

# Controversies in Partner Violence

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Partner violence (PV) is a major social concern, and educational and treatment efforts are widespread in the United States and other Western nations. Feminist advocacy movements of the 1970s brought PV out of the home and into the public eye. It soon became viewed as an issue that researchers, the public, policymakers, and the criminal justice system had to take more seriously. The most famous early study of PV was the first National Family Violence Survey (NFVS) in 1975 (Straus, Gelles, & Steinmetz, 1980), a population-based, nationwide study of the extent of family violence in the United States. Around this time is when the major controversy regarding PV began to take shape: how to properly conceptualize the definition and underlying causes of PV. Essentially, the field split into two camps: those who think that at the heart of all PV is men's need to dominate and control women (the patriarchal perspective) and those who think that male dominance is only one of many risk factors for PV, which is much more complex and often involves women who perpetrate PV (the family conflict perspective). Current policy is based on the first notion; however, much of the empirical research supports the second notion. In this chapter, we will review how this schism underlies and has influenced PV prevalence estimates, measurement techniques, research into causal mechanisms, victim services, treatment options, and prevention programs. Within each section, we will also review other controversies that occur within a given camp. We conclude with some suggestions for how to move forward in this field, given these controversies and what we currently know about PV.

## Controversies Regarding Prevalence

### What is the Controversy Regarding Prevalence?

The major controversy surrounding prevalence has to do with the findings of the NFVS and other family conflict surveys that half of the perpetrators of PV are women and that the majority of PV is bidirectional. For example, the 1985 NFVS found that 11.6% of men used some type of violence against their female partners in the previous

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year, and 3.4% used severe violence, which was defined as violence that had a high likelihood of causing an injury (e.g., beating up, punching, using a knife or gun). Similarly, 12.4% of women used some type of violence against their male partners in the previous year, and 4.8% used severe violence (Straus & Gelles, 1986). These percentages project nationwide to 1.8 million female and 2.6 million male victims of severe violence in a one-year time period (Straus & Gelles, 1986).

These results have been replicated by dozens of studies since the 1970s (Straus, 1999), including a meta-analysis (Archer, 2000), and overall, estimates of PV in general US population surveys from a family conflict perspective range from 8.4% to 18.4% for any type of violence and from 3.2% to 5.5% for severe violence, with approximately equal rates of male and female perpetration (Straus, 1995; Caetano, Vaeth, & Ramisetty-Mikler, 2008; Hale-Carlsson et al., 1996; Kessler et al., 2001; Schafer, Caetano, & Clark, 1998; Sorenson, Upchurch, & Shen, 1996; Straus & Gelles, 1986). These same surveys also find that the dominant pattern of PV is bidirectional – i.e., both partners use physical PV to some extent (e.g., Kessler et al., 2001; Langhinrichsen-Rohling et al., 2012; Straus, 2008a; Whitaker et al., 2007). In fact, over 200 studies show that bidirectional violence is the dominant pattern of PV, with up to 80% of violent relationships showing some reciprocity (see Langhinrichsen-Rohling et al., 2012; Straus, 2006).

### Patriarchal Interpretations of these Findings

The controversy over these findings stems from how much symmetry truly exists in PV perpetration and the degree to which any symmetry can be understood within a patriarchal perspective (Langhinrichsen-Rohling, 2010a). One major argument is that these findings of female perpetration and bidirectional PV reflect the fact that most women, if not all, are acting out of self-defense or retaliation (e.g., Belknap & Melton, 2005; Dobash et al., 1992; Loseke & Kurz, 2005; Saunders, 1988). However, this assumption has been refuted by several findings: (i) many studies of different types of samples find that in at least a quarter of violent relationships, women are the sole perpetrators (e.g., Hines & Saudino, 2003; Kessler et al., 2001; Langhinrichsen-Rohling et al., 2012; Straus, 2008b; Whitaker et al., 2007); (ii) women are slightly more likely to initiate PV within the family, according to their own self-reports (Straus, 2004b), and (iii) by their own self-reports, the majority of women do not cite self-defense or retaliation as their motive for PV perpetration (see Medeiros & Straus, 2006, for reviews; Hines & Malley-Morrison, 2001). In fact, major reasons reported by women physically assaulting their male partners include: to show anger, to retaliate for emotional hurt, to express feelings that they had difficulty communicating verbally, to gain control over the other person, to get their partner's attention, because he was not sensitive to her needs, because he was being verbally abusive, because he was not listening, and jealousy (e.g., Felson & Messner, 2000; Fiebert & Gonzalez, 1997; Follingstad et al., 1991; Hettrich & O'Leary, 2007; Rouse, 1990).

Other researchers who ascribe to the patriarchal perspective argue that although not all female perpetration is in self-defense, gender needs to remain at the heart of analyses of PV. For example, Reed et al. (2010) argue that findings of female perpetration and bidirectional PV “disregard the gender-based framework at the root of our understanding and consideration of partner violence” (pp. 348–349) because of the implication that PV has the same etiology across genders and similarly affects victims

regardless of gender. They cite statistics that show that women are more likely to be killed by an intimate partner than by anyone else (Catalano, 2007), that women are more likely than men to be injured by PV (Tjaden & Thoennes, 2000), that women are more likely than men to be sexually assaulted by an intimate partner (Tjaden & Thoennes, 2000), and that PV causes more fear in female victims (Swan et al., 2008). Such researchers argue that female perpetration and bidirectional PV should not be interpreted “in the absence of well-accepted historical and political realities” (Reed et al., 2010, p. 350) and state that PV is “unambiguously...rooted in the social construction of being female” (p. 349).

Although the statistics these researchers cite are correct, we should note that men accounted for over 35% of all intimate partner homicide victims between 1976 and 2005 (Bureau of Justice Statistics, 2011). Also, according to the National Violence Against Women Survey, female-perpetrated violence against men accounted for 40% of all PV injuries in the previous year and 31% of all victims who feared bodily harm (Straus, 2004b; Tjaden & Thoennes, 2000). Kar & O’Leary (2010) found that among a community sample of young couples, PV victimization was associated with fear and depressive symptoms for both men and women. Finally, analyses of 611 male victims of female-perpetrated PV showed that 48.6% experienced sexual aggression, which ranged from coercive acts to engage in sex to forced sex. Thus, female-perpetrated PV is not insignificant. Further, there is little evidence that the underlying etiology for PV is different across genders (e.g., Medeiros & Straus, 2006; see “Controversies in Causes”).

