

Gender Symmetry or Asymmetry in Intimate Partner Victimization? Not an Either/Or Answer

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Gender differences in physical victimization, sexual victimization, injury, fear, and depressive symptoms were assessed in a representative community sample of 453 young couples. The prevalence of any physical victimization experienced by women and men did not differ (29% vs. 30%), but men reported more severe physical victimization than women. No difference in prevalence of overall injury was observed, but more women reported severe injury than men. Almost twice as many women as men reported being sexually victimized (28% vs. 15%). Physically victimized females reported more fear of their partners than physically victimized men and than nonvictimized women. Physically victimized men and women, sexually victimized men and women, and physically injured men and women all had more depressive symptoms than those men and women who were not victimized or injured. Severely victimized women were 3 times more likely than severely victimized men to have depression scores in the clinical range (27% vs. 9%). In sum, whether one finds gender symmetry regarding aggression and its correlates depends on more than simple prevalence of aggression by men and women.

KEYWORDS: aggression; violence; gender; injury; depression; fear

A long-standing debate exists regarding whether the same percentages of men and women engage in physically aggressive behavior toward their intimate partners. Similarity of aggression rates has been termed “gender symmetry,” and a special series of articles addressing this controversy appeared in the *Psychological Bulletin* (Archer, 2000; Frieze, 2000; O’Leary, 2000; White, Smith, Koss, & Figueredo, 2000). In a review of 82 published articles on intimate partner aggression, Archer (2000) concluded that either the percentages of men and women who are physically aggressive to each other do not differ or that women engage in somewhat more physical aggression than men.

Archer noted that physical aggression within couples is very often of a dyadic or bidirectional nature. Dyadic models have shown that factors such as violence in one's family of origin, personality factors, and relationship discord influence the likelihood that either partner will aggress (Capaldi, Shortt, & Kim, 2005; O'Leary, Smith Slep, & O'Leary, 2007; O'Leary, Tintle, Bromet, & Gluzman, 2008). For example, psychological aggression directed at a partner makes it more likely that physical aggression of the other partner will occur (Slep & O'Leary, 2005; White, Merrill, & Koss, 2001).

Partly in contrast to the dyadic model, feminist scholars use a power and control model to explain the aggressive behavior of men (Pence & Paymar, 1993), and they argue that a higher percentage of men than women perpetrate physical partner aggression (Walker, 1979). In fact, Dobash, Dobash, Wilson, and Daly (1992) describe what they refer to as the myth of sexual symmetry. They argue that survey data using the Conflict Tactics Scales (Straus & Gelles, 1990), especially the use of self-reports of physical aggression against an intimate partner, are open to criticism because such data do not include an assessment of the meaning and consequences of aggression.

A review of the rates of physical aggression in representative samples shows that three (Schafer, Caetano, & Clark, 1998; Straus & Gelles, 1990; Straus, Gelles, & Steinmetz, 1980) of four (Tjaden & Thoennes, 2000) representative sample studies found that very similar percentages of men and women engage in physical aggression against their partners, and similar percentages of men and women report being victimized by their partners. However, as others like Yllo (1993) have argued, there is a need to look at the correlates and consequences of the aggression of men and women. So, in this representative sample, we expect that females who experience physical aggression from their partners will report more sexual victimization and injury. Further, their fear of the partner will be related to the level of their victimization.

Though injury was not directly assessed in the National Family Violence Survey, the "need to see a physician for consequences of a physical assault" was assessed. Using this mode of injury assessment, 3% of women who reported that they were the recipients of physical aggression by their husbands indicated that they needed to see a doctor for consequence of the assault whereas only 0.04% of men who were victims of physical aggression reported that they needed to see a doctor following the incident (Stets & Straus, 1990). Critics have suggested that assessing for need to see a physician must be done cautiously since men are less likely to seek medical care than are women for a wide variety of problems (e.g., Bertakis, Azari, Helms, Callahan, & Robbins, 2000). However, injury rates presumably will be significantly higher for individuals who perceived that they needed medical care, and we examined the reported rates of injury by men and women herein.

