Although these messages have the great merit of focusing on relationship skills for both boys and girls, neither of these Web sites use specific examples of girls hitting boys. They therefore fail to counter the belief that physical violence in relationships is an exclusively male be-

havior. However, these Web sites are at least an improvement over the Web site sponsored by Liz Claiborne, Inc. (http://www.loveisnotabuse.com), which falsely presents teen dating violence as perpetrated by only men (e.g., see the "Question Why" section of the Web site) and focuses primarily on helping women avoid being victims of abuse rather than developing healthy relationship skills as a method of achieving that. Broad public education campaigns to prevent partner violence in adult dating, cohabiting, and marital relationships should follow the lead of the teen prevention resources that focus on the development of healthy relationships skills and that emphasize the need for women, as well as men, to use these skills to avoid physical aggression.

Principle 3. Carefully consider when to use fear as a motivator for change. Prevention messages directed toward women often seem intended to promote fear, in particular, women's fear of men's violence. Public education partner violence posters typically feature a woman with serious injuries or in a situation that is likely to result in serious injuries, often coupled with messages about the dangers of underestimating risk (e.g., "I never thought he could do this to me," "He promised he would change"). Fear-based messages have limited use in prevention. Research from a variety of areas of prevention shows that when presented with fear-based messages, people respond positively only if preventive actions are readily apparent and easily envisioned. If preventive actions are not readily envisioned, fear-based prevention methods contribute to greater denial of the issue. Accordingly, best practice guidelines for prevention advise that if a fear-based message is to be used, it should be paired with a clear positive message on steps that can be taken to avoid the fear-provoking outcome (Ruiter, Abraham, & Kok, 2001). Partner violence preventive messages directed to women fail in this respect. Rather than present ways to avoid being a victim of partner violence, many woman-abuse awareness campaigns emphasize the vulnerability of all women in any form of heterosexual relationship. Such messages risk leaving women without any clear ideas of how to avoid being abused and could inadvertently increase women's denial of the possibility of being a victim of abuse.

Principle 4. Recognize gender in the development of prevention messages. The previous principles emphasized the need to send similar messages about violence and about healthy relationships to both men and women. Although the ultimate messages around avoiding partner violence should be the same, the nature of such messages needs to be informed by a gendered analysis of relationships. Men and women continue to be socialized differently about relationships. As a result, they have different expectations of relationships, face different relationship pressures, and are angered and frustrated by different factors. The realities of male and female socialization also play a significant role in how violence plays out in a relationship when it occurs. For example, it is likely that stereotypes about male self-sufficiency contribute to men's greater reluctance to report even severe, injury-causing victimization

to police (Felson & Pare, 2005) and to women's greater vulnerability to being a victim of sexual abuse (Saunders, 2002). A gender-strategic approach to prevention recognizes such differences and uses them to inform education and skill development (Crooks, Wolfe, & Jaffe, 2006).

Principles for Improving Secondary Prevention

In addition to efforts to reduce or prevent partner violence entirely (i.e., primary prevention), it is necessary to engage in efforts to reduce reoccurrence in relationships in which partner violence is occurring (i.e., secondary prevention). Although estimates vary across studies, severe violence, such as choking, beating up a partner, or threatening a partner with a knife or a gun, as well as violence that causes injury, occurs in a small proportion of relationships (Kaufman Kantor & Straus, 1990; Straus, 1991). Because women are about two thirds of victims who suffer injury or death from these more severe forms of partner violence and most of those who do fear for their lives (Pottie Bunge & Locke, 2000), emergency distress lines, shelters, and advocacy services for abused women remain critically important. Justice officials, advocates, and services providers are in critical need of assessment tools and guidelines to assess severity and characteristics of violence in relationships so that women are not inappropriately punished for using violence in self-defense or in response to a long history of brutal victimization, and so that male victims can be recognized.

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

Injury prevention programs need to accept the reality that men are about a third of those injured or killed by a partner and that the risk of injury to women is greatest when both are violent (Straus & Gozjolko, 2007; Whitaker et al., 2007). Although I do not recommend fear-based messages to raise awareness of male victimization, the danger to men must be given more than a short mention in prevention programs. Prevention programs should explicitly state that although women are more likely than men to be injured by their partners, large numbers of men are also injured or killed, and

the greatest risk of injury to women as well as men occurs when there is mutual violence. More research is also needed into these cases so that men can be more appropriately informed of risk factors and so that frontline practitioners can more readily identify both men and women at greatest risk of being injured or killed by a partner.

