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Prevalence of Physical Violence in Intimate Relationships, Part 2: Rates of Male and Female Perpetration

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Physical violence perpetrated by men against their female partners is widely recognized as a serious social problem. Whether women's use of physical violence against their male partners represents a serious social problem remains a question under debate. We examined research published in the last 10 years to summarize the current state of knowledge regarding

ONLINE TABLES: Detailed summaries of the 111 studies reviewed in this article can be found in five tables available online at http://www.springerpub.com/pa. Click on the link to "The Partner Abuse State of Knowledge Project," and go to Topic 2 in the online document.

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the prevalence of physical IPV perpetrated by men and women in heterosexual relationships. Our specific aims were to (a) describe the prevalence of physical IPV perpetration in industrialized, English-speaking nations, and (b) explore study and sample characteristics that affect prevalence. Literature searches undertaken in 3 databases (PubMed, PsycINFO, and Web of Science) identified 750 articles published between 2000 and 2010. We included 111 articles that reported 272 rates of physical IPV perpetration in our review: 25 articles reported 34 rates for men, 14 articles reported 24 rates for women, and 72 articles reported 214 rates for both men and women. The vast majority of studies were conducted in the United States (k = 95, 85.6%) and most (k = 81, 73.0%) measured IPV using a Conflict Tactics Scale-based approach. We calculated unweighted, pooled prevalence estimates for female and male perpetration overall and by sample type, country, measurement time frame, and measurement approach. Across studies, the overall pooled prevalence estimate was 24.8%. Consistent with prior reviews, pooled prevalence was slightly greater for female- compared to male-perpetrated physical IPV: more than 1 in 4 women (28.3%) and 1 in 5 men (21.6%) reported perpetrating physical violence in an intimate relationship. This pattern of results remained when we calculated pooled prevalence estimates by sample and study characteristics, with few exceptions. Findings underscore the need for interventions that acknowledge the use of violence by women in intimate relationships.

KEYWORDS: intimate partner violence; prevalence; physical assault; perpetration; literature review

In contrast with the historical treatment of intimate partner violence (IPV) as a private matter for couples to resolve "behind closed doors" (Straus, Gelles, & Steinmetz, 1981), we now recognize physical violence perpetrated by men against their female partners as a serious social problem. Today, in most English-speaking, industrialized countries, perpetration of IPV is seen as a crime, and sanctions are in place to hold perpetrators accountable for their actions (American Psychological Association [APA], 2002). For instance, in the United States, all states authorize warrantless arrests of perpetrators based on the arresting officer's determination that a domestic violence offense has occurred and that the arrestee has committed this offense (Dutton & Corvo, 2006). In 21 states and the District of Columbia, arrest is mandatory (Miller, 2004). In many North American jurisdictions and elsewhere, perpetrators of IPV frequently are mandated to participate in treatment programs such as Batterer Intervention Programs or BIPs (Barner & Carney, 2011). Together, these efforts represent important advances in the public policy and criminal justice response to IPV.

Despite substantial advances, there are still significant limitations to our treatment of IPV. In particular, violence perpetrated in intimate relationships continues to be viewed as an issue of male dominance; that is, acts perpetrated by a man against

his female partner in order to gain power and control in the relationship (Dutton & Corvo, 2007; Straus, 2011). When acknowledged, violence perpetrated by women against their male partners is viewed as occurring within the context of self-defense or in response to a pattern of abuse perpetrated by their partner (Dasgupta, 2002; Swan & Snow, 2006; Worcester, 2002). In contrast with this perspective, frequently referred to as the gender or patriarchal paradigm (see Dutton & Nicholls, 2005 and Hamel, 2007 for further discussion), research demonstrates considerable heterogeneity in the characteristics and motivations of perpetrators of IPV (Dutton, 2006; Flynn & Graham, 2010; Langhinrichsen-Rohling, McCullars, & Pruden, in press). It is true that physical violence perpetrated by women is less likely to result in physical injury (Straus, 2004), and women suffer higher rates of serious injury (Cowell & Burgess, 1996; Department of Justice, 2011); however, the physical, psychological, and financial injuries resulting from women's perpetration of physical IPV are neither infrequent nor inconsequential (e.g., Coker et al., 2002; LaRoche, 2008; Reid et al., 2008; Rennison, 2003). Yet, both criminal and civil justice systems are less responsive to allegations of female-perpetrated IPV (Basile, 2004; Brown, 2004; Henning & Renauer, 2005; Muller, Desmarais, & Hamel, 2009), and few treatment programs specifically address the needs of women who use violence against men (Carney, Buttell, & Dutton, 2007; Dutton & Corvo, 2006; Larance, 2006).

The strongest argument for the need for such interventions comes from the large body of research reporting that men and women physically assault their partners at similar rates. Indeed, this "gender symmetry" has challenged prevailing IPV theory, policy, and practice for more than 30 years (cf., Dixon & Graham-Kevan, 2011; Straus, 2009). The 1975 and 1985 National Family Violence Surveys found that overall rates of female-to-male physical IPV were slightly higher than rates of male-to-female physical IPV (Straus & Gelles, 1986). When disaggregated by severity, rates remained similar: the rate of minor physical IPV by women was 78 per 1,000 and by men was 72 per 1,000, and the rate of severe physical IPV by women was 46 per 1,000 couples and by men was 50 per 1,000 couples, both nonsignificant differences. Since then, more than 200 so-called "family conflict studies" (i.e., those that ask respondents to report on physically aggressive behaviors that occur within the context of interpersonal conflict) have continued to report approximately equal rates of physical IPV perpetrated by men and women (Straus, 2011). In stark contrast, however, "crime studies" (i.e., those that examine rates of physical IPV either reported to the police or defined by respondents as constituting a crime), yield much lower rates overall, and of female-perpetrated IPV specifically. For instance, according to the National Crime Victimization Survey, an annual survey of approximately 76,000 households conducted in the United States, the rate of physical IPV perpetrated by men is approximately seven times higher than the rate for women (Straus, 2004). Discussed at length elsewhere (e.g., Dixon & Graham-Kevan, 2011; Dutton & Nicholls, 2005; Straus, 2004), discrepancies between the findings of family conflict and crime studies may reflect that many victims, and men in particular, do not label their victimization experiences as a crime, but also that men typically are less fearful and injured

less frequently than are women (Coker et al., 2002; LaRoche, 2008; Reid et al., 2008; Rennison, 2003).

Archer (2000) conducted a meta-analytic review of 82 studies that provided rates of physical IPV perpetrated by men and women. Overall, results provided support for similarities rather than differences in the prevalence of male- and female-perpetrated physical IPV. Across studies using self-report measures of IPV perpetration, comparisons of unweighted effect sizes revealed that women were more likely than men to report perpetrating IPV; whereas when partner reports were used, men and women's rates of IPV perpetration were more similar (with the lack of significant difference attributed to outliers). When weighted effect sizes were compared, higher rates of physical IPV again were found for women compared to men, although women also were more likely to be injured and to require medical treatment for their injuries. Although few studies were conducted in countries other than the United States, those that were included in the review ($k = 10$) also showed higher rates of physical IPV perpetration for women than for men.