Nonetheless, patriarchal theorists assert that female-perpetrated PV should be interpreted differently because of patriarchal cultures that lead to differential power relations between men and women (Stark, 2007; White & Kowalski, 1994). Stark (2010) argues that women use PV “to create an environment in which they enjoy the same autonomy, liberty, and dignity” they have achieved in the outside world and that they “feel entitled to punish male partners who fail” to live up to equal roles in the relationship (p. 208). Even when PV is bidirectional, PV has different dynamics across genders because of structural inequalities (Stark, 2010). Women’s PV, particularly that which is perpetrated within a bidirectionally violent relationship, needs to be interpreted in a gender-sensitive and non-victim-blaming way (Swan et al., 2008), but as Ross and Babcock (2010) point out, it is difficult to elucidate *the* victim in a bidirectionally violent relationship, so what patriarchal theorists are suggesting is that we need to interpret these findings of bidirectionality in a non-woman-blaming way, whether that interpretation is warranted or not.

### Two Types of Partner Violence?

Another patriarchal interpretation of female-perpetrated and bidirectional PV was originally forwarded by Johnson (1995), who argued that the patriarchal perspective and the family conflict perspective were each drawing its conclusions based on nonoverlapping data gathered from two fundamentally different sources. Johnson theorized that PV found in community and population-based samples is situational couple violence (SCV), which is characterized by low-level (e.g., slapping, pushing), low-frequency violence in a couple where both members are about equally violent; this PV is not part of an overall pattern of control of one partner over the other, but is the result of a conflict “getting out of hand.” On the other hand, violence found in

shelter and other clinical samples is intimate terrorism (IT). In IT, the violence is one tactic in a general pattern of control of one member of the couple over the other. The PV is more frequent than what is found in cases of SCV, is less likely to be mutual, is more likely to involve serious injury, and involves psychological maltreatment as well (Johnson, 1995; Johnson & Ferraro, 2000). Similarly, Stark (2010) asserts that the “patterned subjugation of one partner by the other” (i.e., IT) is the heart of PV and needs to be distinct from the violence couples use when they fight or have conflict (i.e., SCV).

Johnson (1995, 2006; Johnson & Ferraro, 2000) asserts that IT is the almost exclusive province of men and can be explained by patriarchal theories in which men are trying to exert and maintain control in their relationships. Stark (2010) elaborates by stating that men have a “differential capacity . . . to construct a regime of domination based on the greater shares of power and control they inherit from persistent inequalities simply because they are male” (p. 208). Men, therefore, engage in many different tactics within their intimate relationships “to preserve what is left of gender inequality against women’s growing capacity for full personhood” (p. 209).

Both Johnson and Stark base their conclusions on samples of battered women and male batterers, and argue that because IT is committed by men in these samples, it is explainable by the patriarchal perspective. In addition, Johnson (2010) asserts that IT cannot be found in population-based or community samples, while Stark (2010) says that samples of male IT victims with female perpetrators do not exist. In fact, Stark (2010) states, “I do not believe there is compelling evidence that any substantial proportion of men assaulted by female partners want or require more protections, assistance and support than are currently available” (p. 202), “or that male victims have needs for protection, treatment or support that require new funding streams or services” (p. 204). In addition, he states that police respond “without bias to male and female victims of partner assault” (p. 204), and says that there is no “evidence that female partner assault evolves into the patterned subjugation that typifies women who use shelters, emergency rooms or other services” (p. 205).

However, there are samples that show that women do perpetrate IT (e.g., Felson & Messner, 2000; Graham-Kevan & Archer, 2005; Hines, Brown, & Dunning, 2007; Hines & Douglas, 2010a, b; Migliaccio, 2001; Straus, 2008a). Population-based studies in New Zealand (Ehrensaft, Moffitt, & Caspi, 2004) and Canada (Laroche, 2008) show that women and men commit IT at similar rates. The New Zealand study was a cohort study that encompassed almost the entire population of that cohort, and it showed that the prevalence rate of IT was 9%, with men and women equally likely to be intimate terrorists and IT showing mostly a bidirectional pattern. In a 2004 survey in Canada, 40% of all male PV victims were victims of IT, and 36.8% of all victims of IT were men (Laroche, 2008).

These findings may be counterintuitive given the experiences of domestic violence agency workers and police officers. However, as Langhinrichsen-Rohling (2010a) points out, gender asymmetry in helpseeking is at least partly due to gender socialization, with men facing several internal and external barriers to seeking help for an issue that the public considers non-normative for men (Addis & Mahalik, 2003). When they do seek help, biases are apparent among first responders and other providers. For example, when the police are used as a source of help, men are disproportionately arrested for domestic violence, even when their violence is equivalent to that of women (Brown, 2004). In this same study, when only the male partner was injured,

the female perpetrator was charged in 60.2% of the cases, but when only the female partner was injured, the male perpetrator was charged in 91.1% of the cases. When women were charged with domestic violence, the injuries that they inflicted on their male partners were much more severe than the injuries inflicted by men charged with domestic violence. Thus, a higher threshold needed to be reached in order for women to be charged (Brown, 2004).

These findings of bias by the criminal justice system became apparent in a study of over 300 male victims of female-perpetrated PV. Analyses of this sample showed that the pattern of PV that these men experienced was IT (Hines & Douglas, 2010b), and that their experiences were a mirror image of the experiences of female victims in samples reported by Johnson and Stark (Hines & Douglas, 2010a, b, 2011a, b). Among these male IT victims, 46% said that they had called the police because of their partner's violence, and 56% found the police not at all helpful. In fact, it was equally likely that the man would be arrested and placed in jail as it was that the female partner would (Douglas & Hines, 2011).

Biases are also apparent in domestic violence agencies. This same study found that 23% of the men contacted a domestic violence hotline, and 68.7% found it not at all helpful, with the main reason being that the hotline said that they only helped women, followed by the hotline referring them to a male batterers' program. Almost half (44%) of the men contacted a local domestic violence agency, and again 65.2% said it was not all helpful, primarily because the agencies appeared to be biased against men, said they did not help male victims, and suggested he was the batterer (Douglas & Hines, 2011). Thus, these data clearly refute Stark's (2010) contention that there are plenty of services available to help male victims of PV and that such services are not biased. These data also explain why it is difficult to find samples of male victims from the same areas where we find samples of female victims, and why the helpseeking samples are so lopsided towards female victims.

