To compare the severity of violence reported by women and men filing assault charges against an intimate partner, 100 complainants (90 women and 10 men) were interviewed. Measurement instruments included the Severity of Violence Against Women Scales, Danger Assessment Scale, Stalking Victimization Survey, and a quality of life index. Using independent t tests, no significant differences existed between male and female demographic characteristics. The majority of victims were African American, employed, and in current relationships with the abuser. Similarly, no significant differences existed between genders for any of the measurement instruments, including quality of life indices. Although incidence reports of intimate partner, nonlethal violence is consistently and appreciably higher for females, this study indicates that the severity and extent of the violence does not differ by gender, and neither do the associated quality of life indices. Clearly, violence against intimates is an equally serious issue for both men and women.

**Intimate Partner Violence**

**A Gender Comparison**

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Recent reports from the National Crime Victimization Survey reveal that more than 960,000 incidents of violence against a current or former spouse, boyfriend, or girlfriend occur within the United States each year, and about 85% of the victims are women (Greenfield et al., 1998). In 1996, violence by an intimate accounted for 21% of the violent crime against women compared to 2% for men. On average, each year from 1992 to 1996, 8 of every 1,000 women were physically and/or sexually assaulted by a current or former spouse, girlfriend, or boyfriend compared to 1 of 1,000 men. Although less likely than males to experience violent crime overall, females are eight times more likely than males to be assaulted by an intimate (Greenfield et al., 1998).

Authors’ Note: We wish to thank the officers and staff of the Family Violence Unit of the Houston Police Department for unflagging support and assistance toward the collection of data for this study.
Stalking is closely connected to intimate partner violence. Stalking, similar to sexual assault, is almost exclusively a crime against women and is often perpetrated by ex-husbands or ex-boyfriends (De Becker, 1997; Patton, 1994; Tjaden & Thoennes, 1998). Tjaden and Thoennes (1998) found that women are 4 times more likely to be victims of stalking than men and that women are twice as likely to be stalked by an intimate partner. When stalking occurs in conjunction with intimate partner violence, it is likely to end in severe violence and/or possible murder (De Becker, 1997; Lingg, 1993; Perez, 1993).

The latest available figures document 1,800 murders committed by intimates in 1996, with 3 in every 4 victims being female. For the two decades 1976 to 1996, 29.7% of women victims were murdered by husbands, ex-husbands, and nonmarital partners compared to 5.9% of male victims. During the same time period, intimate murders accounted for 30% of all female murders and 6% of all male murders (Greenfield et al., 1998). Among murder victims for every age group, females are much more likely than males to have been murdered by an intimate (Cooper & Eaves, 1996).

Domestic violence frequently results in injury (Brookoff, O’Brien, Coor, Thompson, & Williams, 1997). Estimates are that half of the female victims of violence by an intimate are injured, with 10% seeking treatment in a medical care facility (Greenfield et al., 1998). The sum medical expenses from the physical trauma, broken or stolen property, and lost pay costs to these victims is estimated at nearly $150 million a year (Greenfield et al., 1998). No comparable figures for male injuries are cited in the Greenfield report. A national sample of hospital emergency departments by the National Electronic Injury Surveillance System in 1994 reported that among persons treated for violence-related injuries and with a known relationship to the offender, some 50% of the women and 8% of the men had been injured by an intimate. Injury by intimates and the mental and physical health effects have been recognized as serious health problems in the United States (Campbell & Lewandowski, 1997), with designated national objectives toward the reduction of intimate partner violence (Department of Health and Human Services [DHHS], 1990, 1995).

Although reports agree that the occurrence of intimate partner lethal and nonlethal violence is much higher for females compared to males, the severity of the violence experienced as well as the associated mental and physical health effects have not been compared by gender. The purpose of this research is to extend the knowledge of intimate partner violence by describing the severity of violence, extent of stalking, risk factors of homicide, and perceived physical and mental health effects for men and women.
experiencing intimate partner violence. This report is part of a larger ongoing study that is evaluating the long-term effectiveness of criminal justice interventions toward reducing intimate partner violence.

