

## Developmental trajectories of abusive females

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**Abstract:** A review of the research literature is made that indicates female intimate partner violence (IPV) is as frequent as male IPV, just as severe and with much the same consequences for males. Despite this fact, criminal justice intervention and custody evaluation operates from the unwarranted assumption that males are the greater risk for IPV perpetration.

**Key words:** IPV, intimate violence, gender, custody, criminal justice, paradigm

Research data contradicting the feminist view (male perpetrators, female victims) of intimate partner violence (IPV) have been available for years (1980). Stets and Straus (1992) reported data from the US National Survey on incidence of abuse that showed 45% of abuse reports were bilateral corrected for level of severity and of the rest, women were three times as likely as males to use severe violence against a non-violent or minimally violent partner. Dutton (1994) reviewed data patterns inconsistent with feminist theory including higher rates of IPV in lesbian relationships (than heterosexual male), the absence of a direct relationship between power and violence within couples, and the small number of men who used severe violence unilaterally. As new incidence data were collected, they became more troubling for feminist theory (Dutton & Nicholls, 2005, Dutton 2006). These include data from the US National Surveys of 1975 and 1985

showing women are as violent as males. The female violence rates have been portrayed as self-defensive violence, less serious violence, or a result of reporting differences. In fact they are equivalent or exceed males rates, they include female violence against non-violent males, and they have serious consequences for males. A large meta-analytic study reviewed below (Archer, 2000) found male and female IPV to best represented as overlapping skewed distributions. Females were injured more often but by only 1/12 of a standard distribution.

### New Studies of Dating Aggression

New data from dating violence studies are remarkably consistent with the adult partner abuse literature. Watson and colleagues sampled 475 high school students (266 males and 209 females) from a large, metropolitan area on Long Island (Watson, Cascardi, Avery-Leaf, & O'Leary, 2001). Using a modified Conflict Tactics Scale, of students with past or current romantic relationships (N = 401), 45.6 percent reported at least one incident of physical aggression by their current or former partners but just 9 percent reported exclusive victimization (i.e., had been victim but not perpetrator of physical aggression). Using a measure they developed, Watson and colleagues also studied gender differences in responding to aggression by a dating partner. Female students were significantly more likely than male students to report an aggressive response. Specifically, girls (42 percent) were significantly more likely to fight back than boys (26 percent). Male students (24 percent) were more likely than female students (6 percent) to do nothing in response to abuse by a partner. There was also a trend for female students (28 percent) to be more likely to report breaking up with an abusive partner than male students (21 percent).

Follingstad and her colleagues conducted a particularly well designed study of dating violence (Follingstad, Bradley, Helff, & Laughlin, 2002). They developed a structural equation model (which delineates primary and moderator variables) to best connect psychological causes to dating violence in a sample of 412 college students. Since, the authors assessed both members of the couple, individual characteristics could be statistically connected to couple variables. They also used subjects with a history of IPV (30% of the class contacted ) and a subsample of those without a history (about 15% of the remainder). Psychological variables measured included anxious attachment and angry temperament, The "outcome variables" included controlling behaviour and physical violence. Their resulting model found that anxious attachment related to angry temperament which, in turn generated control. Control, in turn, generated violence (p. 42). As the authors put it " the primary path leading to the use of force in dating relationships was initially due to the presence of anxious attachment influencing the development of an angry temperament which then leads to behaviors to control one's partner. The controlling behavior is the significant mediator between the angry temperament and greater frequency and severity of dating violence" (p 44). This study was conducted on 233 males and 199 females combined. No gender differences were reported. Attachment seems to be predictive of control and physical abuse in either gender.

The largest and most comprehensive of all dating violence studies was a cross-cultural study of partner violence in a sample of 6,900 university students from seventeen nations (Douglas & Straus, 2003). The authors found adolescent girls were 115 percent more likely to assault male partners than adolescent boys were to assault female partners, regardless of whether overall assault or severe assault rates were considered. Severe assault was much more likely to be female-perpetrated in Scotland (552 percent of male rate), Singapore (457 percent), and New Zealand (296 percent). In this study, male-perpetrated injury rates were 8.1 percent (serious injury 2.6 percent), while female-perpetrated injury rates were 6.1 percent (serious injury 1.2 percent).

Some have argued that dating relationships are different than cohabitating and married relationships. However, while they differ in terms of commitment and ease of exit, all are intimate relationships.