### Defining Partner Violence

At the heart of the arguments over female-perpetrated and bidirectional PV is the issue of how exactly PV should be defined. In most surveys, physical assault is analyzed, but many argue that PV is a combination and pattern of physical, psychological, controlling, and/or sexual aggression (e.g., DeKeseredy, 2000; Saltzman, 2000; Stark, 2010). To properly capture PV, patriarchal theorists argue that family conflict surveys like the NFVS are too limited in focusing on acts of physical PV. Stark (2010), in particular, says that better data comes from surveys like the National Crime Victimization Survey (NCVS) that define PV as a crime or the National Violence Against Women Survey (NVAWS) that focused on acts that caused safety concerns, which frames PV as a criminal or safety issue for research participants, instead of a conflict resolution tool.

The NCVS collects crime victimization data (whether reported to the police or not) twice each year through a standardized interview from a sample of approximately 100 000 individuals living in approximately 50 000 households, and in comparison to the NFVS, it provides much lower estimates of PV prevalence. Between 2003–2012, the NCVS data show that 6.2 per 1000 women sustained a physical assault from an intimate partner. By contrast, 1.4 per 1000 men sustained a physical assault; thus, men represented about 24% of PV victims between 2003 and 2012 (Truman &

Morgan, 2014). Note that the NCVS rates are less than 1/20th than that of the NFVS because most people do not consider violence perpetrated against them by family members to be criminal, particularly if it is by a woman (Mihalic & Elliott, 1997; Straus, 2004b). A further problem with Stark's (2010) assertion that the NCVS provides better estimates of PV is that it does not assess the type of controlling behaviors and psychological abuse that he says underlie PV.

The NVAWS was a national telephone survey on crime and personal safety administered between November 1995 and May 1996 to a representative sample of 8000 women and 8000 men in the United States. Respondents were asked questions about rape, physical assault, and stalking victimization. According to the NVAWS, 1.8% of women and 0.8% of men were victims of PV within the prior year (Tjaden & Thoennes, 2000); thus, about 40% of the PV victims within that year were men. However, these estimates also do not include issues of controlling behavior or psychological abuse that Stark (2010) says underlie PV. Thus, even according to the two surveys that Stark (2010) recommends, about 15%–40% of PV is perpetrated by women, with both surveys finding only a fraction of the PV that the NFVS and other family conflict surveys find because of their framing of the study as crime and personal safety surveys.

The National Intimate Partner and Sexual Violence Survey (NISVS) is a national study of 9086 women and 7421 men that provides information on victimization from sexual violence, partner physical violence, stalking, psychological aggression, and control of reproductive/sexual health (Black et al., 2011). Data are available from the year 2010. DeKeseredy (2011), a patriarchal theorist, says that US authorities recognized and used feminist thinking to develop the NISVS, which he says applies a broad definition of PV and provides valid and reliable data on PV victimization. According to the NISVS, when only physical assault is considered, 53% of the victims of PV in a 1 year time period are men, and when sexual violence and stalking perpetrated by an intimate are added to the definition of PV, 43% of the victims of PV in a one-year time period are men. If psychological aggression (i.e., expressive aggression, such as being called names, being humiliated, or partner acted angry in a way that seemed dangerous; and coercive control, such as one's partner keeping track of or demanding to know one's whereabouts) is also added to the definition, then 51% of PV victims in a 1 year time period are men (calculated from Black et al., 2011). Thus, according to a comprehensive definition of PV that encompasses physical violence, sexual violence, stalking, and psychological abuse, the NISVS shows that about half of PV victims in a 1 year time period are men. Control of reproductive/sexual health is not included in these numbers because the researchers presented only lifetime estimates. However, men experienced this type of PV at a higher rate than women, with 10.4% of men and 8.6% of women saying that an intimate partner tried to get (them) pregnant when they did not want to and/or refused to use a condom or birth control (Black et al., 2011).

Thus, according to the surveys that patriarchal theorists say we should rely on for more accurate information on PV, 24% to more than 50% of PV victims are men. However, all three of these surveys – the NCVS, NVAWS, and NISVS – are problematic because they only focus on victimization. Surveys that assess both victimization and perpetration within a given relationship show that bidirectional violence is clearly the most common form of violence for both minor and severe PV (Kessler et al., 2001; Langhinrichsen-Rohling et al., 2012; Straus, 2008b; Whitaker et al.,

2007). Even among clinical samples of PV victims and perpetrators, bidirectional violence is the norm. For example, among samples of battered women in shelters (Giles-Sims, 1983; McDonald et al., 2009; Saunders, 1988), 50%–75% report using some type of violence against their male partners (Giles-Sims, 1983; Saunders, 1988) and 50%–67% using severe violence (McDonald et al., 2009; Saunders, 1988). Thus, it is vitally important that any population-based prevalence surveys assess both victimization and perpetration within a relationship so that we have an accurate understanding of the dynamics within the couple. This research is important since early indications are that both physical and psychological injuries are more severe among both men and women who experience bidirectional violence compared to those who experience unilateral violence (Straus, 2008b; Hines & Douglas, 2011b; Whitaker et al., 2007).

## Controversies Regarding Measurement

### Scales to Measure Partner Violence

The most widely used tool to measure PV is the *Conflict Tactics Scales (CTS)*. The CTS was developed in the 1970s and is a behavioral checklist that asks participants to indicate the methods or *tactics* that they have used to resolve a difference with an intimate partner (Straus, 1979). A revised version of the CTS was developed in the 1990s (Straus et al., 1996) and continues to be used today, including a 3–5 minute short form (Straus & Douglas, 2004). The CTS has been used in hundreds of studies, translated into dozens of languages (Straus, 2005), and administered on diverse populations (Anderson & Leigh, 2010; Straus, 2004a); at one point, it was estimated that the CTS was featured in six new family violence publications each month (Straus, 2005). The CTS measures five different types of tactics: negotiation, psychological aggression, physical assault, physical injury, and sexual coercion. Participants indicate the extent to which they perpetrated or sustained any of the behaviors measured in the CTS within a specified time period; the most common periods are the past 12 months or lifetime. The behaviors measured include listening to their partner's side of the story (negotiation), calling their partner names (psychological aggression), slapping or punching a partner (physical assault), causing a small bruise or cut to a partner (physical injury), and insisting on sex when the partner has refused (sexual coercion) (Straus et al., 1996).