**METHODS**

This descriptive study was conducted within a special family violence unit of a large urban police department servicing a population of 1.7 million citizens. The family violence unit provides counseling and assault filing procedures. An average of 300 persons, mainly women, present to the unit each month to receive information and assistance with assault filing and dropping procedures and guidance on securing protection orders. Counseling and community resource information is offered by trained counselors.

A consecutive sample of all persons attempting to file assault charges and meeting study criteria were interviewed during a 30-day period. Inclusion criteria were (a) intent to file charges of assault, stalking, or harassment against an intimate partner; (b) 18 years or older; and (c) English speaking. A total of 100 persons consented and were interviewed. Seven persons refused. The primary reason given for refusal was time restriction and pain from injury resulting from the assault, which had usually occurred within the last 24 to 48 hours.

Data collection began following approval by the agency and institutional review board for human subjects. All prospective participants were recruited after they registered and completed required police forms for filing complaints of assault. After completion of informed written consent, a demographic profile and four interview questionnaires were administered by the investigators. The instruments included the Severity of Violence Against Women Scale (Marshall, 1992), Danger Assessment Scale (Campbell, 1986), Stalking Victimization Survey (Tjaden & Thoennes, 1998), and the Medical Outcomes Study (MOS) Short-Form 36-Item Health Survey (Ware, Snow, Kosinski, & Gandek, 1993).

**INSTRUMENTS**

**Severity of Violence Against Women Scale (SVAWS)**

The SVAWS is a 46-item questionnaire designed to measure two major dimensions: behaviors that threaten physical violence and actual physical
violence (Marshall, 1992). Examples of behaviors that threaten physical violence include, “Does the person threaten to destroy property, hurt you, or kill themself?” Examples of behaviors that represent actual physical violence are “kicked, choked, burned, beat up.” Included are nine factors or subscales that have been demonstrated valid through factor analytic techniques: symbolic violence and mild, moderate, and serious threats (threats of violence dimension); and mild, minor, moderate, serious, and sexual violence (actual violence dimension). For each behavior, the woman responds using a 4-point scale to indicate how often the behavior occurred (i.e., 1 = never, 2 = once, 3 = few times, 4 = many times). Initial internal consistency reliability estimates (coefficient alpha) ranged from .92 to .96 for a sample of 707 college female students and from .89 to .96 for a sample of 208 community women. For the present study, reliability (coefficient alpha) was .92 for the threats of violence dimension and .97 for the actual violence dimension.

Danger Assessment Scale (DAS)

The DAS, consisting of 15 items with a yes/no response format, is designed to assist abused persons in determining their potential danger of becoming a homicide victim (Campbell, 1986). All items refer to risk factors that have been associated with murder in situations involving abuse. Examples of risk factors include the abuser’s possession of a gun, use of drugs, and violent behavior outside the home. Initial reliability of the instrument was .71 and ranged from .60 to .86 in five subsequent reports (Campbell, 1995). In this study, reliability (coefficient alpha) was .69.

Stalking Victimization Survey (SVS)

The SVS is an 18-item yes/no questionnaire. Eight items were developed by Tjaden and Thoennes (1998) as part of the Violence and Threats of Violence Against Women in America Survey (Department of Justice, 1998). Examples of items include being followed or spied on, sent unsolicited letters or written correspondence, or finding the perpetrator standing outside the victim’s home, school, or workplace. Content validity was established by a panel of experts. Ten items were added from the Sheridan (1998) HARASS instrument to form the 18-item SVS used in the present study. Examples of items added include threats by the abuser to harm the children or commit suicide if the woman left the relationship, leaving scary notes on her car, or threatening her family. In this study, reliability (coefficient alpha) was .83 for the set of 18 questions.
MOS Short-Form 36-Item Health Survey (SF-36)

The SF-36 is a generic quality of life (QOL) instrument that contains 36 questions divided into eight scales: physical functioning (i.e., running, walking, and lifting), role limitations due to physical and emotional problems (i.e., accomplishing or doing less at work or home due to physical or emotional problems), social functioning (i.e., limiting activities with family and friends), bodily pain, mental health (i.e., feeling low), vitality (i.e., feeling tired), and general health perceptions (i.e., “My health is excellent”) (Ware et al., 1993). The SF-36 has been tested in more than 260 clinical settings. Construct validity was established with factor analysis (McHorney, Ware, & Graczek, 1993). Reliability in previous studies has ranged from .43 to .94 (Ware et al., 1993). For the present study, for each of the eight scales, the reliability coefficients equaled or exceeded .80 with the exception of the bodily pain scale (.77) and the social functioning scale (.63). Reliability between the eight scales was .82.