There are no published data on fear of partner in representative community samples in the United States. However, there is literature on gender differences in fear among clinical samples. Hamberger and Guse (2002) found that women who were court ordered to domestic violence counseling and women seeking shelter services reported more fear of their partners than men who were court ordered to domestic violence counseling. Further, in Ireland, Bradley, Smith, Long, and O'Dowd (2002)

found that women attending a general medical practice were more likely to report fear of their current or former partner if they had been physically victimized at some point in their lives by their current or former partner. It is important to consider the fact that women tend to report more fear across the board than do men including more fear of animals (Tucker & Bond, 1997) as well as more fear of crime (Braungart, Braungart, & Hoyer, 1980; Lagrange & Ferraro, 1989). As such, comparing men and women's fear levels also necessitates caution, as underlying gender differences in females' higher baseline fear levels may be driving the differences. Thus, within gender differences in fear are of special import for those physically victimized versus those who were not. Though women's fear of their partners was assessed in the studies described above, to the best of our knowledge, there are no representative, community studies that address whether victimized men and women are differentially fearful of one another, and there are no studies that have evaluated the association between fear of specific acts of aggression as they relate to the actual physical acts of aggression experienced. As such, the current study fills an important gap in providing knowledge of the levels and gender differences in fear of partner among nonclinical, representative persons.

Mental health variables are another index of the correlates and presumed consequences of physical aggression. In fact, depression is a primary mental health problem associated with an on-going pattern of battering of women (e.g., Cascardi, O'Leary, & Schlee, 1999; Hamberger, Saunders, & Hovey, 1992). Results in a representative sample of women showed that the mean level of six depressive symptoms was associated with being physically victimized for both men and women (Stets & Straus, 1990). Though both female and male victims showed this association, the association was stronger for women than men at the severe level of violence. In brief, there is only one study on depressive symptoms in representative samples of women and men who report being victimized and clinical levels of depression associated with standardized measures of depression have not been examined.

The current research was conducted in a representative sample of young couples. As has been demonstrated in past research with representative samples, we expected that men and women would report similar rates of overall physical victimization. Second, it was hypothesized that there would be significant associations between victimization and depressive symptoms for both men and women and that the association would be stronger for women. Third, we expected that severely victimized women would have depressive symptom scores in the clinical range more often than severely victimized men, and that the depression differences between victimized and nonvictimized women would be greater than the differences between these groups for men. Fourth, we expected that victimized women would report more fear of specific behaviors that their partner had engaged in over the past year than would men. In short, it was hypothesized that the issue of gender symmetry would not yield an either/or answer, and that both feminist and dyadic perspectives would have value in understanding the phenomenon of intimate partner aggression.

METHOD

Participants

Four-hundred-fifty-three participants were recruited through a random digit dialing procedure (RDD) modeled after that used in the 1985 National Family Violence Survey (Louis Harris & Associates, 1986). Inclusion criteria included that the respondents had been living as a couple for a least a year, be parenting a 3-to 7-year-old child who was the biological offspring of at least one of the parents, and be able to complete questionnaires in English. The RDD procedure resulted in phone respondents who were fairly representative of the county's population, as determined by comparisons to the 2000 U.S. Census, and study participants ($N = 453$) were quite similar to those who qualified for the study but chose not to participate (see Slep, Heyman, Williams, Van Dyke, & O'Leary, 2006 and Slep & O'Leary, 2005 for extensive reports on random digit dialing and representativeness evaluations). While the RDD procedure resulted in anticipated ethnic, educational, and income diversity, the modal couple was White, the husband and wife had 1 to 3 years of college, they were between 30 to 39 years old, and the household income was between \$65,000 to \$100,000.

Procedure

Couples were told that the study was designed to learn about how families cope with conflict and why they handle problems in the ways they do. Conducting this study necessitated the collection of self-reports of the full range of partner and, although not reported herein, parent-to-child aggression. Data were collected anonymously in order to maximize the validity of reports and minimize risk to participants.

Anonymity and confidentiality procedures were carefully explained both verbally and in the written consent form approved by the institutional review board. Numbers linking husbands and wives were randomly assigned to them as a couple following consent and no records were made that would link their identity to their data. Participants were told that no one would read their written responses while they were in the office and that after they completed participation, written responses would be anonymous. They were also told that any information they volunteered verbally to the research staff, and not as a written response on a questionnaire, was not anonymous but was confidential and was subject to the normal limits of confidentiality. After consent was obtained, the couple was separated to independently complete questionnaires and to complete other procedures. All participants received a family resource list that included abuse hotlines and other abuse-related services, and couples were paid \$250 for their time.