Despite the widespread use of the CTS, it has been the subject of fierce criticism, particularly by patriarchal theorists who assert that male dominance over women in the family and society underlies PV and that men use violence to maintain this dominance (Barner & Carney, 2011; Dobash & Dobash, 1977, 1979). By contrast, the CTS is based on the family conflict perspective, which assumes that any inequality in the family, including dominance by a male *or* female partner, increases the probability of PV because the dominant partner may use violence to maintain his or her position or the subordinate partner may use violence to try to achieve a more equitable relationship (Straus, 1979). Therefore, a key feature of the CTS is that it measures violence by both partners in a relationship; this is also one of the bases for rejection of this instrument by some feminist scholars (Browning & Dutton, 1986; Dobash & Dobash, 1990, 1992; Szinovacz, 1983).

The CTS also bears the news that women assault male partners at about the same rate as men assault female partners (Cercone, Beach, & Arias, 2005; Chan, 2012; Kar & O'Leary, 2010; Langhinrichsen-Rohling et al., 2012; Renner & Whitney, 2010; Robertson & Murachver, 2007; Straus, 2012; Straus et al., 1997). Many perceived these results as both implausible and a threat to funding of services for battered women, and as a result, have denounced the CTS (Dobash et al., 1992; Johnson, 2006; Szinovacz, 1983).

The most frequent criticism of the CTS is that it does not measure the causes, context, or meaning of the violent acts that it assesses. Participants are asked to indicate whether they struck a partner, but not the reasons for doing so. It does not assess whether it was out of anger, to control a partner, or in self-defense (Dobash et al., 1992; Simmons, Lehmann, & Cobb, 2009), which is a critique of most research which finds bidirectionality in violent couples (Miller, 2001, 2005; Miller & Meloy, 2006; Saunders, 1986, 1988). The creator of the CTS has argued that such a criticism is analogous to criticizing a test of reading ability for not identifying the reasons a child reads poorly (such as limited exposure to books at home or test anxiety) and not measuring the harmful effects of reading difficulty (such as dropping out of school or economic instability). He argues that these are vital issues, but they must be investigated by using separate measures of those variables along with the reading test. Similarly, the CTS is intended to be used with measures of whatever cause, context, and consequence variables are relevant for the study or the clinical situation, such as measures of the balance of power and feelings of fear and intimidation (Straus, 2005). Context is extremely important and we suggest it is best examined by using context variables as moderators in analyses of the CTS Physical Assault scale. The other CTS scales provide measures of some of the most frequently mentioned aspects of context, such as whether there was injury, psychological aggression by the partner, intransigence of the partner, the severity and chronicity of the attack, and sexual coercion in the relationship.

The CTS has had widespread influence in the field of PV research and as a result, all other tools are largely assessed in comparison to or in response to the CTS. In spite of some of the criticism about the CTS, many other tools that assess PV also employ behavioral checklists (e.g., Dobash et al., 1998), such as the *Index of Spouse Abuse* (Hudson & McIntosh, 1981), which asks about specific acts, but also mixes together multiple types of violence in the same question, such as psychological and physical, making it difficult to determine from which type of maltreatment a victims suffers (Aldarondo & Straus, 1994). The NVAWS and NISVS also used a behavioral checklist that is similar to the CTS, but the questions do not position the respondent to consider the social context in which the violence occurred (Straus, 1999; Tjaden & Thoennes, 2000; Black et al., 2011). Some scales, however, focus more on estimating the level of violence to which a partner, usually a woman, might be exposed. The *Severity of Violence Against Women/Men Scales*, which has had little psychometric testing (Marshall, 1992a, b) ask respondents to estimate how abusive, violent, or traumatic it would be if a series of acts were used against them by a partner. Similarly, the *Wife Abuse Inventory*, which has good psychometric properties, primarily asks about household management and only asks two questions pertaining to abuse/violence itself; further the purpose of the tool is to capture violence targeting women only (Poteat et al., 1990). The latter two instruments do not provide evidence of actual violence or harm that was sustained, only speculation about such events, which



makes it difficult to establish prevention, treatment, or policy responses. Further, actual harm incurred is a different construct than one's speculation of the harm that might occur. Finally, scholars have noted that many PV screening tools have not been adequately tested with regard to reliability and validity (Aldarondo & Straus, 1994; Rabin et al., 2009), something that has been well established with the CTS (Archer, 1999; Straus, 2004a; Straus et al., 1996).

### Dyadic Concordance Types

Dyadic Concordance Types (DCTs) provide a practical way to describe and analyze PV that takes into account the behavior of both partners. The procedure is simply to cross-classify the presence of the behavior the male partner by that of the female partner. This locates each couple in one of the three DCTs: Male-Only, Female-Only, and Both engage in the behavior. DCTs have been used for physical, psychological, and sexual abuse of US student couples (Hines & Saudino, 2003), a recently married community sample (Panuzio & DiLillo, 2010), couples in China (Hou, Yu, Ting, Sze, & Fang, 2011), and Intimate Terrorism in student couples in 32 nations (Straus, 2013).

## Controversies Regarding Causal Mechanisms

One of the most hotly contested controversies regarding PV is the causal mechanisms underlying it. We briefly discuss several theories below, evidence for each, and why they are controversial. This discussion is not meant to be exhaustive of all theoretical perspectives, but rather focus on some of the theories that have received the most attention.

### Patriarchy Theory

Patriarchy theory is the dominant perspective on PV (Dutton & Corvo, 2006). *The* cause of PV, patriarchal theorists hold, is the gendered structure of society. Men have economic, political, social, and occupational power over women, and this power structure is reflected in heterosexual intimate relationships. Men strategically use violence to maintain their dominant status over women and have been socialized to believe that violence against women to maintain dominance is justified (e.g., Dobash & Dobash, 1979). Thus, PV is a result of men operating within a patriarchal system that denies equal rights to women and legitimizes violence against women (e.g., Hammer, 2003). According to this model, female perpetrators do not and cannot exist because PV is an issue of power and control of which only men are capable (Pence & Paymar, 1993). Thus, any women's aggression is in self-defense (Miller & White, 2003).

There is only limited empirical support for this theoretical perspective. A meta-analysis of studies addressing PV against women and the male partner's patriarchal ideology (Sugarman & Frankel, 1996) provided little support for patriarchal theory, with the only component of patriarchal ideology that consistently predicted PV against women being the perpetrator's attitude toward violence, which is not necessarily a component of patriarchal ideology. A more recent meta-analysis (Stith, Smith et al., 2004) found that traditional sex role ideology and PV against women were moderately

associated. Moreover, as mentioned in the section “Controversies on Prevalence,” there is an abundance of evidence that contradicts that women’s violence is only in self-defense. In fact, self-defense accounts for only a minority of women’s aggressive acts in heterosexual, violent relationships (e.g., DeKeseredy & Schwartz, 1998).