### Longitudinal Cohort Studies

Longitudinal cohort studies are methodologically the soundest design for studying a variety of problem behaviours. The samples are large and representative of an age cohort not self-selected through their presence in a shelter or a court-mandated group (or even a college). Hence, the external validity (the degree to which results can be generalized to an entire population) is higher. Also, since the cohort is followed over time, cause-and-effect relationships can be deduced. Unlike “snapshot” studies that freeze behaviour to one time sample and rely on correlations at that time, the protracted longitudinal study can examine effects from a measure taken years before. Three major peer-cohort longitudinal studies have been done and will now be examined in detail.

#### The Concordia Longitudinal Risk Project

One of these studies, the Concordia Longitudinal Risk Project in Montreal, used data collected in a longitudinal study of 4,109 French-speaking school children in 1976 (Serbin et al., 2004). The children were categorized into Aggressive and Withdrawn categories using a French version of a systematized peer-rating scale called the Pupil Evaluation Inventory. Extremes in Aggression and Withdrawal were developed by taking children who scored above the ninety-fifth percentile on Aggression and below the 75<sup>th</sup> percentile on Withdrawn. This sub-sample yielded 101 girls and 97 boys. (Similarly, reverse criteria yielded a Withdrawn group of 129 girls and 108 boys). Age-matched comparisons were developed by taking children who were average (between the twenty-fifth and seventy-fifth percentiles) on both Aggression and Withdrawal. Serbin et al. describe their sample as “community based” and therefore “avoiding biases inherent in clinic-referred samples and more representative of the (general ) population (op.cit., p.266).” Aggressive children of both sexes had lower IQs and academic achievement than comparison controls. Both were more physically aggressive during play.

Girls' aggression was associated with a preference for male partners who were also aggressive. As they approached adolescence, these Aggressive girls had elevated rates of smoking, alcohol, and illicit drug use and “continue[d] to seek out behaviourally compatible peer groups, probably comprised of boys and girls with similar aggressive or ‘predelinquent’ behavioural styles.” They had elevated rates of gynecological problems, were more likely to go on birth control sooner, had higher rates of sexually transmitted diseases between ages fourteen and twenty, and became pregnant sooner and more

frequently (girls who scored above the seventy-fifth percentile on both Aggression and Withdrawal had a teen pregnancy rate of 48 percent).

The Aggressive group had elevated levels of depression and anxiety disorder by late teens. When they married, their children had higher health risks, and the Aggressive girls had become Aggressive mothers, exhibiting maternal childhood aggression and having children who had more visits to hospital emergency rooms for treatment of injuries. These risk factors for women are completely overlooked in the advice given by domestic violence experts to custody evaluators (for example, see Jaffe et al, cited below). These experts concentrate solely on male intimate partner violence and warn evaluators of this risk. The Concordia study and the Dunedin study present clear examinations of the development and independent expression in women of aggression to others (**i.e.** this is not aggression in reaction to male aggression but develops independently of the behaviours of the intimate male partner). They show the developmental trajectory and the “trait” character of this aggression. Both studies indicate that these women will select aggressive men and contribute to ongoing intra-couple aggression.

### The Dunedin Study

Magdol et al. followed a birth cohort of 1,037 subjects in Dunedin, New Zealand.(Magdol et al., 1997) The original cohort was “a complete cohort of births between April 1972 and March 31, 1973 in Dunedin, New Zealand (population 120,000). The group has been studied every two years since its inception for a variety of health, development and behavioural measures. The sample is predominantly of European ancestry and is representative of the social class distribution of New Zealand” (op.cit. p.69) The study of partner violence took place when the group was aged twenty-one and was embedded among other questions about mental health issues. Of the original cohort of 1037, 941 provided data. Respondents had to have had “a relationship with a romantic partner during the last twelve months that lasted at least one month,” and 861 of the 941 qualified. Partner violence was assessed using the CTS, each respondent reporting for both self and partner. Measures were also reported of the following: socioeconomic status, social ties, substance abuse, criminality, and mental health (anxiety, depression, mania, and psychosis). Criminality focused on self-reports of crimes against strangers, using the DSM measure of antisocial personality.

