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ORIGINAL ARTICLE

Methodological Contributions to the Gender Symmetry Debate and its Resolution

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Abstract The concept of gender symmetry in intimate partner violence (IPV) may be an artifact of three factors. 1) Methodology: Subject recruitment frequently excludes clinical samples. Cross-sectional designs negate the ability to evaluate recidivism and do not account for women's greater likelihood of leaving violent relationships. 2) Narrow Focus: Researchers focus on frequency of physical aggression, while excluding other types of aggression (e.g., sexual IPV, life-threatening violence, use of firearms), or the impact of such aggression (e.g., fear, depression, injury). 3) Measurement: Surveys are hindered by varying interpretations of seemingly face-valid items, effects of item instructions, and lack of multi-method assessment approaches. Strategies for addressing these problems and resolving the gender symmetry controversy are outlined.

Keywords Gender symmetry · Intimate partner violence · Methodology · Measurement

A common finding in intimate partner violence (IPV) research is that women report using physical IPV at rates roughly comparable to men in heterosexual intimate relationships (Desmarais et al. 2012). Such a consistent finding has led to the controversial idea of gender symmetry, i.e., that women are as violent as men in their heterosexual, intimate relationships (Hamberger and Larsen 2015). We will argue that gender symmetry of physical IPV is an artifact of several key methodological issues. These issues include: a) failure to employ clinical samples and to use analytic approaches that utilize gender differences in weighted, frequency by severity calculations, b) lack of attention to sequencing of IPV initiation and response, and c) overreliance on participation rate analyses. We will also propose ideas for managing, if not resolving, the controversy. Although much of the research at the heart of the controversy stems from large, community, national and, in some instances, representative sample surveys, we will highlight research with clinical samples as well, with the belief that resolution of the controversy necessitates input from all sectors of the study of IPV.

Gender Symmetry: What Are the Current Perceptions and Findings of the Controversy?

Are Women as Violent as Men?

Although prevalence studies often find roughly equal rates of violence between men and women, the methodology for drawing such conclusions is problematic for several reasons. First, most simply report prevalence rates, often using college or community samples. However, studies of community and college student samples often miss the most severe forms of violence that are typically observed in clinical samples and are disproportionately perpetrated by men (e.g., Cooper and Smith 2011; Phelan et al. 2005).

In a review of clinical samples, Hamberger and Larsen (2015) concluded that although men and women both use

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severe forms of violence, most studies found that men used more severe forms of violence. Less severe forms of violence are certainly important, but not acknowledging these severe forms of violence (and that severity may differ in clinical samples) skews our understanding of what it means to have equal rates of perpetration by men and women (i.e. if a woman slaps her partner and a man strangles his partner, these are not "equal"). Globally, the most severe form of partner violence, intimate partner homicide, is 6 times more likely to be committed by men (Stöckl et al. 2013), a male to female perpetrator gender ratio similar to that in the USA (Violence Policy Center 2015). Nonfatal strangulation, a near lethal act, is committed 4 to 11 times more often by male partners (Sorenson et al. 2014). In the nonlethal use of firearms, men again significantly outpace women (Wiebe 2003).

Furthermore, in comparing severity across genders, it would be preferable to count frequency of violent acts *and then weight them by severity*, yet most gender comparison studies do not do so. This type of weighted approach, as opposed to a simple prevalence approach, would be able to capture the full pattern of IPV. It would reflect both frequency and severity of violent acts so that multiple punches would count far more than a few pushes, and the extent of gender similarity or difference could be better captured. Using this methodology, the best national population-based US survey of adult women, (CDC National Intimate Partner and Sexual Violence Survey [NISVS], Black et al. (2011)) reports that for severe physical violence from a partner (vs. push/shove/slap), the weighted lifetime victimization prevalence is 24.3 for women compared to 13.8 for men.

Further, certain important types of violence, specifically stalking and sexual violence, are often not included in studies of physical domestic violence. Though there have been calls for including these in IPV measures (and some do, e.g., revised CTS), stalking and sexual IPV are most often treated as separate phenomena. Yet both are highly gendered. Specifically, in the NISVS study, women were over 5 times more likely to be stalked by a partner than were men, whether comparing lifetime or past year weighted prevalence (Black et al. 2011). Likewise, sexual violence is one of the most gendered types of IPV, with a review of clinical sample research showing that men were more likely than women to have perpetrated sexual violence across all six different studies reviewed (Hamberger and Larsen 2015). In the NISVS national random sample, female partners were 9.4 times more likely to be raped by a partner than were men, and women were victimized by male (versus female) partners in more than 90 % of the cases (Black et al. 2011).