Given these findings, some patriarchal theorists assert that the theory that societal and relationship power is at the heart of PV can be extended to explain violence toward men in heterosexual relationships (Belknap & Melton, 2005; Das Dasgupta, 1999, 2001; Worcester, 2002). Because men want to maintain power and control, they hit their female partners to keep the power balances in their favor. Female partners, therefore, hit their male partners in order to break free from the oppression and dominance to which they are subjected (Das Dasgupta, 1999; Stark, 2010; Worcester, 2002). According to this theory, women’s use of violence should be predicted by male dominance in the marital relationship.

However, there is evidence to contradict this theory as well. For example, Straus, using data from 32 nations, found that in 24 of 32 nations, women were more dominant on average than men within their romantic relationships, with little gender difference overall in dominance. Furthermore, dominance by either partner was associated with increased probability of bidirectional PV, female-only PV, and male-only PV. Other researchers have found similar results (Coleman and Straus, 1986; Kim and Emery, 2003; Sugihara & Warner, 2002; Tang, 1999).

Nonetheless, patriarchal theory remains the dominant perspective and according to adherents of this theory, all other causal mechanisms that we discuss next are viewed as excuses. Moreover, they view any psychological diagnosis of the male batterer to be a rationalization for his behavior and thus, inaccurate (Pence & Paymar, 1993).

### Intergenerational Transmission

One of the most consistent findings in the research is that PV passes through the generations, such that children who are exposed to aggression in their families of origin, either through experiencing child abuse or witnessing interparental aggression, are more likely to engage in PV as adults than children who are never exposed to familial aggression (Ehrensaft et al., 2003; Stith et al., 2000). In a meta-analysis of the intergenerational transmission of PV across 39 studies, there was a significant association among both genders between both the witnessing of interparental aggression and the experience of child abuse with current PV (Stith et al., 2000).

In addition to the issues discussed above regarding patriarchal theorists’ objections to other theoretical perspectives, this finding is controversial because it is often assumed that intergenerational transmission is inevitable. However, the reported moderate effect size in the Stith et al. (2000) meta-analysis ( $d = 0.18$ ) shows that exposure to aggression in the home is neither a necessary nor sufficient cause of PV later in life. A second controversy regarding this finding of intergenerational transmission is its extension to spanking. Some researchers argue that spanking is a necessary form of discipline (e.g., Rosemond, 2005), while others have found that spanking is associated with the development of a host of aggressive behaviors in children (Gershoff, 2002), including PV perpetration and injury (Douglas & Straus, 2006).

A final controversy regarding the intergenerational transmission of PV is the theory used to explain it. The most cited explanatory theory is social learning theory, which posits that children who see aggression in their family being rewarded learn to

resolve frustrations and conflicts with family members through aggression. In other words, children *learn* through observing their family members' behavior how to get what they want through aggression (Eron, 1997). Although social learning theory is the most cited theory, it has limited direct empirical support as the mechanism through which PV transmits (Straus & Yodanis, 1996). Two of many other theoretical perspectives that have received empirical support are (i) attachment theories, which claim that these aggressive childhood experiences may actually create an avoidant-ambivalent bonding style that persists into adult romantic relationships and leads to overly demanding and angry behavior in their adult relationships (Dutton, 2007), and (ii) behavioral genetic theories, which say that familial resemblance in PV behaviors is at least partially due to shared genes, not just shared environments (Hines & Saudino, 2004).

### Alcohol Abuse

Another consistent predictor of PV is the abuse of alcohol. This link has been primarily demonstrated among clinical samples of male batterers (e.g., Fals-Stewart, 2003), but has also been shown among community samples of men (e.g., Leonard, 1993), population-based samples (e.g., Caetano, Schafer, & Cunradi, 2001), and a college sample of men and women worldwide (Hines & Straus, 2007). The influence of alcohol abuse on the perpetration of PV is particularly striking when one considers treatment studies of male alcoholics who are also batterers. When male alcoholics remit from using alcohol after undergoing empirically based alcohol treatment programs, their rates of PV perpetration decrease significantly and mirror those of population-based samples (O'Farrell et al., 2003).

This finding has been the source of much controversy regarding whether alcohol abuse is a cause or merely a correlate of PV (Flanzer, 2005; Gelles & Cavanaugh, 2005). Most patriarchal theorists assert that it is an excuse to "explain away" poor behavioral choices (Pence & Paymar, 1993); however, the research clearly demonstrates that the link is strong enough that it needs to be seriously considered as a risk factor. The explanatory model that currently receives the most empirical support is a mediational model, whereby certain dispositions of the drinker may influence the association between alcohol abuse and PV perpetration. Specifically, people with elevated levels of antisocial personality traits are the ones who display an increased likelihood of perpetrating PV while drinking (e.g., Fals-Stewart, Leonard, & Birchler, 2005; Murphy et al., 2001), which is consistent with other bodies of research on drinking and aggressive behavior (e.g., Moeller, Dougherty, Lane, Steinberg, & Cherek, 1998). In other words, antisocial personality traits mediate the relationship between alcohol abuse and PV.

### Personality Dysfunction

There is also empirical support for the prediction of PV perpetration by personality dysfunction (i.e., elevated scores on personality disorder scales that do not necessarily reach a clinically significant level). Although there do not seem to be controversies regarding how or why personality dysfunction predicts PV, patriarchal theorists view any kind of psychiatric diagnosis as an excuse (Pence & Paymar, 1993). Nonetheless, the evidence is strong that personality dysfunction is a risk factor for PV perpetration.

For example, Dutton, Saunders, Starzomski, & Bartholomew (1994) found that several personality dysfunctions – Borderline Personality, Antisocial Personality, Aggressive-Sadistic Personality, and Passive-Aggressive Personality – are related to PV perpetration by men. They theorize that this association is due to longstanding attachment disorders that have their roots in paternal rejection, exposure to abuse in their childhood families, and a “failure of protective attachment.” These men seem to have developed a “fearful-angry” attachment style, which causes them to lash out violently towards their female partners during confrontations and perceived separations. In other words, the development of these personality dysfunctions seems to be part of the mediating chain that links a childhood history of maltreatment to current PV perpetration. Ehrensaft et al. (2006) has also found that regardless of gender, personality dysfunction is a strong predictor of PV perpetration.