The 425 women and 436 men who were in intimate relationships from the Magdol et al. cohort indicated that both minor and severe physical violence rates were higher for women whether self-reported or partner-reported. The female severe physical violence rate was more than triple that of males (18.6 percent vs. 5.7 percent). Based on this same sample, Moffitt et al. reported that pre-existing characteristics of the women (at age fifteen) predicted (1) their later choice of an abusive male partner and (2) their own use of violence with that partner apart from the male’s violence (see below). As Magdol et al. put it: “Early studies of partner violence assumed that men’s perpetration rates exceeded those of women, in part because these studies relied almost exclusively on clinical samples of women who sought assistance or of men in court-mandated counseling programs.” (op. cit., p.69).

A comprehensive analysis of the Dunedin data was done by Moffitt and colleagues (Moffitt, Caspi, Rutter, & Silva, 2001). Based on the data from the other measures, these authors reported that the following characteristics predicted intimate violence in females: approval of the use of aggression, excessive jealousy and suspiciousness, a tendency to experience intense and rapid emotions, and poor self-control. As we shall see, these are the same characteristics found in male batterers.

Moffitt et al. found that antisocial traits measured in females at age fifteen (1) made them more likely to be involved in a relationship with an abusive man at age twenty-one, and (2) even after controlling for their partners' physical abuse, "women with a juvenile history of conduct problems were still more likely to commit violence against their partners." (op. cit., p.63-65). With a longitudinal study, earlier data can be used to forecast later behaviour. Antisocial behaviour in women through their teens made them more likely to be assaultive to intimate partners at age twenty-one. A similarly designed study in the United States found the same gender equality of violence (Morse, 1995).

The abusive personality for males (Dutton, 2002) has the same profile as Moffitt et al. described for women as "negative emotionality": jealousy, impulsivity, rapidly fluctuating emotions, and poor self-control. With the men, these were related to independently assessed borderline traits. These psychological aspects, in fact, are central to definitions of borderline personality, which unfortunately was not formally assessed in the Dunedin women. From the descriptors given by Moffitt et al., however, it seems that an identical "abusive personality" exists for male and female intimate abuse perpetrators.

In sum, Moffitt et al's study found that antisocial behaviour measured in females at age fifteen predicted their later use of intimate aggression against male intimates at age 21 (p.63). A woman's conduct problems correlated +.44 with her later use of violence against her partner (with his violence partialled out). It also correlated +.36 with his use of violence toward her. The antisocial female sample had earlier puberty, earlier initiation of intercourse, more friends who were older than the subject, and more delinquent friends. Essentially, the pattern of correlations between early conduct problems and later intimate violence and partners' use of violence was similar for both sexes. The correlations were roughly similar, certainly not significantly different. Moffitt et al. emphasize the importance of puberty as a developmental crossroads for these girls. The authors also make a provocative argument, based on their impressive data set, that males later form two types of antisocial behaviour, one against strangers (which may be neurologically based) and another against intimate females. Females form only one type of antisocial behaviour: against intimate males. The sophisticated path analysis (a statistical method of differentiating independent, moderator, and dependent variables) used by the authors on this huge and representative sample gives added weight to their findings. However, the reader is reminded that other studies (including Serbin et al, above, found a broader array of antisocial actions by women, including physical abuse of children. Antisocial personality is assessed by both behavioral (crimes) and psychological (lack of empathy and remorse, tendency to lie) criteria.

Ehrensaft and colleagues (Ehrensaft, Moffitt, & Caspi, 2004) also studied the Dunedin birth cohort finding that 9 percent were in "clinically abusive relationships," defined as those that required intervention by any professional (e.g., hospital, police, lawyers). More such help exists for women than for men, and they are more likely to use

it, so the results may be skewed. However, the authors found comparable rates of violence: 68 percent of women and 60 percent of men self-reporting injury. *Both male and female perpetrators evidenced signs of personality disturbance*. The authors noted, for instance, that the women had “aggressive personalities and/or adolescent conduct disorder.” (op. cit, p.267) As the authors put it: “these findings counter the assumption that if clinical abuse was ascertained in epidemiological samples, it would be primarily man-to-woman, explained by patriarchy rather than psychopathology.” (p.258)

#### The US National Youth Survey

This preponderance of female stranger aggression was replicated in the United States Youth Survey (Elliott, Huizinga, & Morse, 1985). This survey used a national probability sample of 1,725 respondents, began in 1976, and provided nine waves of data over seventeen years. Respondents were interviewed annually using structured, face-to-face, confidential interviews. Violence was measured using the eight-item subscale from the CTS; injury was also assessed. For the years 1983, 1986, 1989, and 1992, female-to-male violence and severe violence was about double the rate of male-to-female violence and severe violence.