Who Hits First in Clinical Samples?

In addition to frequency and severity, claims of gender symmetry should investigate whether the pattern of violence initiation is gendered, yet few have. Such studies report that men, as a group, are the first to introduce violence into the relationship (Hamberger and Guse 2002), and to initiate a significantly higher percentage of violent incidents than women (Hamberger and Guse 2002; Phelan et al. 2005). Kernsmith (2005) observed that 88 % of women respondents reported using violence *in response to* partner's ongoing IPV, compared to 15 % of men. Muftic et al. (2007) found that male partners of women IPV arrestees had significantly more prior IPV arrests than women partners of male arrestees, suggesting that women were more likely than men to use IPV in response to partner's IPV. In the review of clinical sample studies by Hamberger and Larsen (2015), *no* studies found that women were more likely than men to introduce IPV into the relationship or to initiate physical violence in specific incidents.

Moving beyond Participation Rate Analysis

The patterns outlined above imply that to understand gender differences in violence, it is necessary to go beyond simple participation rates, which are often snapshots at a particular point in time or during a particular relationship. Such a snapshot can be misleading in understanding perpetration. First, it can underestimate the effects of previous violence. For instance, one study found that among men and women in IPV offender treatment programs, women reported having experienced significantly more IPV in prior relationships and higher levels of sexual abuse as an adult or a child (Kernsmith 2006). Other studies have found that women reported more prior IPV in a relationship, more prior injuries due to IPV, and fewer past arrests (Hamberger and Larsen 2015).

One recent study illustrates why point-in-time snapshots may systematically underestimate men's perpetration and overestimate women's (Ackerman and Field 2011). Using data from a representative longitudinal survey of young adults 24 to 32 years old, these authors found that men's violence in relationships leads to higher dissatisfaction in female partners than women's violence does for male partners. In turn, women who experienced violence were actually more likely to leave a relationship than men who experienced violence. One implication is that asking about violence at a particular point in time in a current relationship will be more likely to identify women's violence (since men are still in relationships with violent women) and less likely to identify men's violence (since women are more likely to have already left those relationships). Ackerman (2012) replicated the above findings in a college student sample. Ackerman also found that, when assessing IPV victimization prevalence *in the current relationship*, men reported higher victimization rates than women. When victimization prevalence *in prior relationships* was assessed, women reported a significantly higher rate than men. The implication of these findings is that cross-sectional

studies that focus only on current relationships will provide misleading information regarding gender symmetry.

Longitudinal studies are thus necessary to understand perpetration rates. For instance, two groups of researchers examined the manner in which participants appeared in subsequent police reports over a 5-year follow-up period following an initial arrest (Melton and Sillito 2012; Renauer and Henning 2005). These two studies show an important nuance – when they examined whether those who recidivated were named as a victim or as a perpetrator in future police reports, men were significantly more likely to recidivate as a *perpetrator* only, whereas women were significantly more likely to recidivate as a *victim* only. Further, Gerstenberger and Williams (2013) studied all IPV arrests in the state of Connecticut for a single year and found that males were nearly twice as likely as females to recidivate over an 18-month follow-up period.

Patterns of perpetration and victimization can also be better understood by examining the full picture of victimization impact. In general, despite controversy about gendered perpetration rates, there has been less controversy regarding the effect of IPV, with most agreeing that women tend to bear the higher burden of victimization, whether in terms of being more severely injured (Hamberger and Larsen 2015), or having higher health care utilization (Russo et al. 2008), economic impact (Arias and Corso 2005), or psychological impact (Hamberger and Larsen 2015). For instance, one study found no differences in levels of IPV perpetration or victimization using participation rate counts, but a measure of the *impact* of IPV (which assesses sense of safety, fear, and entrapment) found higher levels of victimization among women (Houry et al. 2008). This pattern is also found in national samples. In the NISVS when considering impact in terms of IPV-related fear, PTSD symptoms, injury, pregnancy, sexually transmitted infections, missed work and need for services, the weighted prevalence for females was nearly 3 times that for males (Black et al. 2011). Women were more than 3 times more likely to be injured and more than 5 times more likely to need medical care. Finally, the only form of IPV that affects the health of unborn children (in terms of miscarriage, fetal death, low birthweight) is IPV during pregnancy, which victimizes women only and is almost always perpetrated by male partners (Silverman et al. 2006).