### Systems Theory

Systems theorists argue that PV takes place within a dyadic system and the system works in such a way as to maintain those dysfunctional interactional styles. Interactions within couples are bidirectional, and both members interact in ways that promote PV. It is, therefore, difficult to change a person’s behavior without also working to change the system in which that person belongs (Ross & Babcock, 2010). Thus, PV is not simply one member of the couple abusing the other, but is a function of the stresses of everyday life in which conflicts arise, negative interactions escalate, and violence is sometimes a response (e.g., Giles-Sims, 1983; Ross & Babcock, 2010). Systems theory is supported by empirical findings that many PV situations are bidirectional (e.g., Stets & Straus, 1990) and that there is assortative mating for antisocial behaviors (e.g., Capaldi, Kim, & Shortt, 2004; Moffitt et al., 2001; Serbin et al., 2004).

Systems conceptual frameworks have been valuable in highlighting the complexity of PV and have led to the development of effective therapeutic techniques for PV that address both members of the couple (Holzworth-Munroe et al., 1995; O’Leary, Heyman, & Neidig, 1999; Stith, Rosen, & McCollum, 2003). However, they are the source of much controversy and have consistently been challenged by patriarchal theorists as frameworks that blame the victim (i.e., female partner) and put her in danger (e.g., Bograd, 1984). The argument is that a systems perspective relieves blame from the perpetrator because it looks at the couple interaction, not at the perpetrator behavior; it also puts a victim in danger, patriarchal theorists argue, because if she were to voice any complaint about her perpetrator during the course of systems therapy, he would retaliate against her.

### Controversies in Victim Services

In the 1970s, grassroots efforts by feminist battered women’s advocates led to the opening of the first battered women’s shelter (Straus, 1980). With the spread of shelters, the public stereotype that PV was a problem of the poor, mentally ill, and socially deviant began to fade. Throughout the next two decades, state laws on PV rapidly proliferated. Federal protection occurred in 1994, when the federal Violence Against Women Act (VAWA) was enacted and provided women with broad protections against violence in their homes and communities (Buzawa & Buzawa, 2003).

There are numerous ways in which victims of PV seek help. The core of the domestic violence response system includes domestic violence agencies, domestic violence hotlines, and the police. Victims may contact attorneys for advice on how to leave a violent relationship, how to document the abuse, and how to protect children in the process (Bowker, 1983; Erez & King, 2000; Krugman et al., 2004; Stanko, 2000). PV victims may seek help from healthcare professionals (such as in emergency rooms), mental health professional (Leone, Johnson, & Cohan, 2007; McNamara et al., 1997; McNamara, Tamanini, & Pelletier-Walker, 2008), and members of the clergy (El-Khoury et al., 2004). Finally, victims also use more informal sources of support, such as via the Internet (web sites for information about PV, forums, listserv, email groups) (Douglas & Hines, 2011). Below, we discuss controversies over the forms of help that are currently available to PV victims and have their roots in this advocacy movement.

### Helpseeking Experiences

The social service system is primarily set up to provide assistance for women who are seeking help and protection from a violent male partner. Not surprisingly, female PV victims have relatively positive experiences when seeking help. For example, in a study of women who sought services for PV-related concerns from a domestic violence agency, 89% believed that they were helped by the services that they received and 84% felt better because of these services (McNamara, Tamanini, & Pelletier-Walker, 2008). Similarly, a study of women receiving help from a hospital-based domestic violence support group found that 95% were mostly or very satisfied with the services they received (Norton & Schauer, 1997). These findings are consistent with other literature showing that women are often very satisfied with PV services (Bowker & Maurer, 1985; McNamara et al., 1997; Molina et al., 2009). Similarly, battered women report being satisfied with the help they receive from police. For example, one study indicated that female victims found police to be very helpful and 80% would contact the police again for assistance (Apsler, Cummins, & Carl, 2003).

The reason that female PV victims with male perpetrators seem to feel that victim services are helpful is likely because the domestic violence service system and police response were developed with their victimization experiences in mind. Men and other underrepresented groups (e.g., LGBTs) generally have less positive experiences. For example, one study of men's helpseeking experiences (Douglas & Hines, 2011) found that mental health and medical professionals were rated as being the most helpful formal resources. The resources providing the least support to male PV victims seeking help were domestic violence agencies, domestic violence hotlines, and the police. Nearly 67% of men reported that domestic violence agencies and hotlines were not at all helpful. Many reported being turned away, being blamed for the abuse, and/or being called the "real" abuser, findings consistent with Cook (2009) who said that domestic violence hotline workers often say that they only help women, infer/state that the men must have done something to deserve it, ridicule them, or refer them to batterers' programs. Some men report that when they call the police during an incident in which their female partners are violent, the police sometimes fail to respond, ridicule them, or incorrectly arrest the male victim (Cook, 2009; Douglas & Hines, 2011). Other research found that male victims do not feel that the police take their concerns seriously, and in comparison to female PV victims, male victims are significantly less satisfied with the police response (Buzawa & Austin, 1993).

Men in heterosexual relationships are not the only population of PV victims to have encountered barriers to helpseeking. Older women report having trouble gaining access to PV services, fear police brutality, and feel that domestic violence services are not available or tailored to their needs (Beaulaurier et al., 2007). In fact, DV agency staff sometimes turn away elderly women because of the misperception that they are frail and in need of too much help with activities of daily living (Donnelly et al., 1999); and staff may perceive elderly female victims as downtrodden, overly dependent, and resistant to change (see Leisey et al., 2009). Some lesbian victims find shelter and police services to be lacking, and their experiences with domestic violence agencies range from lack of outreach to exclusion (Donnelly, Cook, & Wilson, 1999). Battered lesbian women also report that the police are “not at all helpful” or “just a little helpful” (Renzetti, 1989). One study found that gay male PV victims sought help from a variety of sources, including friends, relatives, clergy, mental health and medical providers, the domestic violence service system, and the police (McClennen, Summers, & Vaughan, 2002). The most helpful were relatives and neighbors; they overwhelmingly rated the other sources as “not helpful at all” to “a little helpful.”