Measures

Conflict Tactics Scale-II (CTS-II). The CTS-II (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) is a 78-item inventory that assesses the frequency (on scales

ranging from 0 = never to 6 = more than 20 times) perpetration of and victimization behaviors engaged in within situations of partner conflict over the previous 12 months. Subscales include negotiation, psychological aggression, physical assault, injury, and sexual coercion. Coefficient alpha for the scale is high, 0.94. Aggression frequencies on the 12 physical aggression items (i.e., "thrown an object that could hurt," "twisted arm or hair," "pushed or shoved," "grabbed," "slapped," "beat up," "burned or scalded on purpose," "kicked," "slammed against a wall," "choked," "punched or hit with an object that could hurt," and "used a knife or gun") were used to determine a participant's physical violence victimization score. Straus's categories for mild and moderate aggression were combined into a moderate aggression category and the same criteria he uses for severe aggression were used herein for the purposes of the analyses. Aggression frequencies on the six sexual coercion items (i.e., "insisted on sex when you did not want to," "insisted on oral or anal sex when you did not want to," "used force to make you have sex," "used force to make you have oral or anal sex," "used threats to make you have oral or anal sex," and "used threats to make you have sex") were used to determine a participant's sexual violence victimization score. A seventh sexual coercion item, "insisted on sex without a condom" was omitted based on earlier findings that this item was often misinterpreted by respondents. Self-report scores of victimization were computed and utilized for the present analysis.

Fear of Partner Scale. This scale was designed specifically for this study in order to measure overall fear of partner and fear related to specific physically aggressive behaviors. The internal consistency of the scale was high; the coefficient alpha was 0.91. The initial fear question (e.g., "What is the most afraid you have been of your partner in the last 12 months?") assesses overall fear of partner for the last 12 months (scale ranges from 1 = never afraid to 7 = terrified most of the time). The remainder of the scale consists of 15 items designed to assess the degree (on scales ranging from 1 = not afraid of partner to 7 = highly afraid of partner) of fear the participant would anticipate experiencing if the partner did specific things (i.e., "How afraid of your partner would you be if he/she: started an argument, yelled at you, swore at you, called you names, blamed you for things, threatened to leave you, threatened to divorce you, ridiculed you, destroyed property, threatened to hit/slap you, acted in a jealous way, slapped you, hit you, beat you up, injured you physically"). For each item, we selected only those participants who endorsed experiencing that particular physically aggressive item on the CTS in the past 12 months for inclusion in the corresponding fear question analysis (e.g., partner slapped them). Only cases in which there was a perfect match between wording of the fear item and wording of the corresponding CTS item were utilized for this analysis. For the participants included in the analysis, a mean score was calculated for their reported fear to that one item. *T* tests were used to compare the mean levels of fear for men and women.

Beck Depression Inventory-II (BDI-II). The Beck Depression Inventory—2nd Edition consists of 21 items inquiring about the existence and severity of depressive symptoms over the past 2 weeks, based on the American Psychiatric Association's *DSM-IV* categorization of major depression (Beck, Steer, & Brown, 1996). The BDI-II

reliability has been well established with a coefficient alpha of 0.92 for an outpatient population. The coefficient alpha in the current study was 0.90. The test–retest reliability of the instrument over a one week interval was 0.93 with a significance of $p < .001$, and scores >20 are seen as clinically depressed. Finally, the instrument has also proved to have sound convergent validity with the BDI-1A (Beck et al., 1996).

Data Analysis

All data were examined for normality and completeness. Mean substitution was used to replace missing values as long as more than half of the items for a variable were available. In cases of low base rate behaviors for which mean substitution would not be sound, the cases were excluded based on list-wise deletion procedures. Following transformation of nonnormal variables, all variables were examined for the presence of outliers (i.e., scores that were more than four standard deviations above the mean). Scores that were clearly deviant were deleted. At the variable level, less than 0.1% of the data were missing, including any that necessitated deletion by the set criteria.

In order to correctly account for dependence issues, any analyses involving married men and women were conducted with either paired t tests or McNemar nonparametric analyses for dependent data. Analyses conducted with independent data that included no husband–wife pairings utilized independent t test or chi-square analysis procedures.

RESULTS

Based on previous research in our own laboratory, we know there is good interpartner agreement on aggressive acts. As such, we feel comfortable presenting individual reports of aggression (O’Leary & Williams, 2006).