The annotated bibliography developed and periodically updated by Martin Fiebert (1997, 2004, 2010) provides further evidence of women's use of physical violence against their male partners. In its most recent iteration, this bibliography summarizes 271 scholarly investigations (211 empirical studies and 60 reviews) conducted since the 1970s that reported rates of assaults by women against their male partners and spouses. A review of the article summaries demonstrates that women often are physically aggressive in their intimate relationships; however, whether rates are indeed comparable overall is unclear as the nature of an annotated bibliography prevents further synthesis or comparison of study results. Fiebert's annotated bibliography also is limited by its focus on articles reporting female-perpetrated IPV to the exclusion of IPV perpetrated by men (although male prevalence rates were included if they happened to be mentioned in a study of female perpetration).

Most recently, Straus (2011) conducted a meta-analytic review of 91 empirical studies comparing rates of "clinical-level" IPV, defined as severe assaults such as punching, choking, and attacks with objects or physical acts resulting in injury, perpetrated by men and women during the same reference period (although time frames varied across studies). Across the 36 general population study comparisons of severe assaults, we again see slightly higher rates of perpetration by women than by men: the median percentage of IPV perpetrated by women was 7% and by men was 5%. In contrast, across the 14 general population studies comparing rates of injury, prevalence was greater for male- than female-perpetrated IPV: the median percentage of men who injured a partner was 14% and of women was 7%. In the 21 studies comparing rates of severe assault or injury in agency samples—that is, studies of samples in which there was an intervention by social service or law enforcement agencies—the median prevalence for male-perpetrated IPV was 63% and for female-perpetrated IPV was 48%. Although the latter findings indicate considerably higher prevalence for men than women, they nonetheless underscore the occurrence of severe female-perpetrated IPV.

THE PRESENT STUDY

Despite evidence of gender symmetry in perpetration rates, whether women's use of physical violence against their male partners represents a serious social problem remains a question under debate. The reviews discussed in this introduction have been criticized for their failure to include crime studies that show much higher rates of IPV perpetrated by men than women and to account for women's use of violence in self-defense or the misapplication of the term "assault" (cf., Saunders, 2002). These studies also have been criticized for their failure to disaggregate findings by sample type and, in particular, inclusion of a high proportion of studies reporting IPV in dating samples, the predominance of studies conducted in the United States, failure to aggregate sexual and nonsexual aggression, and their use of the Conflict Tactic Scale definition of physical IPV (Frieze, 2000; White, Smith, Koss, & Figueredo, 2000). They also are limited by their failure to disaggregate rates of male- and female-perpetrated physical IPV as a function of severity (e.g., minor vs. severe). Finally, although widely accepted as the most comprehensive investigation of sex differences in physical IPV perpetration in heterosexual relationships to date (Dixon & Graham-Kevin, 2011), it has been over a decade since Archer (2000) published his review. Consequently, results may not reflect the current prevalence rates.

In an effort to address some of these limitations, this study examined research published in the last 10 years reporting rates of physical IPV perpetrated by men and/or women in heterosexual relationships. Our goal was to summarize the current state of knowledge regarding the prevalence of physical IPV perpetration in heterosexual relationships. Our specific aims were to (a) describe the prevalence of physical IPV perpetrated by men and women in heterosexual relationships in English-speaking nations, and (b) explore how prevalence rates differed as a function of study and sample characteristics.

METHODS

Eligibility Criteria

To be included in our review, studies had to meet three broad inclusion criteria. First, they needed to present empirical data regarding the prevalence of physical IPV perpetration (see *Part 1* for victimization rates; Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012). Second, the IPV must have occurred within the context of a heterosexual relationship. Third, articles were excluded if they reported findings of studies in which participants were sampled from an identified population of IPV perpetrators, such as individuals arrested for domestic violence and court-mandated to batterer intervention programs because the prevalence of IPV perpetration would be skewed; that is, 100% of participants would report perpetrating IPV in their lifetime. In contrast with the methodologies of both Archer (2000) and Straus (2011), we included studies that reported rates of male- and/or female-perpetrated IPV, rather than only focusing on articles that reported rates for both men and women. We chose not to use strict protocols for evaluating methodological rigor and excluding studies that

failed to meet a certain threshold because we wanted to encompass studies that used diverse samples and various methodologies. In this way, we hoped to avoid some of the criticisms of previous reviews for systematically excluding "crime studies" that typically show higher rates of male- than female-perpetrated physical IPV. Thus, our approach may be more appropriately described as a narrative rather than a systematic review (Collins & Fraser, 2005).

Search Procedure

A systematic search of the published literature was carried out using PubMed (scholarly publications in the biomedical and life sciences), PsycINFO (scholarly publications in the psychological, social, behavioral, and health sciences), and the Social Science database of Web of Science. The following keywords and stems were used in separate and combined searches: date; dating; partner*; domestic; spous*; marital; wife; husband; intimate partner; batter*; violen*; abus*; aggress*. Findings were limited to peer-reviewed journal articles and studies sampling human subjects aged 13 years or older conducted in industrialized, English-speaking countries (including Australia, Canada, New Zealand, South Africa, the United States, and the United Kingdom). Articles written in languages other than English were excluded. This led to an initial identification of more than 50,000 articles (including replicates) across databases and searches. We then selected articles published between January 2000 and December 2010, reducing the number of findings to 37,615.

Review Process

A preliminary screening of the titles and abstracts to assess whether the content was likely to meet our eligibility criteria reduced the number of articles to 6,203. Elimination of replicates and a second review of study abstracts led to retrieval of 750 articles for further analysis.

Data Synthesis

Full text was retrieved for these 750 articles and reviewed in detail for inclusion and data extraction. Final review narrowed the set of articles to 111. Data were extracted following a protocol developed and defined by the authors for the purpose of this review (available upon request). Information regarding measurement time frame (e.g., past year, lifetime) and instrument (e.g., Conflict Tactic Scale, CTS; Abuse Assessment Screen, AAS; etc.), and sample details were extracted by research assistants and reviewed by four authors (SLD, KAR, TLN, & RPT). Results then were summarized by study and grouped according to sample type: population-based samples, small community samples, samples of university and college students or young adults, samples of middle and high school students or adolescents, and clinical samples. (Full summaries not included but available online: http://www.springerpub.com/pa.)