Finally, services for male victims of partner violence, such as those offered by the Domestic Abuse Helpline for Men and Women, need to be further developed. It is likely that such resources could be built into services already provided for men. When violent crime is considered in general, men far outnumber women as victims (Felson, 2002). Often, male victims of these sorts of crimes appear in homeless shelters; at the YMCA, Salvation Army, Men's Mission, or John Howard Society; or in the care of other such organizations. Staff and administrators of these organizations, like the staff of similar organizations serving women, need training in issues around partner violence to better recognize both violence victimization and perpetration so that the needs of these men can be more adequately met.

Summary

Prevention messages should emphasize the importance of nonviolence by women as well as men. Such messages are important for reducing interpersonal violence generally and for preventing the negative consequences on relationships. Prevention messages are most likely to be successful if they focus on healthy modes of dealing with anger and frustration and if they avoid relying on fear as a motivating factor. Efforts to prevent injury and death resulting from partner violence should continue to focus on female victims. However, recognition of male victimization and provision of services for male victims are needed, including services that will enable men to escape from a dangerously violent situation, such as have been provided for women.

PRINCIPLES FOR IMPROVING TREATMENT

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

With the assumption that men's abuse was a result of a patriarchal society, treatment programs focused primarily on "reeducating" men. Men were challenged to give up their dominance in the family, avoid using their privilege as men in society to control women, and become involved in advocating for gender equity. The assumption is that a man who has been violent has the skills and knowledge to behave in healthier ways, he simply chooses not to in order to maintain his entitlement to power over his partner and over women in general. Explanations of violence that referred to any other aspect of men's history (e.g., childhood abuse), circumstances (e.g., alcohol use), family system (e.g., contributions of both partners to conflict), personality (e.g., depression, personality disorder), or interpersonal skills (e.g., lack of communication and problem-solving skills) were viewed as excusing male violence and distracting from the main problem of men's patriarchal and sexist attitudes. Treatments with individuals or couples (e.g., anger control programs, couple treatment) are specifically excluded from state standards for batterer intervention programs (BIPs) in 43% of U.S. states (Rosenbaum & Price, 2007).

Ineffectiveness of Batterer Intervention Programs

There have now been over 50 empirical studies evaluating the success of batterer treatment. These studies generally find that approximately two thirds of men who complete BIPs avoid physical reassault of their partners (Gondolf, 2002). However, men who do not attend BIPs cease assaulting their partners at similar rates. Experimental studies address this question more accurately by randomly assigning men to receive or not receive treatment and then following their progress over time. These studies almost uniformly report that treated and nontreated men reassault their partners at the same rate. In other words, these studies suggest that BIPs are no more effective than nontreatment at reducing assault (Babcock, Green, & Robie, 2004; D. G. Dutton, 2006, 2007; D. G. Dutton & Nicholls, 2005; Levesque & Gelles, 1998; Sartin, Hansen, & Huss, 2006). It is clear that improvements are needed.

In this section, I add my speculations to those of others (D. G. Dutton, 2006; Stuart, 2005) on ways to improve treatment through better recognition of gender symmetry, heterogeneity of partner violence, and multiple risk factors. I make seven suggestions, in the form of principles, for assessment and treatment development. Many of these suggestions are controversial, largely because of past misapplication (or concern about misapplication) to the small proportion of male offenders who are imminently dangerous. However, I suggest that improvements in rates of treatment success are most likely to occur through recognizing that most partner violence is mutual and only a small percentage is terroristic, injury causing, and unidirectional.

Principle 1. Assess all presentations of partner violence for dangerousness and symmetry. A critical first step in improving treatment of partner violence

is to critically assess all presenting cases for both bidirectionality and dangerousness. With rare exceptions, such as some programs for military personnel, the current default assumption is that violence is unidirectional (i.e., male to female), is intended to dominate and subjugate the partner by provoking fear of violence and actual violence, typically involves injury, and is potentially lethal. However, the empirical evidence reviewed earlier shows that at least half of partner violence is bidirectional and that, even in court-based samples, the majority of men in BIPs do not fit the model of high risk of ongoing injury-producing violence (Gondolf, 2002). In recognition of this large body of evidence, the default assumption needs to be replaced by assessment of the actual situation. Treatment of partner violence should start by empirically assessing dangerousness by means of an instrument such as the Danger Assessment (Campbell, 1995, 2001), assessing symmetry by means of an instrument such as the Conflict Tactics Scales (Straus & Douglas, 2004; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), and assessing risk factors for partner violence by means of an instrument such as the Personal and Relationships Profile (Straus, Hamby, Boney-McCoy, & Sugarman, 2007; Straus & Mouradian, 1999). In addition, given the evidence that traumatic brain injury is present in a substantial proportion of perpetrators of partner violence (R. A. Cohen, Rosenbaum, Kane, Warnken, & Benjamin, 1999) and that questions to identify head trauma are a cost-effective and valid method of detecting brain injury, brief screening for brain damage should be routine (Stern, 2004). Because some partner violence is dangerous, assessors should separate men and women during assessment and be prepared with safety plans for victims or potential victims of physical injury. Assessors also need to be well trained, so that they are able to safely follow up on inconsistencies and minimization in reports from men and women.