Physical Aggression Victimization: Prevalence and Severity

Men and women reported similar rates of physical victimization; 29.8% of men and 28.5% of women reported that they were the victims or recipients of physical aggression from their partners in the past year. The rates that women and men reported experiencing moderate levels of victimization were virtually equivalent (27.8% men vs. 27.4% women). A McNemar analysis of severe victimization levels demonstrated a significant gender difference in severe victimization over the last year (12.6% men vs. 7.3% women), with men reporting significantly more severe victimization at the hands of their partners than did women ($p < .005$, $w = .29$).

A series of McNemar tests were used to determine whether there was a gender difference in the percentage of men and women who experienced a certain type of physical victimization at the hands of their partner. These analyses were conducted to assess whether women and men use different types of physical aggression. As can be seen in Table 1, when utilizing the full sample, only 3 out of 12 items demonstrated

TABLE 1. Prevalence of Physical Victimization Across 453 Couples

	Percentages		McNemar (ES)
	Men	Women	
Threw something that could hurt	15.5% (<i>n</i> = 70)	10.6% (<i>n</i> = 48)	<i>p</i> < .05 (<i>w</i> = .45)
Twisted your arm or hair	8.8% (<i>n</i> = 40)	7.1% (<i>n</i> = 32)	NS
Pushed or shoved you	21.2% (<i>n</i> = 96)	18.5% (<i>n</i> = 84)	NS
Used a knife or gun on you	0.7% (<i>n</i> = 3)	0.2% (<i>n</i> = 1)	N/A
Punched or hit you with something that could hurt	7.7% (<i>n</i> = 35)	3.1% (<i>n</i> = 14)	<i>p</i> < .005 (<i>w</i> = .20)
Kicked you	5.5% (<i>n</i> = 25)	3.3% (<i>n</i> = 15)	NS
Burned or scalded you on purpose	1.1% (<i>n</i> = 5)	0% (<i>n</i> = 0)	N/A
Slapped you	7.5% (<i>n</i> = 34)	3.5% (<i>n</i> = 16)	<i>p</i> < .01 (<i>w</i> = .31)
Grabbed you	16.6% (<i>n</i> = 75)	13.2% (<i>n</i> = 60)	NS
Beat you up	1.8% (<i>n</i> = 8)	1.3% (<i>n</i> = 6)	NS
Slammed you against a wall	3.8% (<i>n</i> = 17)	3.3% (<i>n</i> = 15)	NS
Choked you	1.8% (<i>n</i> = 8)	1.1% (<i>n</i> = 5)	NS

significantly different prevalence rates between men and women. For each of the three items that were different (i.e., “threw something that could hurt,” “punched or hit you with something that could hurt,” and “slapped you”), significantly more men reported victimization than did women.

Unilateral and Bidirectional Aggression

Men and women did not differ in their reports of being unilaterally victimized. Of the victimization, 59% was reported by both husbands and wives (*n* = 156); 19% of wives (*n* = 51) and 21% of husbands (*n* = 57) reported unilateral victimization. Husbands and wives reported bidirectional severe victimization in 27% of the cases (*n* = 24);

husbands reported unilateral severe victimization in 50% of the cases ($n = 45$), and wives reported unilateral severe victimization in 23% of the cases ($n = 21$). Considering that the overall victimization rates were about 3 times more likely than severe aggression, the most common pattern of aggression in these couples was bidirectional aggression.

Injury

Among the subsample of participants self-reporting any physical victimization, there were no significant gender differences in those reporting any injury (27.9% for women and 27.4% for men). Among female participants reporting experiencing any injury in the last 12 months, 91.9% reported experiencing moderate injury and 27% reported experiencing severe injury. Among male participants reporting any injury in the last 12 months, 95% reported moderate injury and 12.2% reported severe injury. Of those injured, 26 of the participants were in a relationship in which there was bidirectional injury reported (i.e., 13 couples). There were 52 respondents who reported they had been injured while their partners reported themselves as not having been injured (28 men and 24 women).

In order to compare men and women on injury independently, the couple data were excluded in the analysis that follows and these data are presented in Table 2. Worthy of note is the fact that for both men and women, if the respondent reported experiencing any injury, the chances were extremely high that they would also report moderate injury. Though there was no significant difference between genders on any or moderate injury, a chi-square analysis demonstrated that significantly more women reported experiencing severe injury than did men, $\chi^2(1, N = 52) = 3.71$, $p < .05$, $w = 0.55$.