Analysis procedures began with chi-square analysis of gender differences for nominal demographic variables and independent t test for continuous variables. Next, independent t tests were calculated to compare instrument scores. Given that 12 separate independent t tests were done on scored instruments, alpha levels were set at .004 (.05/12 = .004) to adjust for Type I error. Finally, dependent on the instrument, the scores of abused men and women from this study were compared to population norm data.

RESULTS

Among this sample of 100 persons filing assault charges on an intimate partner, 90 were female and 10 were male. Table 1 presents the demographic variables for each gender along with the test statistic, significance level, and degrees of freedom. No significant differences existed between male and female demographic characteristics. Demographics were remarkably similar. The majority of both males and females were African American, employed, and with an annual income less than $20,000. Most complainants were in current relationships with the abuser.

Table 2 presents the means, standard deviations, and test statistics for the scored instruments, by gender. No significant differences at the .004 level emerged, although at the .01 level, vitality was significantly higher for males compared to female complainants.

Due to extensive use, population reference norm data exists for the quality of life instrument, SF-36. Table 3 profiles a gender comparison of the abused
men and women complainants in this study to a large sample of 2,474 noninstitutionalized adults in the United States (McHorney, Kosinski, & Ware, 1994). The abused women report below-normal baseline scores for seven of the eight scales. The abused men report below-normal baseline scores for three of the eight scales. Both abused women and men report near-normal baseline scores for physical functioning.

DISCUSSION

Among this sample of 100 abused persons filing assault charges against an intimate, 90% were females and 10% were males. Measured demographic variables did not differ by gender, and neither did mean scores on measurement scales of abuse, extent of stalking, risk factors of homicide, and quality of life indices.

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Women</th>
<th>Men</th>
<th>Test Statistic</th>
<th>p Value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>30.83</td>
<td>34.90</td>
<td>-1.343 (^a)</td>
<td>.182</td>
<td>98</td>
</tr>
<tr>
<td>Median age</td>
<td>29.00</td>
<td>32.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>54.5%</td>
<td>60.0%</td>
<td>.000 (^b)</td>
<td>1.000</td>
<td>1</td>
</tr>
<tr>
<td>Other ethnicities</td>
<td>45.5%</td>
<td>40.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anglo</td>
<td>14.4%</td>
<td>20.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>27.8%</td>
<td>20.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>2.2%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1.1%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school diploma</td>
<td>68.9%</td>
<td>60.0%</td>
<td>.046 (^b)</td>
<td>.830</td>
<td>1</td>
</tr>
<tr>
<td>Employed</td>
<td>60.0%</td>
<td>65.6%</td>
<td>.000 (^b)</td>
<td>1.000</td>
<td>1</td>
</tr>
<tr>
<td>Relationship to abuser</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current spouse/girlfriend/boyfriend</td>
<td>54.4%</td>
<td>60.0%</td>
<td>.000 (^b)</td>
<td>1.000</td>
<td>1</td>
</tr>
<tr>
<td>Former spouse/girlfriend/boyfriend</td>
<td>45.6%</td>
<td>40.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean number of children living with them</td>
<td>2.10</td>
<td>2.00</td>
<td>.187 (^a)</td>
<td>.852</td>
<td>75</td>
</tr>
<tr>
<td>Mean age of youngest child</td>
<td>5.0</td>
<td>2.8</td>
<td>1.058 (^b)</td>
<td>.294</td>
<td>75</td>
</tr>
<tr>
<td>Income less than $20,000</td>
<td>63.6%</td>
<td>50.0%</td>
<td>.249 (^b)</td>
<td>.618</td>
<td>1</td>
</tr>
</tbody>
</table>