Prevalence estimates were calculated including all relevant prevalence rates reported for mutually exclusive groups in each article; thus, any one article may have contributed multiple rates. To demonstrate, some articles reported unique prevalence rates for physical IPV perpetrated by men and by women, and/or for minor and severe physical IPV, each of which would have been included in our analyses. Because of the high degree of variation in prevalence rates, we chose to calculate unweighted, pooled estimates to avoid confounding sample size with study quality; that is, values derived from larger samples do not necessarily represent a closer approximation of the true population prevalence rate compared to those derived from smaller samples (Rosenthal & DiMatteo, 2001). We report prevalence estimates for female and male perpetration overall and by sample type, country, measurement time frame, and measurement approach, to the extent possible.[1]

RESULTS

In total, we summarized 111 articles that reported 272 rates of physical IPV perpetration. Prevalence of physical IPV perpetration was infrequently the primary study objective. Instead, most studies had other purposes and objectives, including the identification of correlates or antecedents of abuse or the examination of intervention effectiveness, for instance, but also reported the prevalence of physical IPV perpetration in the sample. Many articles reported more than one prevalence rate: On average, each article included in our review reported 2.45 (*SD* = 2.55, Range = 1–24) prevalence rates. Overall, 25 articles reported 34 rates for male perpetration, 14 articles reported 24 rates for female perpetration, and 72 articles reported 214 rates for both men and women. As may be seen in Figure 1, the number

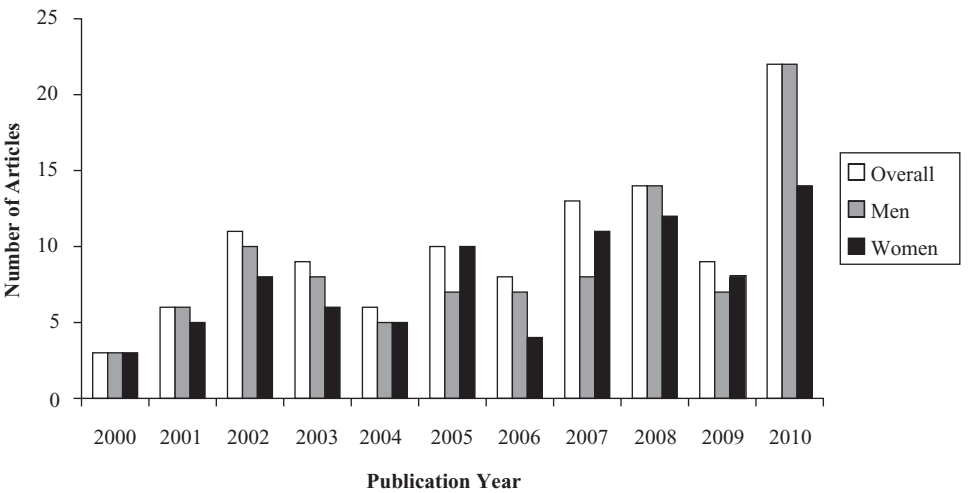

Figure 1. Number of articles reporting physical IPV perpetration rates over time.

of articles reporting prevalence rates for IPV perpetration appears to be increasing over the past 10 years.

Characteristics of articles included in the analyses are described in Table 1. There were 19 large population-based studies, 24 studies of smaller community samples, 30 studies of university and college students or young adults, 17 studies of middle and high school students or adolescents, and 21 studies of clinical samples. Most articles (85.6%, $k = 95$) reported findings of studies conducted in the United States. Sample sizes ranged widely from $N = 53$ to $N = 89{,}601$, with a mean of 2,340.91 ($SD = 8{,}748.44$), median of 670, and mode of 356 participants per study. Studies

TABLE 1. Summary of Characteristics of Articles Included in Review

Characteristic	Number of Articles	Number of Rates Reported
Perpetrators		
Men only	25	34
Women only	14	24
Men and women	72	214
Sample type		
Large population studies	19	59
Small community samples	24	55
College/University students or young adults	30	78
Middle/High school students or adolescents	17	48
Clinical samples	21	32
Measurement time frame		
Past year	64	175
Lifetime	18	32
Current or most recent relationship	13	24
Other	15	39
Not specified	1	2
Measurement instrument		
Conflict Tactics Scale-based	81	210
Other	30	62
Country		
United States	95	232
Canada	6	14
New Zealand	4	10
Australia	1	2
United Kingdom	1	2
South Africa	1	2
International	3	10
TOTAL	111	272

varied in their operational definition and measurement of IPV, although almost three quarters of studies (73.0%, $k = 81$) reported prevalence rates measured using the CTS, CTS2, or items or scales drawn from these instruments.

Overall Rates of IPV Perpetration

Across all studies included in this review, approximately one quarter of participants (25.3%) reported perpetrating physical violence in a heterosexual intimate relationship. Physical IPV perpetration was reported by approximately 1 in 4 individuals both in their lifetime (24.2%) and in the year prior to the study (25.6%). Approximately 1 in 5 (22.9%) reported perpetrating physical IPV in their current or most recent relationship. Table 2 presents pooled prevalence among women and men overall and as a function of study characteristics. We discuss these findings in more detail later.

TABLE 2. Pooled Prevalence Estimate (%) as a Function of Study Characteristics

Characteristic	Overall	Men	Women
Overall	24.8	21.6	28.3
Sample type			
Large population studies	21.1	18.0	24.1
Small community samples	25.9	22.4	29.7
College/university students or young adults	23.9	20.0	27.5
Middle/high school students or adolescents	22.0	16.2	27.9
Clinical samples	35.7	32.9	41.7
Measurement time frame			
Past year	25.6	22.3	28.7
Lifetime	24.2	18.4	31.5
Current or most recent relationship	22.9	20.7	23.5
Other	23.9	22.2	26.2
Measurement instrument			
Conflict Tactics Scale-based	25.6	22.7	28.8
Other	22.3	17.5	26.7
Country			
United States	24.7	21.4	28.3
Canada	25.8	19.6	32.1
New Zealand	31.0	26.6	34.2
Australia	14.1	11.8	16.5
United Kingdom	19.4	14.9	23.9
South Africa	31.8	37.4	26.2
Multiple	21.1	19.3	22.8

Male Perpetration. In total, we identified 97 articles that reported 141 prevalence rates for physical IPV perpetrated by men against women. Not surprisingly, there was a wide range in prevalence rates across studies, from 1.0% in a study of undergraduate and graduate students (Harned, 2001) to 61.6% in a sample of 151 "drinking men" (i.e., men who reported alcohol consumption during the year prior the study; Gallagher & Parrott, 2010). The overall pooled prevalence was 21.6%. The pooled prevalence of male-perpetrated IPV in the past year was 22.3%, ranging from 2.3% in a sample of over 10,000 patients at an inner city hospital emergency department (Walton et al., 2009) to 61.6% in the Gallagher and Parrott (2010) sample described earlier. The lifetime pooled prevalence was 18.4%, ranging from 3.5% in a sample of 1,759 8th and 9th graders from 14 different public schools in a rural county (Foshee, Fletcher, MacDougall, & Bangdiwla, 2001) to 49.0% in a sample of men participating in methadone maintenance treatment program (El-Bassel, Gilbert, Wu, Chang, & Fontdevila, 2007). Several studies did not specify a time frame, but rather examined physical IPV perpetration in current or most recent partners. The pooled prevalence for current or most recent relationships was 20.8%, ranging from 1.8% (Chang, Shen, & Takeuchi, 2009) to 61.0% (Bookwala, 2002).