Fear of Partner

There was a significant association between extent of fear of partner and extent of physical victimization for both women ($r = .37$; $p < .00$, $d = .80$) and men ($r = .33$; $p < .001$, $d = .70$). In addition, 18% of the severely victimized men and 42% of the severely victimized women reported some fear of their partner ($\chi^2 = 6.62$; $p < .05$; $w = .56$).

TABLE 2. Severity Level of Injury Among Relationships Where One Partner Reports Any Injury

Injury Table	Severity Level of Injury
Females	Moderate: 91.7% ($n = 22$ of 24) Severe: 37.5% ($n = 9$ of 24)
Males	Moderate: 96.4% ($n = 27$ of 28) Severe: 14.3% ($n = 4$ of 28)

TABLE 3. Fear Items: Paired T Tests to Test Gender Differences on Self-Reported Fear

	Males	Females	<i>t</i> -Value	<i>p</i> -Value & ES
1. Afraid if slapped	2.05 (<i>n</i> = 44)	3.61 (<i>n</i> = 44)	<i>t</i> = 3.82	<i>p</i> < .001 <i>d</i> = .82
2. Afraid if hit	1.84 (<i>n</i> = 45)	4.29 (<i>n</i> = 45)	<i>t</i> = 6.15	<i>p</i> < .001 <i>d</i> = 1.27
3. Afraid if beat up	2.23 (<i>n</i> = 13)	5.15 (<i>n</i> = 13)	<i>t</i> = 3.05	<i>p</i> < .05 <i>d</i> = 1.34
4. Afraid if injured physically	2.40 (<i>n</i> = 65)	5.04 (<i>n</i> = 65)	<i>t</i> = 6.90	<i>p</i> < .001 <i>d</i> = 1.21
Sum of physical fear items	8.16 (<i>n</i> = 94)	17.73 (<i>n</i> = 94)	<i>t</i> = 9.00	<i>p</i> < .001 <i>d</i> = 1.27

McNemar tests and matched *t* tests were conducted to determine whether there were gender differences in both presence and amount of fear the respondent thought they would have if their partner acted in a specific aggressive way. The stem of the question was, "How afraid would you be of your husband/wife if he/she. . . ." For each item, respondents who reported any physical victimization were included in the analysis. Four physical items were included in the analysis. The four physical items included: (1) "slapped you," (2) "hit you," (3) "beat you up," and finally (4) "injured you physically." These items were selected from the larger pool of fear items based on our ability to specifically restrict the sample of the question to those who had ever experienced the aggressive act in the past. Matched *t* test results demonstrated significant differences across all items reflecting physical aggression (Table 3). In all cases, women reported that they would have more fear of their husbands than husbands reported that they would of their wives if that act should occur.

Independent *t* tests demonstrated that for both genders, those reporting any physical victimization in the past year rated themselves as more afraid, generally, than those reporting no physical victimization ($t_{(447)} = 5.76, p < .001, d = .68$ for females; $t_{(443)} = 4.91, p < .001, d = .56$ for males).

Sexual Aggression

Among the 453 male participants in the study, 15.3% reported having experienced some type of sexual victimization in the last 12 months, as compared to almost 28.3% of the women. A McNemar analysis demonstrated that this difference in the percentages of men and women reporting sexual victimization was statistically significant ($p < .001, w = 0.16$). Further, a matched *t* test indicated that the mean level of sexual victimization reported by women was significantly higher than that reported by men

TABLE 4. Prevalence of Sexual Victimization Among 453 Couples

	Percentages		McNemar (ES)
	Men	Women	
Used force to make you have oral or anal sex	0.7% (<i>n</i> = 3)	1.3% (<i>n</i> = 6)	<i>NS</i>
Used force to make you have sex	0.4% (<i>n</i> = 2)	0.9% (<i>n</i> = 4)	<i>NS</i>
Insisted on sex when you did not want to	13.5% (<i>n</i> = 61)	25.8% (<i>n</i> = 117)	<i>p</i> < .001 (<i>w</i> = .17)
Used threats to make you have oral or anal sex	0.2% (<i>n</i> = 1)	1.1% (<i>n</i> = 5)	<i>NS</i>
Insisted on oral or anal sex	2.9% (<i>n</i> = 13)	7.5% (<i>n</i> = 34)	<i>p</i> < .005 (<i>w</i> = .22)
Used threats to make you have sex	0.7% (<i>n</i> = 3)	2.6% (<i>n</i> = 12)	<i>p</i> < .05 (<i>w</i> = .02)