\(^a\) Independent \(t\) test.
\(^b\) Chi square corrected for continuity.
<table>
<thead>
<tr>
<th>Instrument</th>
<th>Women (90) M</th>
<th>SD</th>
<th>Men (10) M</th>
<th>SD</th>
<th>t Test</th>
<th>p Value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity of Violence Against Women Scale: Actual abuse</td>
<td>56.53</td>
<td>18.65</td>
<td>56.70</td>
<td>24.25</td>
<td>–.026</td>
<td>.979</td>
<td>98</td>
</tr>
<tr>
<td>Danger Assessment Scale</td>
<td>8.61</td>
<td>2.83</td>
<td>9.10</td>
<td>2.88</td>
<td>–.517</td>
<td>.606</td>
<td>98</td>
</tr>
<tr>
<td>Stalking Victimization Survey</td>
<td>7.51</td>
<td>4.18</td>
<td>9.90</td>
<td>3.03</td>
<td>–1.754</td>
<td>.082</td>
<td>98</td>
</tr>
<tr>
<td>Medical Outcomes Study Short-Form 36-Item Health Survey (SF-36): Physical functioning</td>
<td>81.06</td>
<td>27.20</td>
<td>86.50</td>
<td>27.59</td>
<td>–6.000</td>
<td>.550</td>
<td>98</td>
</tr>
<tr>
<td>SF-36: Physical role performance</td>
<td>55.28</td>
<td>44.10</td>
<td>77.50</td>
<td>36.23</td>
<td>–1.535</td>
<td>.128</td>
<td>98</td>
</tr>
<tr>
<td>SF-36: Bodily pain</td>
<td>52.69</td>
<td>26.83</td>
<td>71.50</td>
<td>28.52</td>
<td>–2.091</td>
<td>.039</td>
<td>98</td>
</tr>
<tr>
<td>SF-36: Vitality</td>
<td>40.50</td>
<td>23.44</td>
<td>60.50</td>
<td>21.66</td>
<td>–2.577</td>
<td>.011</td>
<td>98</td>
</tr>
<tr>
<td>SF-36: Social functioning</td>
<td>62.78</td>
<td>34.90</td>
<td>63.75</td>
<td>37.93</td>
<td>–.083</td>
<td>.934</td>
<td>98</td>
</tr>
<tr>
<td>SF-36: Emotional role performance</td>
<td>28.52</td>
<td>39.84</td>
<td>20.00</td>
<td>35.83</td>
<td>.647</td>
<td>.519</td>
<td>98</td>
</tr>
<tr>
<td>SF-36: Mental health</td>
<td>42.89</td>
<td>25.80</td>
<td>50.80</td>
<td>26.87</td>
<td>–.916</td>
<td>.362</td>
<td>98</td>
</tr>
<tr>
<td>SF-36: General health</td>
<td>63.18</td>
<td>24.50</td>
<td>75.00</td>
<td>20.74</td>
<td>–1.467</td>
<td>.146</td>
<td>98</td>
</tr>
</tbody>
</table>
The only significantly different demographic characteristic was gender. Victims were 9 times more likely to be female. African American men and women were more likely than other ethnic groups to file assault charges. A similar ethnic difference in reporting victimization by women is noted by Greenfield et al. (1998) in that two thirds of Black women abused by an intimate report the crime to the police, compared to half of White women. The Justice Department reports that compared to women, men are 11% less likely to report crimes when they were the victim (Greenfield et al., 1998). The only identified comparable study to the present report is a profile of 6,200 spousal assault cases reported to criminal justice authorities and to the National Crime Survey (NCS) interviewers in which 6% of complainants reporting intimate partner violence were men (McLeod, 1984).

Numerous surveys have demonstrated that women are as violent as men (Gelles, 1974; Steinmetz, 1977; Straus & Gelles, 1986). The first national sample of domestic violence by Straus (1977) found men and women engaged in different types of violence, as women more frequently kicked, bit, or hit male intimates with their fists or objects and more women than men threatened to use knives or guns. However, men were more likely to actually use a gun or knife on the woman. When the Straus study was replicated a
decade later, the incidence of violence against females had decreased between 1975 and 1985; yet, violence against men had increased (Straus & Gelles, 1986).

