

**CURRENT CONTROVERSIES AND PREVALENCE
CONCERNING FEMALE OFFENDERS
OF INTIMATE PARTNER VIOLENCE**

**Why the Overwhelming Evidence on Partner
Physical Violence by Women Has Not Been
Perceived and Is Often Denied**

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Over 200 studies have found about the same percentage of women as men physically assault partners, and that the risk factors and motivations are mostly the same as for men. Explanations are suggested for why this fundamental fact has not been perceived by the public and practitioners, including concealment and denial by many academics who know the research. Explanations for concealment and denial are also presented, with discussion of the adverse effect that misperception and denial have had on prevention and treatment programs. The practical implications of recognizing gender symmetry in partner violence are discussed.

KEYWORDS *partner violence, female violence, feminist theory, prevention, treatment, science*

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The primary purpose of the article is to suggest explanations for the fact that, despite a large body of high-quality evidence, gender symmetry in the perpetration of physical assault against a partner in a marital, cohabiting, or dating relationship has not been perceived by the public or service providers. Moreover, the article also suggests explanations for the fact that research showing symmetry has often been concealed and denied by academics. The term "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. To avoid confusion, it is also necessary to identify issues that are *not* among the purposes of the article.

First, the evidence showing gender symmetry has been covered elsewhere (Archer, 2000; Capaldi, Kim, & Shortt, 2007; Capaldi & Owen, 2001; Fiebert, 2004; Moffitt, Caspi, Rutter, & Silva, 2001; Straus, 2005, 2007a), and therefore is not addressed here. Second, this article will not present the evidence and methods used to conceal and deny it (e.g., publishing only the results on perpetration by men, even though results for both genders are available), as that has also been documented previously (Straus, 2007a). 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. When the term "violence" is used, it will refer to nonsexual physical violence. 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 partner violence (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 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 that have analyzed the development of "family violence" as a field of research (Straus, 1992b, 1999, 2007b).

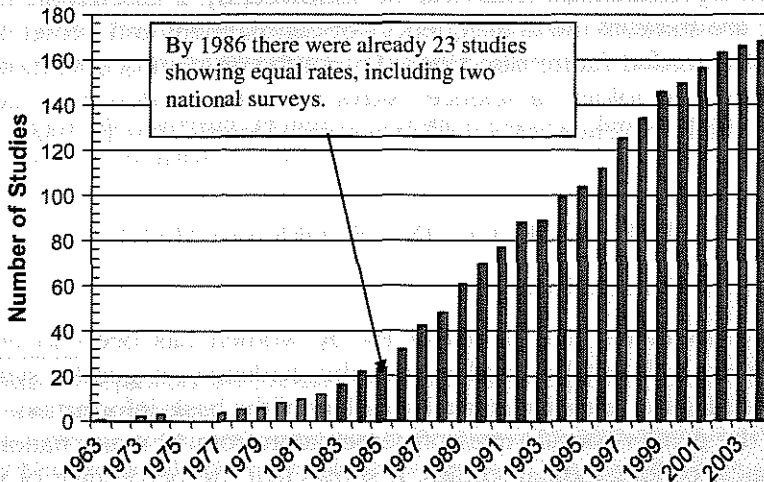
THE EVIDENCE ON GENDER SYMMETRY

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. 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 percentage of women who physically assaulted a male partner is as high or higher than the percentage of men who physically assaulted a female partner, and that this applies to severe violence such as kicking, choking, and attacks with objects and

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	11.6%	12.1%
	Severe	3.8%	4.6%
1985 National Family Violence Survey (Gelles & Straus, 1988)	Minor	11.3%	12.1%
	Severe	3.0%	4.4%
Canadian National Survey (Grandin & Lupri, 1997)	Minor	17.8%	23.3%
	Severe	10.1%	12.9%
Canadian General Social Survey (Fitzgerald, 1999)	Overall rate	7.0%	8.0%
British Crime Survey (Morrill-Black, 1999)	Overall rate	4.2%	4.2%
National Co-Morbidity Study (Kessler, 2001)	Minor	17.4%	17.7%
	Severe	6.5%	6.2%
National Alcohol and Family Violence Survey (Straus, 1995)	Overall rate	9.1%	9.5%
	Severe	1.9%	4.5%
Dunedin Health and Development Study (Moffitt & Caspi, 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 (Eaton et al., 2006)	Overall rate	8.8%	8.9%
National Youth Survey (Wofford-Mihalic, Elliott, & Menard, 1994)	Overall rate	20.2%	34.1%
	Severe	5.7%	3.8%
National Longitudinal Study of Adolescent Health (Whitaker et al., 2007)	Overall rate	19.3%	28.4%

**FIGURE 1** Cumulative number of studies showing similar rates of assaulting a partner by women and men.

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 (Capaldi, Shortt, & Crosby, 2003; Kessler, Molnar, Feurer, & Appelbaum, 2001; Straus, 2005; Straus & Ramirez, 2007). Moreover, Figure 1 shows that the evidence demonstrating similar rates of PV perpetration 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, 2007a) and about 200 other studies that have found gender symmetry in PV perpetration and a less, but still large, number that have found similar patterns of motivation.