(0.42 vs. 1.22 for males and females, respectively, $t_{(903)} = 9.26$, $p < .001$, $d = .37$). A comparative analysis of the gender differences across all sexual victimization items was undertaken using McNemar tests (Table 4). Of the six questions, the three items on which there was a statistically significant gender difference were “insisted on sex when I did not want to but did not use force,” “insisted on oral/anal sex when I did not want to but did not use force,” and “used threats to make me have sex.” In all three cases, women reported more victimization than did men.

Depressive Symptoms and Clinical Levels

BDI and Physical Victimization. A series of independent *t* tests were utilized to determine whether physically victimized respondents had significantly higher BDI scores than respondents reporting no intimate partner physical victimization in the past year. Results demonstrated that for both women and men, the mean BDI score was significantly higher in the physically victimized group. For men, the mean BDI scores for victimized and nonvictimized respondents were 8.87 and 5.79, respectively, $t_{(450)} = 4.74$, $p < .001$, $d = .48$. Women’s scores for the physically victimized and nonvictimized were 12.23 and 7.60, $t_{(448)} = 6.09$, $p < .001$, $d = .64$. For both genders, a history of physical victimization by their partner (dichotomous measure) was associated with higher BDI scores, $r(448) = .218$, $p < .001$, $d = .45$ for men and $r(450) = .276$, $p < .001$, $d = .57$ for women. Partial correlation analyses, controlling for one’s own physical aggression, were $r(448) = 0.116$, $p < .001$, $d = .23$ for men and $r(450) = 0.127$, $p < .05$, $d = .26$ for women. As evidenced by a *z* score of 0.95, the difference between correlations for men and women was nonsignificant.

The percentage of nonseverely victimized women with BDI scores ≥ 20 was 9%, and the percentage of severely victimized women with such BDI scores was 27% ($\chi^2 = 10.9, p < .001, w = .31$). The percentage of nonseverely victimized men with BDI scores ≥ 20 was 3%, and the percentage of severely victimized men with such BDI scores was 9% ($\chi^2 = 6.07; p < .05, w = .23$). The differences in BDI scores of men and women who were severely victimized reflected a threefold difference, and the difference between the nonseverely victimized women and the severely victimized women was 3 times as great as the similar difference for men. Separate gender-specific ANCOVA analyses that controlled for presence of sexual victimization demonstrated unique variance that was accounted for by physical victimization.

BDI and Sexual Coercion. A series of independent *t* tests was utilized to determine whether sexually victimized respondents had significantly higher BDI scores than respondents reporting no intimate partner sexual victimization in the past year. Results demonstrated that for both women and men, the mean BDI score was significantly higher in the sexually victimized group. For women, the BDI scores for the nonvictimized and victimized groups were 7.96 versus 11.35, $t_{(450)} = 4.29, p < .001, d = .45$. For men, the BDI scores for the nonvictimized and victimized groups were 6.31 and 9.11, respectively, $t_{(446)} = 3.39, p < .005, d = .44$. When the correlations for BDI score and a dichotomous measure of sexual victimization history over the last year were computed for men and women, both were significant, $r(446) = 0.158, p < .005, d = .32$ and $r(450) = 0.198, p < .001, d = .40$, respectively. Partial correlation analyses, controlling for one's own physical aggression, were $r(446) = 0.109, p < .05, d = .22$ and $r(450) = 0.186, p < .001, d = .38$, respectively. When compared to each other, however; there was no statistical difference between the two, which indicates that whereas sexual coercion and BDI are related for both men and women, a history of sexual coercion was not differentially associated with men's and women's BDI scores ($z = 0.63$). Separate gender-specific ANCOVA analyses that controlled for presence of physical victimization reiterated these findings and demonstrated unique variance that was accounted for by sexual victimization.