Principle 2. Avoid exclusive reliance on feminist theory. A second step for reform is to review the theoretical basis of treatment programs for partner violence offenders (D. G. Dutton, 2006; Stuart, 2005). BIPs were originally designed to change men's sexist attitudes and patriarchal entitlements, with the assumption that this attitude change would translate to lower rates of partner violence. Patriarchy has been shown to play an important role in predicting rates of violence at a societal level (i.e., rates of violence are higher in more sexist societies; Archer, 2006; Straus, 1994), and hostile attitudes toward women are consistent predictors of sexual aggression and rape (L. B. Dutton & Straus, 2005; Vega & Malamuth, 2007). In contrast, evidence linking sexism (i.e., holding traditional attitudes toward women) to partner violence in general is weak (T. M. Moore & Stuart, 2005; Sugarman & Frankel, 1996), and there is no support yet for the assumption that changing sexist attitudes of men arrested for assaulting their partners predicts long-term changes in partner violence (Davis, Taylor, & Maxwell, 2000; Faulkner, Stoltenberg, Cogen, Nolder, & Shooter, 1992; Feder & Dugan, 2002; Petrik, Olson, & Subotnik, 1994; Sugarman & Frankel, 1996). For example, Saunders

and Hanusa (1986) found that among 92 men completing a 12-week treatment program, changes in attitudes toward women's roles, jealousy, and threat from female competency were unrelated to changes in men's reports of abuse perpetration or their partners' reports of victimization. More important to predicting partner violence and change are men's attitudes about their specific partners and their role in that relationship (T. M. Moore & Stuart, 2005). Thus, although the promotion of gender equality is an important goal for society and is an important step in primary prevention that is likely to reduce societal rates of partner violence, it does not appear to be a critical target for treatment of individual men already demonstrating partner violence.

Another problem for existing treatment programs is the assumption that the primary problem of men in treatment is their sexist beliefs and behavior. In reality, this may be only a minor aspect of their problems Of men who perpetrate that level of violence, a high proportion have previous arrests for other crime, are alcoholic or have alcoholic tendencies, and have narcissistic or antisocial characteristics, and over half identify growing up in families in which their parents were physically abusive or had drug or alcohol problems. The rates for these problems are much higher than population averages and suggest that these men are dealing with a number of co-occurring social and psychological problems that must be addressed if treatment is to be effective.

Principle 3. Consider replacing educational "intervention" with cognitive–behavioral or other empirically validated treatment. The short-term BIPs offered across most of North America may serve the function of indicating the criminal nature of the behavior, but I suggest that this type of reeducation will not be sufficient to promote change. Rather, a more therapeutic orientation is needed. Adopting a therapeutic orientation would have a number of implications for batterer treatment programs. First, group sizes would need to be reduced from 20 to 25 (common in programs using the Duluth Domestic Abuse Intervention Project model) to the 8 to 12 typically recommended for group therapy. For those batterers assessed to have antisocial traits, group treatment may need to be avoided altogether to prevent iatrogenic effects (Dishion, McCord, & Poulin, 1999). In addition, the relationship between therapist and clients (acknowledged as one of the most important nonspecific factor for promoting change) would need to be emphasized to a much greater extent than it is currently. Finally, there needs to be more attention to investigating and using empirically supported treatment strategies.

There is a growing body of literature in support of a more therapeutic orientation to treatment for men who have engaged in criminal forms of partner violence. Taft, Murphy, Elliott, and Morrel (2001) found that therapeutic and group alliance factors were important predictors of reduced recidivism regardless of other major differences in the style of treatment. Similarly, Scott and King (in press) have shown that use of a more supportive and engaging therapeutic style with highly resistant clients reduces dropout and

enhances change in abuse-supporting attitudes. Focusing on psychological targets rather than on reeducation has also been supported. On the basis of a broad review of literature, to date, the only variables that have reliably been associated with reductions in abusive behavior are reductions in anger, alcohol and drug use, and level of psychopathology (e.g., level of depression; Scott, 2004). Considerably more research in this area is needed for the development of theoretically and empirically sounds treatments for this client group.