### Violence Against Women Act

The passage of the federal 1994 Violence Against Women Act (VAWA) helped to formally criminalize domestic violence (Crais, 2005). As the name of the Act implies, the primary targets of the legislation are women; the Act is also based on the assumption that all PV against women is gender-motivated (Biden, 2004; National Task Force to End Sexual and Domestic Violence Against Women, 2005) and that the underlying cause of PV against women is patriarchy (Parmley, 2004). VAWA has been the center of significant controversy. It has been reauthorized three times, in 2000, 2005, and 2013. A primary concern regarding VAWA is the exclusive focus on female victims with little acknowledgement of male victims. Supporters of VAWA argue that the language in the legislation is gender-neutral (Laney and Siskin, 2002). Nevertheless, advocates and the original sponsor of the legislation exclusively discuss “women” when making arguments for why VAWA is needed to keep communities and families safe, and why it needs to be reauthorized (Biden, 2004; National Task Force to End Sexual and Domestic Violence Against Women, 2005). The primary argument in 2012 in the debate about whether to reauthorize VAWA concerned whether and to what extent the law would be expanded to members of the LGBT community and immigrants; Congressional debates did not include discussion about straight male victims (Bendery, 2012; Madison, 2012), despite the fact that research since the 1970s has shown that men also sustain and seek help for PV victimization.

### Controversies in Treatment

How we effectively treat batterers has been the source of major controversy. Discussed below is the major debate regarding treatment: whether we should continue with the widely utilized Duluth-based power and control model or whether other forms of treatment that have more systems or psychological approaches should replace the dominant model.

### Batterer Intervention Programs

The main diversionary program mandated by judges for men who are arrested for PV is completion of a batterer intervention program (BIP). These programs ostensibly have several goals, including helping the batterer take responsibility for his behavior, changing the batterer's attitudes towards violence, eliminating his violent behavior towards his partner, and protecting the victim (Hamby, 1998; Maiuro & Eberle, 2008). Almost all states have developed a number of mandates for these programs, the most common and controversial of which is the inclusion of issues of power and control in program content (Maiuro & Eberle, 2008). This provision is controversial because there is no evidence that using power and control issues as the focus of program content is an effective means of reaching the goals of BIPs.

These state mandated program models are organized around the patriarchal theory that battering is a social problem stemming from the patriarchal organization of society. Most programs that focus on patriarchal issues use the "Duluth Model," developed in Duluth, Minnesota (Pence & Paymar, 1993). The model states that the sole cause for all battering is the batterers' need to control and dominate their partners. This issue of power and control is seen as an exclusively male phenomenon, and all female violence is viewed as self-defensive. All other risk factors for DV (e.g., alcohol abuse, personality disorders, anger control issues, impulsivity, communication skills deficits, couple interaction styles, stress) are viewed as excuses. In fact, the program developers view any psychological diagnosis of the male batterer to be a rationalization for his behavior and thus, inaccurate (Pence & Paymar, 1993).

Overall, studies on the effectiveness of these Duluth-type BIPs show that there are no differences in recidivism rates or attitudes towards women and PV between male batterers who attend BIPs and those who do not (e.g., Davis, Taylor, & Maxwell, 1998; Feder & Forde, 2000; Babcock, Green, & Robie, 2004; Labriola, Rempel, & Davis, 2005). For example, one meta-analysis showed that according to partner report, male batterers who attended treatment had a 40% chance of being nonviolent, whereas men who did not have treatment had a 35% chance (Babcock, Green & Robie, 2004). Attrition rates are between 40% and 60%, even when attendance is mandated as a condition of probation and failure to attend can result in incarceration (Buttell & Carney, 2002). Yet, this model remains the "unchallenged treatment of choice for most communities" (Babcock, Green, & Robie, 2004), and where it is not implemented in its pure form, power and control issues remain a substantial focus. Thus, some researchers have argued that the primary goal of these programs is not to change perpetrator's behavior or keep victims safe, but rather to deconstruct male privilege in an effort to re-educate the male participants (Corvo, Dutton, & Chen, in press).

Dutton and Corvo (2006) argue that by taking an adversarial and judgmental stance against the batterers (and by disbelieving or dismissing batterers' often-valid claims of alcoholism, mental illness, mutuality of abuse, etc.), Duluth treatment providers preclude any opportunity to form a therapeutic bond with the batterers, which is the strongest predictor of successful treatment outcome. Thus, it is not surprising that Duluth Model treatment does not work and leads to high attrition rates. They also argue that such models violate professional ethical standards for mental health providers that require the use of empirically based practice models (Corvo, Dutton, & Chen, 2009).

Despite such evidence, BIPs focusing on power and control are still mandated by state laws as the programs of choice for batterers, whereas in many states, a program that can be construed as psychological treatment (Corvo, Dutton, & Chen, 2009; Maiuro & Eberle, 2008) or that takes a systems perspective are prohibited, even though such models are evidence-based (Corvo, Dutton, & Chen, 2008). The rationale for such prohibitions is that the Duluth Model guarantees a victim's safety, but it is illogical to assume that a program that does not work is better at protecting victims' safety than programs that do work (Dutton & Corvo, 2006).

### Couples Treatment

Couples treatment is based upon systems theory that posits that PV takes place within a dyadic system that maintains dysfunctional interactional styles. The system needs to be changed in order to end PV. Couples therapy is also based on the notion that not all PV is the same and that providing the same treatment to all batterers – as is the current model in the United States and other Western nations – has no basis in evidence (McCollum & Stith, 2008). Proponents of Duluth-based models typically oppose the use of couples treatment. In fact, over two-thirds of states explicitly forbid the use of couples therapy, and in many of the other states, couples therapy can only be conducted as a supplemental therapy with certain conditions present, such as that the sessions not imply joint responsibility of the violence (Maiuro & Eberle, 2008).

The argument by proponents of the Duluth model is that couples therapy increases the likelihood of violence; however, there is no evidence to support such an assumption (for a discussion, see McCollum & Stith, 2008). A second argument is that couples therapy does not hold the batterer responsible and implicitly blames the victims; however, it is more than possible to have couples therapy and hold the batterer responsible (McCollum & Stith, 2008). McCollum & Stith (2008) argue that there are three dangers in avoiding couples treatment, particularly when the PV is bidirectional: (i) women's violence is ignored or downplayed, which decreases the chances of cessation of PV because the strongest predictor of PV is the other partner's use of PV; (ii) marital discord plays a strong role in PV, and by ignoring the couple's relational patterns, we are not addressing the patterns that lead to violence, and (iii) violent couples tend to stay together; thus, couples need help figuring out how to relieve their relationship distress and find nonviolent ways of asserting themselves.