As noted earlier, our review included studies conducted in many different countries, including 2 studies conducted in each of South Africa, Australia, and the United Kingdom, 4 studies in New Zealand, 6 in Canada, and 83 in the United States that reported rates of male perpetration. Three additional studies reported findings from more than one country. In the first such study, Straus and Ramirez (2007) examined gender symmetry in prevalence, severity, and chronicity of IPV perpetrated by 1,544 university students sampled from Mexico and the United States. Straus (2008) also conducted the International Dating Violence Study, reporting data on 13,601 university students from 32 nations. Finally, Turcotte-Seabury (2010) conducted further analyses on a larger sample from the International Dating Violence Study (N = 14,252). We were particularly interested in the extent to which the findings might be similar or different across countries.

The pooled prevalence rate for South African samples was 37.4% based on data from the national South African Stress and Health survey, which used modified items from the CTS to query perpetration against the individual's most recent partner (Gass, Stein, Williams, & Seedat, 2010) and the convenience sample of university students who completed the CTS2 in Straus' (2008) multinational study. The Australian pooled prevalence rate was 11.8% and included a rate of 9.0% in a sample of 379 newlywed couples (Halford, Farrugia, Lizzio, & Wilson, 2010), and 18.4% for minor and 7.8% for severe violence in the Straus (2008) study. The pooled prevalence rate for Canadian adolescents was 19.6%, ranging from 2.9% in a sample of 717 Canadian aged 16 and 17 (Lavoie, Hébert, Tremblay, Vitaro, Vézina, & McDuff, 2002) to 40.0% in a sample of 245 problem gamblers (Korman et al., 2008). The pooled prevalence rate for studies conducted in the United Kingdom was 14.9% and included a cross-sectional sample of individuals who reported perpetrating physical

aggression over the past 2 years (13.0%; Graham, Plant, & Plant, 2004) and the Straus (2008) university sample that reported 24.6% for minor and 7.0% for severe violence. For New Zealand, the overall pooled prevalence was 26.6%, ranging from 3.7% for severe violence (Straus, 2008) to 57.0% in a longitudinal study of young adults in New Zealand (Fergusson, Horwood, & Ridder, 2005). Lastly, the overall pooled prevalence for American samples was 21.4%, ranging from 1.0% (Harned, 2001) to 61.6% (Gallagher & Parrott, 2010).

Female Perpetration. We identified 86 studies reporting 131 rates of physical IPV perpetrated by women against their male intimate partners. The overall pooled prevalence across these studies was 28.2%. As with rates of male-perpetrated physical IPV, the rates of female-perpetrated IPV varied considerably across studies, ranging from 2.4% in a large population study conducted in the United States (Chang et al., 2009) to 68.9% in the longitudinal study of young adults in New Zealand (Fergusson et al., 2005). The pooled prevalence of female-perpetrated physical IPV in the past year was 28.6%. The range extended from 5.7% in a small community sample (Zolotor, Theodore, Coyne-Beasley, & Runyan, 2007) to 68.9% in the study from New Zealand mentioned previously (Fergusson et al., 2005). The lifetime pooled prevalence was 31.5%, ranging from 9.3% in the Foshee et al.'s (2001) sample of United States high school students described earlier to 67.2% in a United States clinical sample (Najavits, Sonn, Walsh, & Weiss, 2004). Finally, as for male-perpetrated IPV, several studies ($k = 9$) reported rates of IPV perpetrated by women against their current or most recent romantic partner, rather than specifying a time frame. The pooled prevalence for current or most recent relationships was 23.5%, ranging from 2.4% in Chang et al.'s study to 48.0% in a sample of college and university students (Bookwala, 2002).

Again, most studies were conducted in the United States (81.4%, $k = 70$), but we also identified studies of female perpetration conducted in South Africa ($k = 1$), Australia ($k = 1$), Canada ($k = 5$), the United Kingdom ($k = 1$), and New Zealand ($k = 4$), as well as the three international studies mentioned earlier (Straus, 2008; Straus & Ramirez, 2007; Turcotte-Seabury, 2010). One study reported rates of female-perpetrated physical IPV in South Africa using data from the South African Stress and Health survey; the prevalence rate was 25.2% for cohabitating or married couples (Gass et al., 2010). With Straus (2008), the pooled prevalence for South African samples was 26.2%. For Australian samples, pooled prevalence was 16.5%, including 20.0% among newlywed couples in the past year (Halford et al., 2010), 8.7% for severe physical IPV, and 20.7% for minor physical IPV; the latter two rates in Straus' (2008) international study. The pooled prevalence for studies conducted in New Zealand was 34.2%, ranging from 12.9% (Straus, 2008) to 68.9% in a birth cohort of young adults interviewed about their current or most recent relationship (Fergusson et al., 2005). Pooled prevalence for studies conducted in Canada was 32.1%, ranging from 9.5% for severe physical IPV in Straus' (2008) Canadian sample to 67.0% in a sample of adolescents in child protective services (Wekerle et al.,

2009). The pooled prevalence rate for studies conducted in the United Kingdom was 23.9%; this estimate includes rates of 15.6% (severe), 39.7% (minor) (Straus, 2008) and 16.4% (any aggression; Graham et al., 2004). Lastly, pooled prevalence for the American samples was 28.2%, ranging from 2.4% (Chang et al., 2009) to 67.3% in a clinical sample (Ridley & Feldman, 2003). As with male perpetration, most studies reporting rates of female perpetration used a CTS-based approach to assess IPV (52 of 71 studies).

In sum, the prevalence of physical IPV perpetration ranged widely across studies. Slightly higher rates of physical IPV perpetration were found among women than men, although the degree and direction of the sex difference varied depending on where the study was conducted. Not surprisingly, pooled prevalence estimates also differed by measurement time frame and approach (see Table 3 and Figure 2), respectively. In the following sections, we summarize rates of male and female perpetration within each sample category. Details of each study are available online (http://www.springerpub.com/pa).

TABLE 3. Pooled Prevalence Estimate (%) by Sample Type and Measurement Time Frame

Measurement Time Frame	Overall	Men	Women
Large population studies			
Past year	22.4	18.3	25.8
Lifetime	—	—	—
Current or most recent relationship	29.7	18.7	17.2
Small community samples			
Past year	27.4	24.7	29.7
Lifetime	16.0	10.9	31.0
Current or most recent relationship	—	29.7	—
College and university students or young adults			
Past year	24.6	20.9	27.6
Lifetime	23.2	18.4	30.0
Current or most recent relationship	24.9	22.6	27.3
Middle and high school students or adolescents			
Past year	16.3	9.7	24.2
Lifetime	17.8	9.0	26.6
Current or most recent relationship	32.0	24.0	40.0
Clinical samples			
Past year	38.6	34.1	49.5
Lifetime	42.1	41.6	42.6
Current or most recent relationship	4.3[a]	4.3[a]	—

Note. — = no data available.
[a]Indicates only one study contributed to the prevalence estimate.