Principle 4. Conduct additional research on treatment needs of men and women who have engaged in partner violence. The concept of "need" in a criminal context (D. A. Andrews & Bonta, 1998) is an attitude, behavior, trait, or other factor that relates directly to an individual's likelihood of reoffending. Because research on treatment for partner violence has focused primarily on *whether* programs are successful rather than *why* programs might succeed, little is known about what might promote change in partner violence. D. G. Dutton (2006) speculated that successful therapy of men who perpetrate partner violence needs to address attachment needs and trauma symptoms. In particular, he emphasized the importance of anger management, stress tolerance, emotional regulation, and a strong relationship between therapist and client in which relationship issues can play out in a therapeutic context. Other theorists, notably Murphy and Eckhardt (2005), include many of these features and emphasize enhancing client motivation to change, training in relationship skills, and addressing cognitive distortions of abusive partners. Both theories assert that change in clients' emotion regulation, particularly anger, and in their patterns of thinking about and reacting to relationships are key components to promoting change. Men's use of alcohol is another promising treatment target. More controversial are theories suggesting that cessation of male violence is contingent of the female partner also ceasing (Feld & Straus, 1989; Straus, 2005) and theories suggesting that other characteristics of the relationship between men and women, such as dyadic patterns of hostility and withdrawal, are most important to promoting change. All of these theories need further empirical investigation with samples of partners who successfully end their use of abusive behaviors both with and without attending treatment.

Principle 5. Develop better strategies to contain high-risk repeat offenders. Although most men charged with assault against their partner avoid subsequent physical abuse, approximately 25% of men in BIPs do reassault their partners (Gondolf, 2002). These repeat offenders are a critical focus of treatment and monitoring efforts. Longitudinal studies suggest that reassaults are most likely to happen quickly, that repeat offenders tend to engage in multiple reoffenses, and that these men are responsible for the majority of injuries to women (Gondolf, 2002).

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

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

Principle 6. Develop theoretically and empirically supported treatment programs for female offenders. There is a critical need for better understanding women arrested for assault against their partners and for the development of empirically supported treatments for this population. In response to pressure from the justice system (in which, recently, women have been arrested in about a quarter of calls for partner assault), many larger cities now run treatment programs for female offenders. These programs tend to combine materials from traditional batterer treatment and from trauma-based counseling approaches. Unfortunately, neither of these treatment approaches are good models. Batterer programs have been built on feminist assumptions that make little sense when applied to female use of violence (i.e., How should women be reeducated to avoid patriarchal attitudes and behaviors?). Trauma-based models, in contrast, focus on resolving the impact of past victimization. Neither programs address needs of female offenders for strategies to better deal with anger, assert needs, resolve interpersonal conflict, and make better relationship choices (if these are indeed needs for this population, as suggested in general population surveys).

Fortunately, there is a growing body of literature on the treatment needs of female offenders (Dowd, Leisring, & Rosenbaum, 2005), their risk of reoffense (e.g., see Henning & Feder, 2004), and the efficacy of treatment for this population (Carney & Buttell, 2004, 2006). In addition, some comprehensive treatment programs have been developed. One example is the VISTA program in New Jersey (Larance, 2006). VISTA uses an ecological model to understand and contextualize women's use of violence. When self-defense motives are identified, women are referred to a companion program for vic-

tims of abuse. Assessment is ongoing throughout women's involvement in the program and aims to promote women's understanding of the range of emotions, events, and contributing factors to their use of aggression. Educational group sessions focus on educating women on the links between shame and anger and on the impact of familial expectations on their development, promoting women's responsibility for their behaviors and for use of force in relationships, and developing women's skills for resolving problems and conflicts without violence.

Principle 7. Consider expanding services in couples therapy and restorative justice. Finally, providers of treatment for partner violence should consider significantly expanding the range of services offered to include violent individuals who are not arrested for partner violence. As previously noted, national surveys in the United States and the International Dating Violence Study have found that mutual violence is the typical pattern. Studies that have investigated this issue have found that both partners are violent in half the cases and the remaining half are about equally divided between male-only and female-only partner violence. This means that women are violent in about three quarters of violence cases. Moreover, violence by the female partner is an important risk factor for reoffending (Feld & Straus, 1989; Gelles & Straus, 1988). These data indicate a need for treatment of both partners in a violent relationship, either couples therapy or separately, even when only one partner is the presenting case. The need to attend to both partners in a relationship is made even more pressing in light of the lack of evidence for the effectiveness of BIPs that treat only one partner.