Proponents of couples therapy do not argue that it is always the best treatment option. In fact, the following are typical exclusion criteria for couples therapy: No member of the couple is coerced, no major ongoing mental illness, and no history of severe PV or weapon use in a PV incident (McCollum & Stith, 2008). Using these criteria, several couples therapy programs have shown promise at decreasing PV. For example, both the Domestic Conflict Containment Program (Neidig, 1985), and a modification of it called the Physical Aggression Couples Treatment (Heyman & Neidig, 1997), have reduced men's perpetration of PV (Brannen & Rubin, 1996; Neidig, 1985; O'Leary, Heyman, & Neidig, 1999). These programs teach couples skills to reduce and contain conflict in their marriages and focus on anger management skills, communication, fair fighting, sex, and jealousy. Another program is the Domestic Violence Focused Couples Treatment, which is a combination of both single-sex group treatment and couples treatment. Participants in this program have shown improvements in PV perpetration,



marital satisfaction, and attitudes towards PV for up to two years following treatment (Stith, Rosen et al., 2004).

## Controversies in Prevention

The majority of prevention work has focused on raising public awareness of the frequency and severity of PV, with statements that imply that only men are perpetrators and only women are victims, and that severe, chronic assaults with injuries are the typical pattern (Straus, 2009). Although these messages have helped reduce the acceptance and rates of PV against women, there has been no decrease in acceptance and rates of PV against men (e.g., Straus, 1995), and little acknowledgment that minor PV, particularly when used by women, is unacceptable. Thus, prevention messages need to be broader and focus on both men and women as potential perpetrators of both minor and severe forms of PV.

Patriarchal theory is the dominant theory that guides prevention work. For example, the World Health Organization (2005) specifically recommends that “preventing partner violence requires changing the gender-related attitudes, beliefs, and values of both women and men, at a societal as well as at an individual level” through activities that “challenge women’s subordination” (pp. 92–93). In 2009, the British government announced that “Every school pupil in England is to be taught that domestic violence against women and girls is unacceptable” (BBC News 2009). However, evaluations of programs that take a patriarchal perspective, such as Skills for Violence Free Relationships (Levy, 1984), show that they do not work in changing attitudes or knowledge either in the short- or long-term (Avery-Leaf & Cascardi, 2002).

Most PV prevention work focuses on stopping PV before it ever has the chance to start, which means focusing on adolescents in prevention work. One of the major, freely available prevention programs, the Love is Not Abuse program sponsored by Liz Claiborne, is largely based on the notion that PV is perpetrated by men with women as victims. They do acknowledge that men can be victims and women can be perpetrators, but all of their guides explicitly say that the overwhelming majority of abusers are boys and victims are girls (Liz Claiborne Inc., 1999, 2004). These statements actually contradict data from their own study (Liz Claiborne Inc., 2006) and countless other studies (for reviews, see Avery-Leaf & Cascardi, 2002; Foshee & Reyes, 2009) that show that there are no gender differences in PV perpetration in middle school, high school, or college, and when gender differences are found, females report higher levels of PV perpetration. Moreover, both their high school and college prevention programs are focused on men as perpetrators and women as victims. All examples are of men abusing women, guys confronting their male friends about them abusing their girlfriends, and girls talking with their girlfriends about being victims. In their *Teen dating violence handbook* and the *Parents’ guide to teen dating violence*, they use gender-specific pronouns that denote boys as perpetrators and girls as victims. In the parent guide, they advise parents to look for warning signs that their sons may be abusers and that their daughters are victims. In the section on advising parents on how to help their teenager end a violent relationship, the daughters are leaving an abuser, and the son is an abuser whose behavior must stop.

Although the Love Is Not Abuse program is widely available and used, there are other programs that use a gender-neutral, skills-based model that teach adolescents

how to have healthy relationships and that have shown evidence of success. However, as Avery-Leaf and Cascardi (2002) assert, proponents of patriarchal theory object to the use of these programs because they think such programs have “victim-blaming” (i.e., female-blaming) implications. Nonetheless, gender-neutral programs show promise in preventing dating violence among both girls and boys. For example, the Safe Dates program is a mixed-gender program that includes a theater production, a 10-session curriculum, and a poster contest (Foshee & Langwick, 2004). The program is designed to change norms regarding the acceptability of dating violence, help students understand the sanctions against dating violence, improve conflict management and communication skills, and promote an understanding of gender stereotypes. It shows evidence of effectiveness over four years in decreasing rates of psychological, moderate physical, and sexual violence perpetration, and decreasing rates of moderate physical dating violence victimization. These effects are mediated by changes in dating violence norms, gender norms, and awareness of community services (Foshee et al., 2004).

Although gender-neutral programs have shown effectiveness, Straus (2009) argues that it is insufficient for prevention programs to be gender neutral. He argues that they need to be *explicitly* directed to girls and women as well as boys and men. This is because “dating violence,” “domestic violence,” and other such terms have become so synonymous with male-perpetrated PV, women as perpetrators needs to be specifically targeted as being unacceptable. Girls need to be told that the use of violence to gain a partner’s attention, to express anger, to emphasize a point, or for any reason other than self-defense is not acceptable behavior. Although all programs should recognize that men and women, girls and boys, commit PV at approximately equal rates, gender should not be neutral in such programs.

## Conclusion

The most pressing issue for the field of PV is to build a bridge across the divide between the patriarchal perspective and the family conflict perspective. This bridge needs to be informed by empirical evidence on the dynamics, causes, and consequences of PV, which then need to inform comprehensive victim, perpetrator, and prevention strategies. It cannot be informed by pre-existing theoretical or political ideologies that have little empirical support because that perspective has impeded the development of our understanding of both men and women’s PV perpetration and victimization.

Two interrelated issues need to be researched and understood in a more nuanced way: female-perpetrated and bidirectional PV. The study of PV perpetrated by women is inherently a feminist endeavor “because it is predicated on the belief of equality between men and women” (Langhinrichsen-Rohling, 2010b) and that both men and women need to take responsibility for their choices and behavior. The study of women’s PV perpetration in heterosexual relationships also needs to take place within the study of bidirectional PV because that is the most common type of PV and is the most likely to lead to both physical and psychological injuries (Hines & Douglas, 2011b; Straus, 2008b; Whitaker et al., 2007). Focusing on bidirectionality will allow us to enhance our ability to treat and prevent a large amount of PV. A practical way to focus on bidirectionality is to classify the cases into one of the three dyadic concordance types identified earlier in this chapter: male only, female only or both assaulted (Straus,

2015). This also assures equal attention to the needs of women victims in research and in clinical practice. Dyadic concordance types can also help the children who may witness such relationships; they need protection, regardless of the gender of the perpetrating parent(s) (Straus and Michel-Smith, 2013). Ignoring their needs – and the needs of all PV victims – is socially irresponsible (Ross & Babcock, 2010).

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