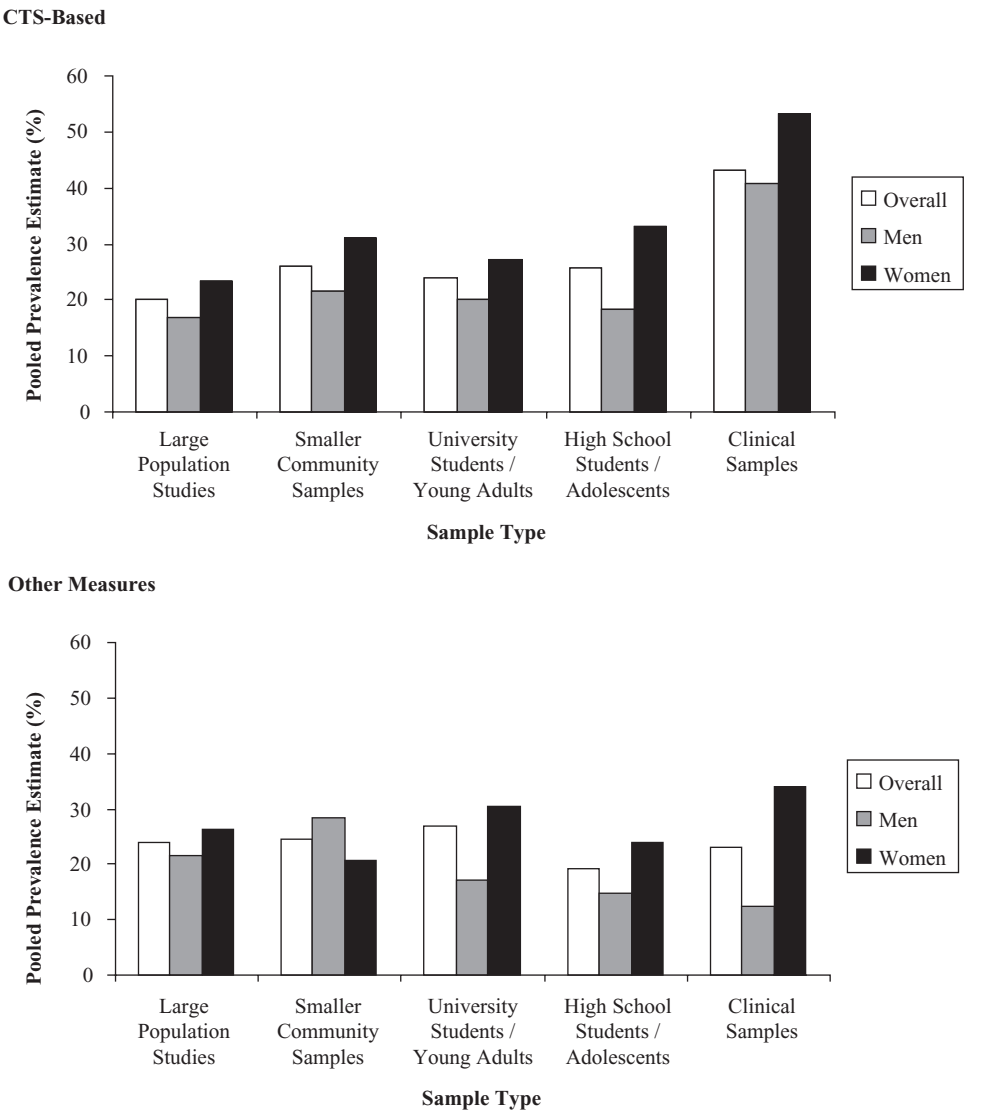

Figure 2. Prevalence of physical IPV perpetration by measurement approach.

Large Population Studies

Articles included in this category drew data from studies of representative samples that typically exceeded $N = 1{,}000$ in size.

Male Perpetration. There were 17 large population studies that reported 29 rates of male physical IPV perpetration. The overall pooled prevalence was 18.0%; the lowest rate was 1.8% in a sample of 1,470 Asian Americans (Chang et al., 2009), and the highest rate was 57.0% in a longitudinal sample from New Zealand (Fergusson

et al., 2005). Eleven articles reported prevalence rates for the past year (pooled prevalence = 18.3%); the range was 4.8% in 1,635 married or cohabitating couples (Cunradi, Caetano, Clark, & Shafer, 2002) to 57.0% in the New Zealand sample mentioned previously (Fergusson et al., 2005). In studies reporting male perpetration in current or most recent relationships, pooled prevalence was 18.7%, ranging from 1.8% (Chang et al., 2009) to 40.0% in a longitudinal study of 360 young adult couples in New Zealand (Moffit, Robbins, & Caspi, 2001). No studies in this category reported lifetime rates for male perpetration of physical IPV.

Female Perpetration. We identified 17 large population samples that reported 30 rates of female-perpetrated physical IPV. The overall pooled prevalence was 24.1%. Prevalence rates ranged from 2.4% in the Asian American sample described earlier (Chang et al., 2009) to 68.9% in a longitudinal study conducted in New Zealand (Fergusson et al., 2005). Thirteen studies reported 24 rates of past year prevalence: the average was 25.9%, ranging from 8.0% to 68.9% (same as the overall range for studies in this category). Pooled prevalence for current or most recent relationships was 17.1%, ranging from 2.4% (see previously, Chang et al., 2009) to 25.2% in a nationally representative South African sample (Gass et al., 2010).

Small Community Samples

This category included a wide range of samples, such as those drawn from rural and urban populations, military samples, or specific ethnic or racial groups, for example. The defining feature of studies included in this category was that they were conducted in community settings but were not necessarily representative of the characteristics of the larger population.

Male Perpetration. We identified 21 studies of small community samples that reported rates of male-perpetrated physical IPV. The overall pooled prevalence was 22.4%, with a range from 4.0% to 45.0%. The lowest rate was found in a sample of 421 male naval recruits reporting on IPV perpetration in the last 12 months (Merrill, Crouch, Thomsen, Guimond, & Milner, 2005), and the highest rate was found in a sample of 316 Mexican Americans also reporting past year prevalence (Sugihara & Warner, 2002). Seventeen articles reported rates for the past year; pooled prevalence was 24.7%, ranging from 4.0% to 45.0% (as described earlier). Two studies of military samples reported lifetime prevalence rates (Merrill, Crouch, Thomsen, & Guimond, 2004; McCarroll et al., 2003). We discuss these findings in further detail that follows. Two articles focused on the current relationship and reported rates of 17.0% (Reed et al., 2010) and 42.3% (Abrahams, Jewkes, Laubscher, & Hoffman, 2006), respectively. Several articles employed other reference periods, such as the past 2 months (McCarroll et al., 2003).