On the intimate violence scale, females were higher than males on the following acts: kick/bit/hit with fist, hit with object, threaten with knife or gun, and use knife or gun. (On the latter, identical victimization rates were reported, but higher perpetration rates were reported by women.)

Men were higher than women on the following acts: beat up, and choke/strangle. Morse found little or no change in the ratio of female-to-male vs. male-to-female violence over the years, with slightly over twice as much female-initiated as male-initiated violence. This pattern remained unchanged in all years data were collected. When the most serious fight had involved one-sided violence that was not reciprocated, both men and women were twice as likely to report that the perpetrator was female (see also Stets and Straus). As with many other studies, the reader has to examine the data tables, not the conclusion or abstract. In the Morse report, she describes “gender differences”, in fact, there were tiny minorities of each gender being compared to keep the “gender paradigm” alive .

#### The New York Children in the Community (CIC) Study

Ehrensaft et al. (2004) followed a randomly selected cohort sample of 543 children over twenty years to test the effects of parenting, exposure to domestic violence between parents (ETDV), maltreatment, adolescent disruptive conduct disorders, and substance abuse disorders on the risk of violence to and from an adult intimate partner. Conduct Disorder (CD) was the strongest predictor of perpetration for both sexes, followed by ETDV. Essentially, the CD in some individuals failed to disappear but developed into a variety of adult personality disorders. Ehrensaft et al. call these “personality disorder trajectories.” A failure of personality disorders to diminish from adolescence to adulthood predicted intimate violence in both sexes. Women with a pattern of distrust, interpersonal avoidance, unusual beliefs, and constricted affect were more likely to assault intimate male partners. *It was personality disorder, not gender, that predicted violence.* As the

authors put it: "*it was personality functioning measured prospectively from adolescence to early adulthood (that) can distinguish individuals who will go on to perpetrate partner violence.*" (op. cit. p. 263).

The US National Comorbidity Survey (NCS) was a nationally representative household survey completed between September 1990 and March 1992 to assess mental illness (Kessler, Molnar, Feurer, & Appelbaum, 2001). The NCS involved face-to-face interviews with 8,098 people between the ages of fifteen and fifty-four. A probability subsample was then generated to assess the social consequences of mental disorders. Of that sample, 3,537 participants (N = 1,738 men, 1,799 women) were cohabitating or married and completed the CTS.

Kessler et al. reported there was no significant gender difference in the prevalence of minor physical victimization reported by women (17.4 percent) and men (18.4 percent). Similarly, for minor violence, victimization exceeds perpetration in reports of both men and women (18.4 percent of men report victimization and 17.7 percent report perpetration; 17.4 percent of women report victimization and 15.4 percent report perpetration). For severe violence, reports of victimization did not differ significantly by gender (6.5 percent of female respondents and 5.5 percent of male respondents), but reports of perpetration did differ, with men reporting significantly less perpetration (2.7 percent) than women (6.5%).

Kessler and colleagues also examined reciprocal aggression (i.e., couple aggression, in which both partners perpetrate aggressive acts and are victimized by their partner). As in prior studies (e.g. Stets and Straus 1992), reciprocity was the norm. Similar proportions of women (10.5 percent, SD = 1.2 points) and men (11.7 percent, SD = 1.2 points) reported both partners engaged in the same amount of minor violence. Of the participants reporting reciprocal minor aggression, "70.7 percent of the women who reported minor violence victimization and exactly the same percent of comparable men (70.7 percent) said that they reciprocated minor violence" (op. cit., p. 492). Of those reporting reciprocal minor violence, by far most women (85.4 percent) and men (90.0 percent) reporting reciprocal minor violence described the frequency by each partner as the same. Among those who reported committing severe aggression, each gender was more likely to report their partner as reciprocating than was the partner likely to report this. Of those reporting reciprocal severe aggression, again by far most men (96 percent) and women (80.4 percent) stated that the abuse frequency was the same for both partners. In this study, Kessler et al. replicated Stets and Straus's findings on this issue of reciprocity.