Other authors have reported the unrecognized extent of intimate partner violence against males by females (McNeely & Robinson-Simpson, 1987) as well as legal discrepancy and seemingly underinclusiveness of only acknowledging a battered woman’s syndrome (Chavez, 1992). Although Straus and Gelles (1995) reported that rates of violence by wives is comparable to husband violence, they do emphasize that due to the difference in size, the same act is less painful and less injurious to men compared to women. Furthermore, according to these researchers, violence extended by women is often in self-defense.

Clearly, none of the violence measures differed by gender in this study. Although the reported incidence of intimate partner nonlethal violence is appreciably higher for females (Greenfield et al., 1998), this study indicates that the severity and extent of the violence does not differ by gender.

Perhaps victims who seek criminal justice services may differ significantly from the broader population of persons abused by an intimate. The significant gender difference noted in this sample for accessing police intervention, one male for every nine females, may be reflective of gender-specific help-seeking patterns and not the extent of intimate partner violence. Abused men may be more reluctant than women to access criminal justice services. As most police officers are male and many model traditional male attributes of physical strength and dominance, it is easy to understand an abused man’s reluctance to seek help and risk potential ridicule from those able to provide assistance and protection. In similar fashion, most emergency room physicians have traditionally been male. Perhaps, social stereotypes account for the significantly lower number of abused men using criminal justice and emergency medical care.

In addition, there was not a statistical difference by gender in measures of quality of life including physical and mental health as well as role functioning. However, when compared to norm population scores, abused men report below-normal baseline scores for three out of the eight quality of life scales. The abused women report below-normal baseline scores for seven out of the eight scales. Both the abused women and men report near-normal baseline scores for physical functioning. Apparently, the violence has not affected either gender’s ability to physically function in the activities of daily living (i.e., shopping, bathing, and walking) measured on the instrument. For the abused men, the violence has affected their mental health and ability to function socially and emotionally. For the abused women, the violence has not only affected their mental health and ability to function socially and
emotionally but has also affected their physical performance, vitality, general health, and reports of bodily pain. In summary, the abuse has affected the quality of life for both women and men but more so for the women.

Impressive is the fact that mean age of youngest child for both men and women complainants was younger than age 6. Greenfield et al. (1998) reported slightly more than half of all female victims of intimate partner abuse live in households with children younger than age 12 compared to about 22% of the male victims of intimate violence. If the complainants are concerned about the effect of abuse on children, the number and age of children may act to facilitate the filing of assault charges by both genders.

This study has limitations. The persons in this study met eligibility criteria of speaking English and seeking to file assault charges. Further research is needed on non-English-speaking complainants and persons that have been victimized but choose not to file assault charges. In addition, this study was completed in an urban area. Replication is essential in rural settings with diverse ethnic groups and in various criminal justice settings. Furthermore, the study relies totally on self-reports that may underreport or overreport due to inadequate recall and/or lack of voluntary disclosure. No attempt was made to independently confirm any of the information. In addition, and perhaps most important, this study used an agency sample. Despite the fact that this one agency uniquely served all residents of an urban city of 1.7 million residents, extrapolation of the results to the general population of persons abused by an intimate is not justifiable. How representative these complaints of intimate partner violence are to persons experiencing abuse by an intimate is unknown and will require additional research. Finally, this sample of men is extremely small. Further research with a larger, more representative sample of men is essential.

Occurring in one of every four American families, violence between intimates has become a recognized epidemic. To interrupt the cycle of abuse and prevent trauma and possible homicide, it is essential to learn the characteristics of violence and how gender may influence the occurrence and severity of abuse as well as use of service agencies including criminal justice.

In this study of 100 persons filing assault charges against an intimate, severity of assault, extent of stalking, risk factors of homicide, and quality of life indices did not differ by gender. Although statistical reports of intimate partner nonlethal violence are consistently and appreciably higher for females, this study indicates that the severity and extent of the violence did not differ by gender, and neither did associated quality of life indices. Clearly, violence against intimates is an equally serious issue for both men and women, imploring that future studies and policy development have a responsibility to consider the phenomenon of equal gender violence.
REFERENCES


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