Ten of these 21 studies sampled married or cohabitating couples. Pooled prevalence was 21.6%, a rate very similar to the overall prevalence of male perpetration.

However, the range was considerably smaller: from 6.7% in a military sample regarding a 2-month reference period (McCarroll et al., 2003) to 38.2% in a sample of newly married couples (Schumacher & Leonard, 2005). One study focused on a dating sample and reported a rate of 25.0%. Eight studies reported 10 rates in mixed samples (i.e., married, cohabitating, or dating); the pooled prevalence for these studies was 22.1%, ranging from 4.0% to 45.0%.

Given the rate of overseas deployment in the past 10 years, prevalence of IPV among military families has received considerable attention. Four studies include in the current review reported rates of male-perpetrated physical IPV in military samples. Pooled prevalence was 12.3%, ranging from 4.0% for severe IPV perpetrated in the past year among a sample of 421 men in the Navy (Merill et al., 2005) to 31.6% for any physical IPV perpetrated in the past year in a sample of 716 married men in the army posted in Alaska (Rosen et al., 2002). Despite concerns regarding increased prevalence of IPV in military families, these rates actually are noticeably lower than for other samples.

Female Perpetration. Twenty studies of female-perpetrated physical IPV met our criteria for inclusion in this category. The overall pooled prevalence of the 26 rates reported in these studies was 29.2%. The lowest prevalence rate (5.7%) was based on data gathered using telephone interviews with 1,232 mothers in North and South Carolina (Zolotor et al., 2007). The highest rate (48.0%) was reported by 2 different studies; the first surveyed 316 Mexican Americans about their intimate relationships (Sugihara & Warner, 2002), and the second study reported findings from a sample of 634 newly married couples (Schumacher & Leonard, 2005).

Nineteen small community studies reported 25 rates for past year prevalence. For these, the pooled prevalence was 29.1%, ranging from 5.7% (Zolotor et al., 2007) to 48.0% (Schumacher & Leonard, 2005; Sugihara & Warner, 2002). In this category, only 1 lifetime rate was reported for female-perpetrated physical IPV, 31.0%, found in a study of 1,367 United States Navy recruits (775 women, 592 men) who completed a survey during basic training (Merrill et al., 2004). Ten of the 20 studies specifically sampled married and/or cohabitating couples; pooled prevalence was 30.9%, ranging from 11.5% (O'Leary & Slep Smith, 2006) to 48.0% (Schumacher & Leonard, 2005).

We found three studies reporting rates of physical IPV perpetration by women enlisted in the military (Forgery & Badger, 2006; Merrill et al., 2004; Merrill et al., 2005). Pooled prevalence in these samples was 23.3%, ranging from 12.0% of enlisted women married to civilian spouses reporting they perpetrated severe physical IPV violence in the past year (Merrill et al., 2005) to 31.0% of female Navy recruits reporting they perpetrated severe physical IPV in their lifetime (Merrill et al., 2004).

College and University Students or Young Adults

Studies included in this category typically sampled undergraduate university (or college) students or young adults ranging from 18 to 24 years of age.

Male Perpetration. Studies that sampled college and university students or young adults were the most common for reporting male perpetration rates: 27 studies reporting 40 prevalence rates met inclusion criteria for our review. Across these studies, we calculated a pooled prevalence of 20.1%, reflecting rates ranging from 1.0% in a sample of 1,139 undergraduates who completed an online survey (Harned, 2001) to 61.0% in a sample of 161 undergraduate students who completed an anonymous, paper-based survey (Bookwala, 2002). Thirteen studies reported prevalence rates for the past year (pooled prevalence = 20.9%), ranging from 3.7% in the New Zealand sample included in Straus' (2008) study to 42.9% in the South African sample of the same study. Lifetime rates were reported in 7 studies; pooled prevalence was 18.4%, ranging from 7.4% (minor violence) to 36.0% (severe violence), both in the sample of 189 first and second year college men who completed the CTS (Cercone, Beach, & Arias, 2005). The remaining studies used the current relationship (range = 3.5%, Fossos, Neighbors, Kaysen, & Hove, 2007; to 61%, Bookwala, 2002), the past 6 months (23.0%, Williams & Frieze, 2005; and 34.9%, Raghavan, Rajah, Gentile, Collado, & Kavanagh, 2009), and since starting university (1.0%, Harned, 2001; 1.8%, Forke, Myers, Catallozzi, & Schwarz, 2008) as the measurement time frames. All but Gratz, Paulson, Jakupcak, and Tull (2009) measured IPV using some version of the CTS.

Female Perpetration. Twenty-six studies reported 44 rates of female-perpetrated physical IPV in samples of college and university students or young adults. The overall pooled prevalence was 27.5%, ranging from 7.3% in a sample of 910 undergraduates (Forke et al., 2008) to 48.0% in a sample of 161 undergraduates (Bookwala, 2002). Fifteen studies reported 31 past year prevalence rates (pooled prevalence = 27.5%). The low end of the range, 8.7%, represents the prevalence of severe violence in Australia as reported in Straus' (2008) international study of university students. At the top of the range, a rate of 41.4% was found in a convenience sample of college women in relationships longer than a month (Baker & Stith, 2008).

Five lifetime rates were reported by four studies yielding a pooled prevalence rate of 30.0% and a range from 15.1% (Cercone et al., 2005) to 39.0% (Orcutt, Garcia, & Pickett, 2005). Four studies used current relationship as the reference period, with a pooled prevalence of 27.25% (Bookwala, 2002; Fossos et al., 2007; Hendy et al., 2003; Luthra & Gidycz, 2006). One study found a prevalence rate of 40.0% over the past 6 months (Williams & Frieze, 2005). The 2 studies that measured IPV since starting university found rates of 7.3% and 19.0%, respectively (Forke et al., 2008; Harned, 2001). In another study examining women's use of violence against their current or most recent partner, the prevalence was 33.0% (Simonelli, Mullis, Elliot, & Pierce, 2002). Of the 26 studies, most (k = 23) used some version of the CTS.

Middle and High School Students or Adolescents

This category of studies sampled middle and high school students as well as youth who were in this age range but were not necessarily recruited through school, such

as Whitaker, Le, and Niolon's (2010) nationally representative sample of adolescents. Although there may exist important differences between 'intimate' relationships of middle and high school-aged youth, studies often presented rates in aggregate and few studies uniquely reported rates for middle school students.