Williams and Frieze recently analyzed the National Comorbidity Survey data. They again found several different violence patterns based on a sample of 3,519, concluding that the most common was "mutual and mild violence" followed by "mutual severe violence." In terms of reactions to the violence, the similarities by gender outweighed the differences. More women than men reported perpetrating violence, and slightly more men than women reported being the victim of severe violence. The authors conclude that this "may challenge assumptions about women's victimization in relationships." (Williams & Frieze, 2005)

The Oregon Youth Study

Capaldi and her colleagues (Capaldi, Kim, & Shortt, 2004) examined data from an ongoing community-based longitudinal study of youth in Oregon (Oregon Youth Study: OYS). By young adulthood, 9% of men and 13% of women were identified as engaging in frequent partner violence. Consistent with prior findings, frequent violence was most common in relationships with bidirectional abuse. As far as injuries were concerned, 13% of the young men and 9% of the women indicated they had been hurt at least once by partner violence, and again injury was also likely to be mutual (p.233). No gender differences were found in fear of partner's abusive behaviour.(p.232) Women's prior antisocial behaviour and depressive symptoms predicted both their own abusive partner behaviour, as well as their male partners' abuse. Notably, the women's characteristics were predictive over and above the contribution of their male partners' antisocial characteristics. These findings suggest assortative mating for antisocial behaviour, as well as the independent contribution of women's risk factors to the development of violent relationships. Stability of aggression was found for both genders. As Capaldi et al. concluded "aggression thus appears to be predominantly bidirectional" (op.cit., p. 235) and based on "assortative mating" (i.e. that aggressive people chose each other).

### The Finnish Study

Kokko and Pulkinen (2005) assessed aggression in a sample 300 Finnish men and women based on teacher and peer ratings and evaluating stability of aggression from ages 8 to 14 and then to adulthood. Aggression was found to be stable essentially from 8 to adulthood, for both men and women.

The results of these longitudinal developmental studies of men and women, all based on large community samples generate a common conclusion; that female violence is common, occurs at about the same rate as male violence and is generated independently of the actions of the "current boyfriend" or husband. It has a long developmental history preceding the current adult relationship so cannot be dismissed as self-defense. When violence does occur, the most common form is mutual, followed by female more severe, followed by male more severe. As Moffitt et al put it "*the argument that women's abuse perpetration in the community is too trivial to research could prove to be tantamount to arguing that smoking in the community is too trivial to research and scientists should focus on cases of lung cancer*" (Moffitt et al., 2001, p.69)

### The Archer Meta-analytic Study

The most comprehensive study on gender differences in intimate violence was conducted by Archer (2000). This meta-analytic study examined combined results from eighty-two independent studies (including the US Violence against Women Survey) where data were available for comparing gender rates of abuse perpetration. Based on combined data across studies (a combined data sample of 64,487), women were slightly more likely than men to use physical abuse (defined using the CTS) against an intimate partner (effect size or  $d' = -.05$ ). \* This was true whether or not outliers were removed and whether or not studies with a ceiling N of 800 were considered to offset swamping of the outcome by studies with huge samples. Samples from shelters were unrepresentative of community samples, since, by definition, they were male-violent / female-victim samples. This was not true of community samples. As with the dating samples reported above, the younger the sample, the higher the level of female violence relative to male violence.

Medical treatment for injuries across studies revealed an effect size of  $+0.08$ , with women being slightly more likely than men to seek treatment. Neither the use of violence nor medical treatment resulted in a large effect size. An effect size of  $d' = .08$  is a difference between genders of less than one-tenth of one standard deviation. Given the methodology employed by Archer, his work has to be considered the “gold standard” of studies in gender usage of violence.

Archer cites the norms regarding use of violence: the so-called acceptance norm repeatedly cited by Dobash and Dobash (1979) for which no evidence has been reported and the contrary norm against males using physical aggression towards women. A subsequent analysis of the data that disaggregated the violence into discrete acts found that women were more likely than men to slap, bite, kick, punch, or hit with an object. Men were more likely to beat up or choke and strangle, although “a substantial minority of endorsements of ‘beat up’ and ‘choke or strangle’ involved women perpetrators” (op. cit., p. 339). Gender differences ranged from “very small to medium.” Samples selected for marital problems showed large effects in the male-perpetrator direction; student samples showed effects more in the female-perpetrator direction than community samples. Patterns of findings did not differ depending on whether perpetrator or victim was reporting. Archer concluded that concern with the (female) victims in such cases is certainly not misplaced but regarding them as the only victims of partner violence is too narrow a view of the problem according to the present findings.

Fiebert (1997) has amassed a bibliography of 159 peer-reviewed publications finding equal or greater aggression by females than males. The total collected sample is greater than 109,000. An earlier version was published in 1997.