Currently, the most likely professional resource that violent couples are likely to seek is marital therapy. Cascardi, Langhinrichsen, and Vivian (1992) found that almost three quarters of couple-clients seeking marital therapy reported at least one incident of partner violence in the past year, 86% of which were reciprocal. There are a variety of theoretical perspectives on how to best address violence within the context of couples therapy, and they vary on the extent to which both partners are held responsible for escalation of conflict. One of the more promising models seems to be the physical aggression couples treatment program (Heyman & Schlee, 2003; O'Leary, 2001). Under this model, each partner is held responsible for his or her own behavior, but both are taught to recognize cycles of dysfunctional interaction and to respond with deescalation strategies.

For partners who have been arrested for domestic violence, *restorative justice* (Daly & Stubbs, 2007; Mills, 2003, 2008; Strang & Braithwaite, 2002) is a promising approach that needs further trial and research. Restorative justice is an alternative to the current retributive justice system. In the current system the crime is considered an offense against the state, and the state imposes penalties (i.e., retribution). Restorative justice seeks to rectify the harm by including both the victim and the offender as parties in need of restoration. It addresses the harm to the dignity and physical, psychological,

economic, and social status of the victim and seeks to reintegrate the offender into society. For a court to assign a case to restorative justice, both the offender and the victim must be willing, and there has to be a danger assessment before proceeding. A meeting is arranged that includes all the stakeholders: the offender, the victim, a representative of the criminal justice system, and key people in the lives of the offender and victim. The offender must acknowledge his or her wrongdoing, and steps to rectify the harm to the victims are developed and agreed on at the meeting. Subsequent to the meeting, the case is monitored. If there is lack of compliance, the case goes back to the standard system of justice.

Both couples therapy and restorative justice must address the potential dangers of couple work in violent relationships. Although this is a critically important issue, most of what has been written reflects a misapplication of data from more extreme forms of violence to all partner abuse. With appropriate screening, including use of instruments such as the Campbell's Danger Assessment Scale (Campbell, 1995, 2001) and the Conflict Tactics Scales (Straus & Douglas, 2004; Straus et al., 1996), couples in which there has been significant injury, or one member of the couple denies violence, or either member of the couple is fearful can be excluded. The limited research that has been done on couples therapy suggests that this form of treatment is at least as successful as group-based treatment for reducing rates of violence recidivism (O'Leary & Cohen, 2007; Stith, Rosen, & McCollum, 2003).

Summary

As with prevention, treatment efforts need to be differentiated according to the severity of partner violence. Different approaches are needed for dangerous offenders than for couples who are situationally violent (Johnson & Ferraro, 2000). Despite that, there are two general principles that must be applied to enhance the effectiveness of partner violence treatment for all but the most extreme and immanently dangerous level. The first principle is that most partner violence is mutual. The second principle is that education about patriarchy and male privilege, although extremely important as an end in itself, is a relatively minor risk factor for partner violence in Euro-American societies and by itself is not likely to result in much change in those receiving this message.

CONCLUSION

Preventing and treating partner violence will require major changes in current modes of intervention. In this chapter se emphasized interventions addressed to females as well as males, interventions that increase interpersonal relationship skills, and, for the more severe levels of partner violence,

therapy to change the personality, cognitive, behavioral, and emotional underpinnings of severely abusive behaviors. Such programs exist (e.g., see O'Leary & Cohen, 2007; Stith et al., 2003; Stith, Rosen, McCollum, & Thomsen, 2004) but are not widely used and, as noted previously, are specifically excluded from state-mandated intervention programs in many U.S. states. These interventions need to be offered in a variety of formats, including programs for parents and children to enhance interpersonal relations skills, couples counseling, individual counseling, and group treatment, and with varying levels of criminal justice monitoring. Many other aspects of the needed changes are covered in this book and in D. G. Dutton (2006) and Hamel and Nicholls (2007). Achieving this type of differentiated treatment requires broader awareness of the characteristics of partner violence, more systematic use of existing assessment methods to assess multiple risk factors for partner violence, and development of new instruments so that appropriate screening and referrals can be made to each of these types of services.

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