Male perpetration. We identified 16 studies that reported 21 rates of male-perpetrated IPV among adolescents. The pooled prevalence rate was 16.2%, ranging from 2.9% in a sample of 717 Canadian adolescents 16 and 17 years of age (Lavoie et al., 2002) to 37.4% in a sample of 664 Canadian students in grades 9 to 11 (Connolly et al., 2010), both in reference to the past year. With the exception of that found for military samples, this is the lowest pooled prevalence rate for male-perpetrated physical IPV in the subgroups we examined.

Past year prevalence of male-perpetrated physical IPV was reported in four studies, with a pooled estimate of 9.7%. Rates ranged from 2.9% in the Lavoie et al. (2002) sample described earlier to 17.8% in a sample of 633 adolescents in Chicago neighborhoods (Jain, Buka, Subramanian, & Molnar, 2010). Only 4 studies reported lifetime prevalence rates; these ranged from 3.5% (Foshee et al., 2001) to 15.0% (Wolfe & Foshee, 2003), for a pooled prevalence rate of 9.0%. The remaining 7 studies used measurement time frames of 6 months or less (e.g., Arriaga & Foshee, 2004; Connolly et al., 2010) or focused on prevalence in the current relationship (O'Leary, Slep Smith, Avery-Leaf, & Cascardi, 2008).

Almost half of the studies used the CTS. The remainder used various methods including unstandardized measures composed of open-ended questions plus items from the CTS (Whitaker et al., 2010), a measure developed by the study authors to make CTS items more appropriate for adolescents (Arriaga & Foshee, 2004), or the Conflict in Adolescent Dating Relationships Inventory (CADRI; Wolfe, Scott, Wekerle, & Pittman, 2001). Pooled prevalence for studies using the CTS was slightly higher (18.2%) than for studies using other measures (14.8%).

Female perpetration. Twenty-one rates of female-perpetrated physical IPV were reported across 16 studies of middle and high school students or adolescents. The rates of female perpetration ranged from 8.9% (past year prevalence) in sample of 5,414 public high school students in the United States (Coker et al., 2000) to 51.4% (lifetime prevalence) in a American sample of 1,300 first year university students (Graves, Sechrist, White, & Paradise, 2005). The average prevalence was 27.9%. The past year pooled prevalence rate was 24.2% across four studies. The range was wide, extending from 8.9% (Coker et al., 2000) to 38.1% in a sample of 633 adolescents in Chicago neighborhoods (Jain et al., 2010). Only 4 studies reported lifetime prevalence rates; these ranged from 9.3% (Foshee et al., 2001) to 51.4% (Graves et al., 2005), for an average of 26.6%.

Nearly half of the studies reporting rates of female perpetration in adolescent samples used CTS-based measures. Specifically, 7 studies used the CTS and an additional study reporting a single rate used questions from the CTS (Coker et al., 2000). Two studies used the CADRI (Wolfe et al., 2003). The other 12 studies used various measures, including

open-ended questions and items drawn from Foshee et al.'s work (Miller, Gorman-Smith, Sullivan, Orpinas, & Simon, 2009). Consistent with the findings for adolescent boys, pooled prevalence for adolescent girls was higher in studies that used the CTS (33.2%) than in studies that employed other measurement approaches (23.9%).

Clinical Samples

Studies included in this category recruited participants from clinical or treatment settings, such as emergency rooms, primary care settings, or substance use treatment.

Male perpetration. We identified 17 studies that reported 22 rates of male-perpetrated physical IPV among clinical samples. Across these studies, pooled prevalence was 32.9%. Rates ranged from 2.3% in a sample of over 10,000 patients at an inner city emergency department (Walton et al., 2009) to 61.6% in a sample of 151 men who reported drinking in the past 12 months (Gallagher & Parrott, 2010). Of note, the pooled prevalence for clinical samples is higher than for other samples likely because clinical samples include individuals who frequently present with known risk factors for perpetrating IPV, such as alcohol and drug abuse.

Pooled prevalence for the 10 studies reporting past year perpetration rates was 34.1%, ranging from 2.3% to 61.6% reported in Walton et al.'s (2009) and Gallagher and Parrott's (2010) samples, respectively. Lifetime rates were reported in 2 studies; pooled prevalence was 41.6%, ranging from 31.9% in a sample of 1,318 men from community health centers (Silverman et al., 2010) to 49.0% in a sample of 356 men in methadone maintenance treatment (El-Bassell et al., 2007). Four studies used the past 6 months as the measurement time frame (pooled prevalence = 31.1%), and 1 study reported for current or most recent relationships (4.3%).

We also examined prevalence of male-perpetrated physical IPV in various treatment-seeking subgroups. For instance, we identified 9 studies sampling participants from hospitals, community health centers, or other general medical centers. The pooled prevalence rate for these studies was 21.1%, ranging from 2.3% (Walton et al, 2009) to 43.8% in a sample of 283 men from an urban community health center (Raj, Santana, Le Marche, Amaro, Cranston, & Silverman, 2006). A handful of studies ($k = 8$) specifically looked at physical IPV perpetrated by men seeking substance abuse treatment. In these studies, the pooled prevalence was 43.5%, ranging from 28.0% in a sample of 322 male methadone maintenance treatment patients (El-Bassel et. al., 2004) to 61.6%, as described previously (Gallagher & Parrott, 2010).

Female perpetration. Seven studies reported 10 rates of female-perpetrated physical IPV in clinical samples. Across these studies, pooled prevalence was 41.7%. The rates of female-perpetrated physical IPV reported in the clinical studies ranged from a past year prevalence of 6.0% in a sample of women attending an inner city emergency room in Michigan (Walton et al., 2009) to a past year prevalence rate of 67.3% in a sample of 153 female health clinic clients (Ridley & Feldman, 2003). Pooled prevalence across

the four rates of past year perpetration was 45.1%. Two studies reported three lifetime rates; pooled prevalence was 42.6%, ranging from 22.6% (average calculated based on reported data for the purpose of this review; Friedman, Loue, Goldman Heaphy, & Mendez, 2009) to 67.2% (Najavits et al., 2004).

It is perhaps not surprising that the latter rate, one of the highest lifetime rates of physical IPV perpetration identified in this review, was found in a sample of women with current post-traumatic stress disorder (PTSD) and substance disorder (Najavits et al., 2004). In a second study of women seeking substance abuse treatment, Chermack, Walton, Fuller, and Blow (2001) found that approximately one quarter of female participants (25.6%) reported perpetrating physical IPV that was "moderate" in severity and more than one third (33.9%) reported perpetrating severe physical IPV. Across these studies, pooled prevalence among women seeking substance abuse treatment was 53.1%. Another study examined prevalence of physical IPV perpetrated by women with severe mental illness (Friedman et al., 2009); 17.0% had perpetrated physical IPV in the past 2 years. Rates of lifetime perpetration in this study ranged from 16.7% in women diagnosed with major depression to 31.6% in women diagnosed with bipolar disorder.