BDI and Injury. For women, the mean BDI scores for the noninjured and injured groups were 8.25 and 16.42, $t_{(450)} = 5.60, p < .001, d = .95$. For men, the BDI scores for the noninjured and injured groups were 6.12 versus 12.74, $t_{(448)} = 5.78, p < .001, d = .93$. Both of these effect sizes fall into the large range. When the correlations for BDI score and a dichotomous measure of injury history over the last year were computed for men and women, both were significant, $r(448) = 0.263, p < .001, d = .55$ and $r(450) = 0.255, p < .001, d = .53$, respectively. However, when compared to each other there was no statistical difference between the two correlations ($z = 0.075$).

DISCUSSION

The results herein address questions not evaluated heretofore in a community sample of randomly recruited couples. The current data indicate that the question about gender

symmetry does not yield an either/or answer in a community sample. Rather whether gender symmetry exists or not depends on the specific question and the specific dependent measure used. In that light, we address the specific dependent measures used in this study, namely, physical aggression, sexual aggression, fear, injury, and depressive symptomatology.

Physical Aggression

The analyses herein for a randomly recruited community sample of parents support the gender symmetry perspective that percentages of men and women who engage in physical intimate partner violence do not differ. These results mirror results from the National Family Violence Surveys and the National Co-Morbidity Survey (Kessler, Molnar, Feurer, & Appelbaum, 2001; Straus & Gelles, 1990). In addition, the data show that for the majority of specific types of aggressive behaviors, there were no significant differences between the percentage of men and women who engaged in such behaviors. The three exceptions include: "throwing something that could hurt, punching or hitting with something that could hurt, and slapping." In all of these cases, a larger percentage of men reported victimization for each specific act than did women. These results confirm results from earlier studies and demonstrate percentages of men and women who experience physical violence are similar or that a somewhat higher percentage of men report that they experienced physical aggression from their partner than did women (Archer, 2000; Straus & Gelles, 1990). Thus, in terms of overall prevalence intimate partner physical violence victimization for men and women appears to be fairly gender symmetrical.

With regard to unilateral and bidirectional victimization, for approximately 60% of the victimization, the modal pattern was bidirectional physical aggression. About 20% of men and 20% of women reported unilateral victimization. These results mirror those from a review of clinical samples; Hamberger (2005) reported that the modal form of IPV was bidirectional and that roughly equivalent numbers of men and women were exclusive IPV abusers. The fact that results from this representative community sample analysis mirror those obtained from a clinical population is noteworthy. Thus, bidirectional aggression was reported by both men and women, and the modal pattern was that there was no injury. However, even though the modal pattern was no injury, more women than men reported fear of specific acts of future aggression that had been engaged in previously by their partner.

Sexual Aggression

Almost twice as many women as men reported that they experienced some sort of sexual coercion from their partner in the past year. Moreover, when the specific acts of sexual victimization were assessed, there were significant gender differences on all items whose response rates were high enough for analysis. Women were almost twice

as likely to report sexual coercion as men. This large gender discrepancy represents a stark contrast to the gender symmetrical results from the physical aggression data. As such, the data are consistent with the feminist perspective by demonstrating that sexual aggression is not gender symmetrical. That said, it is notable that over 15% of male respondents reported some type of sexual coercion from their partner. This finding should not go unnoticed and more work is needed to understand the impact of this type of victimization on men.

It is important to point out that virtually all of the sexual coercion acts reported in this sample randomly recruited with random digit dialing were of a psychological nature. That is, there was no use of physical force to obtain sex. Alternatively stated, there was a very low prevalence of severe sexual aggression in this community sample. Moreover, even in a different sample of 244 husbands and wives seeking marital therapy, only 5% of martially discordant women reported that their husbands used threatening or used physical force to obtain sex within the past year (Meyer, Vivian, & O'Leary, 1998). Such data make very clear that physical aggression that is not used to force sex is decidedly more common than physical aggression used to obtain sex.

Fear

Significant gender differences were seen among those physically victimized both in overall/general fear of the partner and in fear of the partner for specific acts. A significantly larger percentage of women than men reported being afraid of their partner across a range of physically violent acts. Though these findings have been previously demonstrated in clinical samples (Cantos, Neidig, & O'Leary, 1994; Jacobson et al., 1994), they add an important dimension to the literature in demonstrating that this gendered difference in fear of partner exists in a representative sample as well.