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. Although this article will not fully document gender symmetry in risk factors and motivations, it is necessary to provide at least some documentation of symmetry in motives and risk factors because few readers will be familiar with the evidence. An early example is the empirically derived risk factor indices for male violence against female partners and female violence against male partners. The items in these two indices 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, 1999; Sommer, 1996). For example, Follingstad et al.'s (1991) study of college students found that PV perpetrators reported self-defense 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 it is perpetrated almost exclusively by men. This raises the question of why the overwhelming body of evidence on gender symmetry has not been perceived but rather has often been concealed and denied (see Straus, 2007b, for documentation of 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, followed by a section containing 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 one important and consistently reported gender difference in PV: 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 in 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. 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 deaths by homicide (Catalano, 2006; Rennison, 2000; Straus, 2005). PV by women is therefore a serious crime, health, and social problem that must be addressed, even though the effects are not as prevalent as assaults perpetrated by male partners. Moreover, the risk of injury and the probability of the violence continuing or escalating is greatest when both partners are violent (Straus, 2007b), as is the case for at least half of violent couples (Feld & Straus, 1989; Ross & Babcock, 2009; Straus & Gozjolko, 2007; 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 described in this section, and the explanation for the concealment described in 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, especially violent crime, men predominate. For some types of crime, such as homicide and sexual assault, the

gender ratio is as high as 10 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 & Thoennes, 2000). Police are not involved in at least 95% of PV 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, some hospital data show a preponderance of male victims, reflecting the greater probability of injury from an attack by a female, 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 more frequently physically injured thus results in greater concern and sympathy for female victims, 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 (Straus, 1995; Straus, Kaufman Kantor, & Moore, 1997).

Violence by a male partner produces an appropriate fear of injury among women. However, the much lower but still present probability of injury for men (coupled with greater cultural acceptance of women's PV) leads to trivialization of physical attacks by women and hinders perception of PV perpetrated by women. It also reduces the probability of men (and others) perceiving attacks by women as dangerous or "violent," even though men are victim to a third of the homicides and a third of the nonfatal injuries inflicted by a 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 the author (Straus, 1976), to change the continuing implicit cultural norm that accepts 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; Whitaker & Lutzker, 2009).

Men have the predominant power in society as judged by many indicators (Archer, 2006; 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; Straus, 2007a; 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 (Archer, 2006; 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 United States and other advanced industrial nations, but more as an 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, there are implicit norms tolerating violence by women, on the assumption that it rarely results in injury (Straus, Kaufman Kantor, & Moore, 1997). 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, as well as about a third of nonfatal 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), which 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 the wife assaulting the husband, whereas only 17% were husbands assaulting their wife. This probably reflects the fact that many more wives than husbands have the responsibility of providing care for elderly, infirm, 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 it. Experiments by Schwarz, Sanna, Skurnik, and Yoon (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 result partly 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 and Prevention, 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. 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.

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 in which women's injury, fear, and domination are much more common). In contrast, the research showing gender symmetry has been based on general population samples in which 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.

Academics are the ones who know or produce the research and 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 heterogeneity into account.

It is increasingly clear that the characteristics of "clinical" and "nonclinical" levels of PV differ, therefore the interventions also need to differ (Johnson & Ferraro, 2000; Ross & Babcock, 2009; Straus, 1990a; Straus, 2009). 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 nonclinical 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 (Straus, 2009; 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 PV 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 as 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 misbehavior by the partner are frequent precipitants of PV (see the reviews in Hettrich & O'Leary, 2007, and Straus, 2009). 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 perceived as 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 (e.g., efforts to rectify the differential).

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 (Archer, 2006; Straus, 1994, 2007a; 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 cases in which funding for services for female victims has 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 1992 meeting of the Society for Study of Social Problems. One panel member said that this type of phallic-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 nonfatal 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 that women received swift police response, followed by arrest and prosecution of their partners, were of nonviolent 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

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, service providers can be considered victims of the denial of the scientific evidence by the academic 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 (Capaldi & Owen, 2001; Straus & Gozjolko, 2007; Whitaker et al., 2007). Third, it exposes children to the well-documented harm 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 antifeminist agenda and publicize feminist denial and distortion of the evidence on PV as part of that larger effort. This is happening in many countries (e.g., see the organization Save India Family Foundation, <http://www.saveindianfamily.org>). 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; Hamel & Nicholls, 2007; O'Leary & Woodin, 2009; Straus, 2009; Stuart, 2005) indicate a process that is likely to ultimately change the current pattern of denial of gender symmetry in the scholarly literature as well as 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 the deliberate ignoring of evidence from studies that have investigated the issue in the general population and in samples of battered women showing that most PV is bidirectional, and that the bidirectionality is rarely a self-defensive response. This calls for involving both partners in treatment. But legislation or administrative rules in 43% of American states forbid 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 PV accumulated in the past 20 years by excluding from the treatment model any cause except the idea that PV is an effort by men to uphold male privilege in society and the family, and by rejecting any other explanation or treatment modality as excusing male violence. 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 (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, as well as efforts to coerce the partner into doing or not doing something (Caldwell, Swan, Allen, Sullivan, & Snow, in press; Walley-Jean & Swan, in press). 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 (Goldenson, Spidel, Greaves, & Dutton, in press; Straus, 2009). This calls for the development of multiple forms of treatment to address those motives and psychological problems, along with treatments that 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 a humane society, and it contributes to prevention of PV. 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 psychological aggression by parents and between partners. On the positive side, prevention efforts need 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 and Prevention (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 that obstructs this needed fundamental change in prevention and treatment of PV is, in my 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, these denials block key steps that could increase the effectiveness of the effort to reduce violence against women.

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