In sum, across several large sample studies, with varying demographic compositions, dating violence is more likely perpetrated by female than male youths. These findings clearly run counter to the common assertion that female aggression in intimate relationships is uncommon and inconsequential. They also lead us to query, if the rate of intimate abuse is at risk of increasing rather than decreasing with the next generation.

### Effects More Severe for Women

It is widely supposed that women’s aggression against male partners is less likely than male aggression against female partners to result in serious physical or psychological harm. The Archer study (cited above) revealed a much smaller effect size for injuries by gender (one-sixth of one standard deviation) and hospitalization (one-eleventh of one standard deviation) than had been claimed by prior feminist theory. Other studies also have supported this finding..

Coker and colleagues (Coker et al., 2002) reanalyzed data from the NVAW survey (N = 6,790 women and 7,122 men) to assess associations between physical, sexual, and psychological abuse and current and long-term physical and psychological effects in men and women. Results indicated that psychological and physical abuse were associated with much the same outcomes and had similar effects for men and women. The authors cautioned that it is possible male victims were also perpetrators and their mental health status resulted from inflicting abuse rather than from being victimized. Interestingly, they did not present this hypothesis for women.

The reanalysis of the Canadian GSS data by LaRoche (2005), based on a sample of 25,876, also strongly refutes the idea that males do not suffer ill effects from intimate partner violence. It is of interest that, though not all “victim” data in that survey were available for men, what was available indicated great similarity in male and female victimization. LaRoche reports that 83% percent of men who “feared for their life” did so because they were unilaterally terrorized by their female partner compared to the 77 percent of women who were unilaterally terrorized. Of the terrorized men, 80 percent reported having their everyday activities disrupted (compared to 74% for terrorized women), 84 percent received medical care (the same rate as for terrorized women), and 62 percent sought psychological counseling (63 percent for women) (op.cit., Table 8, p.16). Hence, in a huge and nationally representative Canadian sample, victim reactions for abused men were virtually identical to those of abused women. It was simply that earlier research was driven by a paradigm that avoided asking the right questions of men.

When these questions are asked, the results are surprising. An emergency clinic in Philadelphia found that 12.6 percent of all male patients over a thirteen-week period (N = 866) were victims of domestic violence. These patients reported having been kicked, bitten, punched, or choked by female intimate partners in 47 percent of cases, and in 37 percent of cases reported a weapon being used against them (Mechem, Shofer, Reinhard, Hornig, & Datner, 1999). The authors observe that the numbers would have been higher except they had to stop counting after midnight and screened out “major trauma” cases, which could have upped the proportion injured by female partners. Note that many emergency clinics ask women but not men about potential domestic violence origins for injuries.

#### Types of Female Violence Reported by Callers to a Domestic Abuse Hotline for Men

An emergency clinic study in Ohio found that 72 percent of men admitted with injuries from spousal violence had been stabbed (Vasquez & Falcone, 1997). The most frequent cause of admission for women victims was assault (53 percent). The authors report that burns obtained in intimate violence were as frequent for male victims as for female victims. As this study demonstrates, community samples, unless they require subjects to self-report as crime victims, show a different and more equivalent pattern of violence by gender than that alleged by the radical feminist perspective.

Men have rarely had their fear of female violence assessed (the LaRoche analysis of the Canadian National GSS data is the one exception). A study by Hines and her colleagues (Hines, Brown, & Dunning, 2003) examined calls from men to the American national domestic violence helpline for men. As the authors pointed out, it would be unlikely for male perpetrators or co-perpetrators to use this line. When the line opened, it received one call a day. When it was advertised in state telephone directories, it began to receive 250 calls a day. Given that 2.6 million US men are victims of severe violence (Straus & Gelles, 1992), further usage increase is expected. All but a few callers experienced physical abuse from their female partners (only 4 percent were gay), and a substantial minority feared their partners’ violence and were stalked. Over 90 percent experienced controlling behaviours, and several men reported frustrating experiences with the domestic violence system; 52.4 percent of males who were currently in an abusive relationship indicated that they were fearful that their female partners would cause a serious injury if she found out that they had called the helpline. Hines et al. state that “according to qualitative accounts, several physical attacks were

reported to have occurred to the groin area” (op. cit., p. 17). Callers reported forms of violence that are not measured in surveys, such as having their partner try to drive over them with a car. Twenty-nine percent reported being stalked by their female partners. Callers’ reports indicated that their female abusers had a history of trauma, alcohol/drug problems, mental illness, and homicidal and suicidal ideations. Hines, Brown, and Dunning concluded that the “system in place to prevent IPV (interpersonal violence) re-victimizes these men and hence, no help is available for half the population” (op.cit., p.18).