The answer regarding why women may be more afraid of men is not agreed upon. Some have posited that this gender fear difference is based on the lesser probability that men will be injured by their female partner than vice versa (e.g., Strauss, 2009). Campbell has posited that women fear men more based on evolutionary concerns that center on the maternal role as protector of her own physical well-being as a way to ensure protection of her offspring (1999). In other words, based on the Campbell perspective, since maternal care and defense of young is more vital to infant survival, women are evolutionarily designed to fear physical harm more. Additionally, while there is a possibility that women's increased fear may be based on men's larger body size: there is preliminary evidence that larger body size in early childhood is predictive of aggression in later childhood (Raine, Reynolds, Venables, Mednick, & Farrington, 1998), though to our knowledge, the relationship of body size in childhood as related to later partner aggression has not been investigated.

Regardless of any inherent gender differences in fear reporting, the data demonstrate that both victimized women and men are more afraid of their partners overall. As such,

within-gender analyses support the position that a history of partner victimization leads to increased fear of that partner.

Injury

Though previous research has demonstrated that men may be victimized at the same rate as women, some have argued that the consequences of men's violence are more severe than those of women's violence. When restricting the sample to only those who report any injury in the past year, women reported significantly more severe injury than men. The fact that the difference between genders was seen among those ever injured and not within the full sample analysis drives home the point that type of sample has a great deal to do with whether or not gender symmetry is demonstrated. Though the debate regarding clinical versus community or representative samples has been recognized, these conflicting results between different samples within the same study is an issue worthy of note. Since type of sample greatly impacts the results of analyses, it is vital that researchers strive for transparency in their methods and clearly explicate the extent to which their work generalizes to other populations.

Depressive Symptoms

There were differences in overall BDI depression scores for both men and women between those who reported physical victimization, sexual victimization, or injury in the past year, and those who did not. To our knowledge, no randomized community sample study has demonstrated this significant relationship either between spousal sexual coercion and depression or injury and depression, in both genders. It is important to keep in mind that the base rate of major depression is twice as high in women as men in the general population (e.g., Weissman et al., 1993).

In placing the dyadic and feminist perspectives side by side, we found that both perspectives add important pieces to understanding the dynamics of partner aggression. Though gender symmetry is seen in the prevalence of physical aggression victimization, this symmetry is not seen for sexual coercion victimization. Whether gender symmetry exists for injury depends on the subsample used in the analysis. These results further support the notion that the experience of men and women's victimization seems to be different, as can be inferred from the consistent and significant gender differences on fear of partner items. In fact, the effect sizes obtained when comparing gender differences in fear were large in magnitude.

The extent of victimization was related to the levels of depressive symptoms for both men and women. While the nonseverely victimized men had a relatively low rate of depression symptoms (as reflected in scores >20), there was a greater percentage of severely victimized men with depression score in the clinical range. Similar differences held for women except that severely victimized women were 3 times more likely to have depression scores in the clinical range than men. Thus, victimized women reflect a more significant need for mental health, legal, and/or marital and family services.

Limitations and Further Work

This sample consisted of parents of young children, and the prevalence of victimization and the dynamics in relationships of young couples may be different from couples without children and from older couples with children. These results should also not be generalized to same sex couples or couples without telephones. Finally, as is true with all cross-sectional data, no inferences as to causality can be drawn from these results. For example, while there were significant differences between physically victimized and nonvictimized individuals in terms of fear, we do not know whether fear was a precursor or consequence of the type of aggression received.

As previously mentioned with regard to the stark differences in results depending on whether the sample used for analysis is restricted or not, it is vital that readers make note of the type of sample used for each analysis procedure utilized. As such, results from restricted samples of those who have ever experienced physical victimization, should only be applied to other samples of those reporting victimization, not to general community samples in which persons may or may not have experienced victimization.

Intervention/Treatment Implications

In terms of interventions and treatment, these data suggest that women's fears of their partners should be carefully assessed in each individual case. The majority of physically victimized women reported some fear of their partner in the past year, and women who experienced specific acts of aggression feared them more than women who had not experienced such aggression from their partners. These data also suggest that men experience adverse consequences of physical aggression from their partners as exemplified by the fact that they (like females) reported elevated depressive symptoms. In sum, while there are differential correlates and consequences of partner aggression for men and women, partner aggression has adverse consequences both for men and women. The consequences are greater for women when it comes to fear, injury, and depressive symptomatology.

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