What Are the Implications and how can these Tensions Be Resolved?

To resolve some of the tensions in the field between findings of gender symmetry and asymmetry, we propose a number of research design and methodological approaches to address the concerns noted above. First, we recommend that research on IPV gender differences and similarities include the totality of forms of violence and their impact. Exclusive focus on physical violence (e.g., hitting, slapping, weapon use) is too narrow and not consistent with how IPV is generally conceptualized, particularly from a clinical and policy standpoint. That said, as noted above, even with a specific focus on forms of physical violence, gender differences emerge when considering certain forms of potentially lethal violence. Nevertheless, sexual violence, generally left out of research on gender differences, should be included in such research. To examine a full range of violence, IPV research should include clinical samples. A recent review by Hamberger and Larsen 2015 showed that much research is being done in this area, often with sample sizes exceeding 1000.

Second, we believe that a strict focus on participation rates of physical IPV presents a misleading and incomplete picture of gender and IPV. Research that incorporates history of both past violence victimization and perpetration, as well as prospective assessments of recidivism and recidivism type (e.g., as perpetrator or victim) presents a more accurate picture of the intersection of violence and gender. Thus, we recommend that research move away from a strict focus on participation rates to include participant history and, where possible, to conduct longitudinal studies that examine recidivism.

Third, a complete and accurate understanding of gender and IPV can only be accomplished by paying attention to both prevalence *and* the impact of IPV on victims. Such information is vital for development of clinical strategies, policy, and theory related to understanding gender differences in the underlying etiological and maintenance dynamics of IPV.

Fourth, more attention needs to be paid to measurement issues. For example, Hamberger and Larsen (2015) observed different patterns of gender differences depending on whether researchers used self-report or partner report. Melton and Sillito (2012) and Melton and Belknap (2003) found no sex differences when analyzing police report checkboxes of violence used, but found many sex differences with narrative analysis of police reports. Larsen and Hamberger (2015) pointed out that many measurement approaches, such as using check boxes on police or court forms, lacked any psychometric basis as a measure of violence and that some studies used instruments that had not been validated for the sample under study. Hence, we recommend ongoing development of valid and reliable instruments and assessment approaches, as well as more sophisticated scoring of existing instruments (e.g., using a combination severity and frequency score as well as asking about and including impact in scoring).

Attention to wording also has a large effect on how participants understand and report on what is being asked. Hamby (2016) used self-report measures and found gender symmetry; however, when these same self-report measures were modified to specify that the violence reported should not include

"horseplay or joking around", men reported lower levels of violence experienced. In a clinical sample, this specification did not change prevalence rates (given the more serious nature of the violence), but in community and college samples, where low-level violence is more common, this specification led to more differentiation between men and women.

Narrative and multi-method assessment approaches offer promise to assess detail that is often missing from overall scale scores, and to address measurement validity. For instance, Lehrner and Allen (2014) describe the results of a multi-method assessment of violence in an undergraduate female sample. In-depth qualitative interviews found that a significant portion of violence reported by women was actually horseplay, mock violence, or self-defense. Descriptions of the context and meaning of the "violence" were helpful in separating trivial violence from that intended by the construct of IPV. Evans et al. (2016) reported on the importance of including qualitative with quantitative methods to enhance the validity of commonly used IPV measurement scales. In their study, Evans et al. found that qualitative methods revealed problems of item interpretation and underreporting of abuse experiences from sole reliance on the quantitative measure. These kinds of nuances only emerge when different types of data are juxtaposed and closely examined. They highlight the need for research with both multiple methods and multiple sample types. Otherwise, common measures in the field may be reliably measuring a construct that is not what most researchers have in mind as "IPV".

How will the Implementation of the Proposed Solution Affect the Field in the Future?

Implementing the above solutions, including use of both community and clinical samples, would yield a more nuanced and complete picture of the types of violence both men and women experience across the lifespan. This type of research leads to more complicated—but more valid—data. This type of understanding is crucial for policy-makers and service providers. The better we understand both men's *and* women's violence, the better we know how to prevent IPV, as well as how to to serve those who are perpetrators and victims.

Compliance with Ethical Standards

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Ethical Approval All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all patients for being included in the study.

Conflict of Interest All authors declare that they have no competing interests.

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