### Differential Fear

Jacobson et al.(Jacobson, 1994) have reported that only women became fearful during marital conflicts. However, as I have pointed out (Dutton, 2006), women use fear scales differently than men and report fear during exposure to conflict which poses no danger to them.

Pimlott-Kubiak and Cortina (2003)carried out a large-scale (N = 16,000) study of gender differences in traumatic reactions to intimate violence, stalking, and emotional abuse. Arguing that earlier studies had focused too specifically on PTSD, the authors broadened their assessment of trauma reactions and found eight distinct combinations of exposure profile, gender, and mental and physical health. No meaningful interactive effects of gender and interpersonal aggression were found once lifetime exposure to aggressive events was adequately taken into account. The only thing that predicted the severity of psychological consequences was the degree of exposure, not gender. The authors concluded that their findings argued against theories of greater female vulnerability to traumatic outcomes.

Regardless of the variation in the studies, two conclusions seem reasonable: (1) women are injured more than men but (2) men are injured as well and are not immune to being seriously injured. Simply because the injury rates are lower, men should not be denied protection.

The argument is sometimes made that men use threats more frequently than women, but Straus and his colleagues found that women reported using somewhat more psychological aggression than did men (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). The “threatened to hit or throw something at partner” item correlated .52 with this scale, of which it is a part. Also, Giordano et al (1999) in a study of 721 young adults found that women were more likely than men to threaten to use a knife or gun.

### Underestimating Male Victimization from Criminal Justice Statistics

Male victimization is not taken seriously, in part because of the “gender paradigm” described above and in part, because of a cultural belief that men should be able to defend themselves or a disbelief in female violence. The item “burned him with something” is rated less serious by males (.83 where the upper limit is 1.0) than the item “burned her with something” is rated by females (.96) (Marshall, 1992a; , 1992). Law enforcement is lax when men are injured in domestic violence disputes (Brown, 2004). When John Wayne Bobbit had his penis cut off by his wife in 1993, it became material for late night comedy routines, and his wife was found not guilty by reason of

temporary insanity. This reaction would have been unthinkable with the genders reversed.

Buzawa and her colleagues (Buzawa, Austin, Bannon, & Jackson, 1992), in a study of the police arrest policy in Detroit, found that “male victims reported three times the rate of serious injury as their female counterparts, 38 percent compared to 14 percent.” The police rarely arrested a female perpetrator. As Buzawa et al. put it: “Not one male victim was pleased with the police response. They stated that their preferences were not respected by the officers, nor was their victimization taken seriously. The lack of police responsiveness occurred regardless of the degree of injury. For example, one male reported requiring hospitalization for being stabbed in the back, with a wound that just missed puncturing his lungs.

Brown (2004) studied differences in responses by the criminal justice system to assaults committed by males and females equated for severity. Using police and prosecutorial case files, Brown examined 2,044 cases where the man was charged, 155 where the woman was charged, 118 where both were charged, and 617 where a complaint was filed but neither was charged. Injuries made little difference to charging rates for female offenders (52.5% vs. 60.2%: arrested women were significantly more likely to have used knives or blunt instruments than were arrested men). Brown found that women were more likely to have used weapons and caused injuries and also to have received more serious charges (more than twice as likely to be charged with aggravated assault or assault with a weapon). Self-defense arguments by men tended to be disbelieved by police. Women who were prosecuted tended to have inflicted higher levels of injury against their victim than prosecuted men and, as with arrested women, were more likely than men to have used weapons. In severe injury cases, 71.4 percent of men and 22.2 percent of women were found guilty. The low percentage of women found guilty was due to “witness problems” (few men being willing to testify). More than half the male victims refused to testify, and female perpetrators of severe injuries had charges withdrawn 77.8 percent of the time. This pattern was reversed for woman victims; the more seriously injured, the more likely they were to testify. In a similar study, Henning and Renauer (2005) found the same thing: almost one-half (47 percent) of the cases involving women arrested for domestic violence against a heterosexual intimate partner were rejected by prosecutors, and another 16 percent were dismissed by a judge. Legal factors, such as a defendant’s prior criminal arrests, use of a weapon, victim injury, and, most importantly, the type of arrest (i.e., dual vs. single arrest), all affected prosecutors’ decisions to take these cases. Female defendants arrested for offending against a male intimate partner were treated more leniently than either male defendants or women arrested for domestic offences involving other types of relationships (i.e. familial, homosexual).

When we examine the Buzawa et al. study or the Brown study, it becomes apparent that the criminal justice system under- responds to male victimization. The situation for males in 2005 is much the same as it was for women in 1965. Hence, government “victim” surveys of intimate violence based on crime report data (police arrest, etc.) underestimate the incidence of male victimization. For this reason, the Straus studies using the CTS, which focuses on conflict rather than on crime victimization, provide a fuller estimate of actual violence.

## How we See Abuse

What constitutes “abuse” varies considerably according to the gender of both the perpetrator and the victim.

Sorenson and Taylor (2005) implemented a random-digit dialed survey in four languages of 3,769 adults in the Los Angeles area. Respondents were presented with five vignettes in which characteristics of the victim, assailant, and incident were experimentally manipulated. The vignette variables (assailant’s motive, type or intensity of abuse, whether alcohol was involved, presence of weapons, presence of children, frequency of abuse) and respondent characteristics were examined using a multivariate log regression. Respondent characteristics turned out to be unrelated to their judgments. Judgments about women’s violence against male intimates (vs. the opposite) were less harsh and took contextual factors into account. The type of violence and the presence of a weapon played a central role in respondent judgments. Across vignettes, male violence was seen as more likely to be illegal, that the police should be called, that the assailant should be arrested and should serve jail or prison time, that a restraining order should be issued. It is important to note that while some of the abuse types were physical, others were psychological, involving control or humiliation. Physical abuse (slap, forced sex) was more likely to be perceived as illegal by women when the assailant was a man. In general, the genders agreed more than they disagreed, whatever the event. To test the hypothesis that social norms about female abuse are less clear, Sorenson and Taylor examined the standard deviation of the residuals (a measure of response variability); it was 36 percent greater when the assailant was a woman, suggesting much greater diversity of opinion or lack of a clear cut norm.

Not only the general public but also professional psychologists rate aggression as less serious when it is performed by females and even when it is psychological aggression, according to a study by Follingstad and her colleagues (Follingstad, 2004). Two scenarios describing the context and psychologically abusive behaviours with the genders reversed were given to 449 clinicians (56 percent male) whose median age was fifty-two. Psychologists rated male-perpetrated behaviour as more abusive and severe than the wife’s use of the same actions. Contextual factors (frequency, intent, and perception of recipient) did not affect this tendency.

As Follingstad et al. concluded that “the stereotypical association between physical aggression and males appears to extend to an association of psychological abuse and males.” Unfortunately this sometimes leads to serious problems. Coontz, Lidz, and Mulvey (1994) found that clinical predictions of dangerousness made in psychiatric emergency rooms consistently underestimated female dangerousness. Predictions that a male would not be violent were correct 70 percent of the time, but for females, they were correct only 55 percent of the time.

## Conclusion

In the best studies, cited above, with the largest and most representative samples (i.e. community or epidemiological), presented without a “crime victim” filter on the data, female violence rates are higher than male rates. Also, in the largest study done on effects of abuse, no gender differences were found. The best predictor of intimate partner violence is not gender but personality disorder.

Above we have given reasons to believe that female terrorism exists as well (if defined by unilateral severe violence and instrumental uses of violence). Nor is it the case that men do not suffer from intimate abuse victimization. The LaRoche data analysis clearly refutes this idea. However, police treatment differs in the extreme by

gender. Judgments about violence and abuse differ according to the gender of the assailant and the victim. While this is easily understood for some acts (such as punched or beaten up), where the consequences may be greater for women victims, the results also apply to actions where the consequences are the same (e.g., being stabbed or burned). But the view that women are more vulnerable is shared not only by the general public but also by psychologists. A question raised by the above data is this: what happens to these men? No shelter houses exist and the problem is neither recognized nor sympathized with. A man who presents to the police with an injury is likely to be viewed as having brought it on himself. Ironically the situation for these men is identical to that of abused women during the Age of Denial.

\* Effect size is calculated as a fraction of a standard deviation (SD). Hence an effect size of 1 means the two groups are one SD apart. With use of violence, an effect size of -0.05 means women are one-twentieth of an SD more often violent than men across the eighty-two studies used in the meta-analysis. Similarly, an effect size of 0.08 for injuries means women are injured about one-twelfth of an SD more often than men. In both cases, therefore, the rates by gender are virtually identical.

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