DISCUSSION

We conducted a review of 111 studies published in the last 10 years to summarize the current state of knowledge regarding the prevalence of physical IPV perpetrated by men and women in heterosexual relationships in English-speaking, industrialized countries. Our findings underscore the pervasiveness of physical IPV perpetrated by men and women in heterosexual relationships: across studies, the overall prevalence estimate was 24.8% or one in four respondents. Consistent with prior reviews (Archer, 2000; Straus, 2010), perpetration rates were slightly higher for women than for men: physical IPV was perpetrated by more than 1 in 4 women (28.3%) and 1 in 5 men (21.6%). Also consistent with prior research, the pooled prevalence for clinical samples was higher than the overall estimate, with approximately one third perpetrating physical IPV, but still showed higher rates of perpetration by women than by men. Disaggregating pooled prevalence by measurement time frame revealed the same pattern of results: pooled prevalence of lifetime perpetration of physical IPV by women (31.5%) was almost twice that for men (18.4%).

Rates of physical IPV perpetration ranged widely across studies for both men (1.0% to 61.6%) and women (2.4% to 68.9%). Much of the variation can be attributed to the highly diverse sampling methods and study procedures. For instance, studies differed in their operational definitions of physical IPV perpetration and in their reporting of minor and/or severe IPV. When reported, rates of minor physical IPV were much higher than rates of severe physical IPV. Studies also varied in their measurement time frames. Many studies reported lifetime and/or past year prevalence rates, others reported rates for the current or most recent relationship, and still others used different reference periods altogether (e.g., past 2 months, past 6 months). In contrast with expectations, rates of past year perpetration were slightly higher than rates of

lifetime perpetration (pooled estimates = 25.6% vs. 24.2%). Possible explanations for these counterintuitive findings include the increased salience of more recent events or memory fading for events in the more distant past, and thus, increased likelihood of reporting more recent events; and forward telescoping of events that occurred more than 12 months ago (Hamby, 2005).

There was considerable consistency in instrumentation across studies. Almost three quarters of the reviewed studies employed a CTS-based measurement approach. The development, refinement, and widespread use of the CTS instruments has been noted by some as an important advancement in the field (cf., Langhingrichsen-Rohling, 2005), but also heavily criticized by others (e.g., Dobash, Dobash, Wilson, & Daly, 1992; Hamby, 2009). For instance, some argue that CTS measures overestimate rates of female perpetration (e.g., White et al., 2000). Accordingly, in the present review, the predominance of studies using CTS-based measures may have contributed to the higher pooled prevalence estimates for female-perpetrated IPV. That said, we found pooled prevalence for female perpetration was only slightly lower—by approximately 2%—when other measures were used.

There remains much debate in the field regarding the best approach to studying IPV prevalence (Langhinrichsen-Rohling, 2010). Indeed, much of the controversy regarding gender symmetry in male and female perpetration rates can be attributed to methodological variations across studies (Dutton & Nicholls, 2005; Hamby, 2005, 2009). In the current review, the degree to which male and female perpetration rates differed fluctuated as a function of sample and study characteristics. For instance, sex differences were noticeably greater for adolescents compared to the other sample categories. As another example, with the exception of studies of clinical samples, lifetime perpetration rates were notably higher for women than men, whereas past year and current relationship rates were much more similar (although still showing higher rates of perpetration for women). This pattern of results may reflect sex differences in memory and reporting accuracy. For instance, women may be more likely than men to recall lifetime perpetration experiences; that is, lifetime experiences may remain more salient for women whereas men may experience more memory fading (Smith & Torstensson, 1997). Women also have been found to be more accurate than men in recalling dates of personal experiences (Gaskell, Wright, & O'Muircheartaigh, 2000). That said, lifetime prevalence rates were reported much less frequently than were past year prevalence rates (32 rates compared to 175 rates) and, when reported, largely reflected perpetration by adolescents and young adults (22 of 32 rates). Thus, variations in sex differences by sample type and reference period may be confounded. Discussed in further detail in the next section, examination of pooled prevalence for male and female perpetration by study location likewise revealed variations in sex differences but, again, typically showed higher rates for women than men.

Given the small number of studies conducted outside of the United States, the unique samples from which the data were drawn (e.g., some countries have clinical studies included in their pooled prevalence wherein higher rates would naturally be expected), and the diverse methodologies employed, it is premature to draw firm

conclusions regarding cross-national comparisons based on our review. That said, it is noteworthy that the findings are generally consistent with Straus' (2008) international study. Specifically, across these developed, English-speaking countries, the rates of physical IPV perpetration are within a relatively small range, from a pooled estimate of 14.1% for studies conducted in Australia to 31.8% for studies conducted in New Zealand. However, comparison of prevalence rates for men and women within countries showed some interesting differences. In particular, South Africa was the only country for which the overall pooled estimate was higher for male- than female-perpetrated physical IPV. In fact, this was the only case in which the pooled prevalence was higher for men than for women in the current review. Also, the differences between male and female perpetration rates were quite a bit higher in some countries (e.g., the United States and Canada) compared to others (e.g., Australia). Nonetheless, gendered explanations of IPV do not adequately account for our findings. Whether the same can be said for perpetration of IPV in other countries is beyond the scope of the current review (see McCarthy, Lambert, & Westphal, in press).

As seen in our review of physical IPV victimization, rates of physical IPV perpetration in student samples were very similar to those seen in large population studies and small community samples. We discuss possible explanations for these findings in *Part 1* (Desmarais et al., 2012), but a few additional points merit discussion herein. First, findings are consistent with prior research and reviews documenting that IPV perpetration and victimization peaks between the ages of 16 and 24 years of age (e.g., Archer, 2000; Rennison, 2001). Second, the range in rates for lifetime physical IPV perpetration in these samples is very similar to the range in rates for past year prevalence. This is not surprising given that adolescents and young adults have been dating for shorter periods compared to adults, and thus, the difference between lifetime and past year experiences in intimate relationships, violent or otherwise, is likely to be small.

Our findings also document the increased research focus on female perpetration in recent years, a trend that has been noted by others (e.g., Holtzworth-Munroe, 2005). Of the 111 studies included in our review, 86 reported rates of female perpetration, only 11 fewer than the 97 rates of male perpetration. In contrast, our review of physical IPV victimization identified almost 3 times as many studies reporting prevalence among women than men (Desmarais et al., 2012). This discrepancy may have significant implications for policy and practice. Specifically, although the notion that women use violence against their male partners is gaining acceptance, the experiences of male victims continue to be neglected. Thus, our willingness to address the needs of female perpetrators of IPV may be increasing, whereas the dearth of services available and reduced responsiveness of justice and social systems to the needs of male victims persists (Hines, Brown, & Dunning, 2007; Hines & Douglas, 2010; Muller et al., 2009; Lipsky, Caetano, & Roy-Burne, 2011).

However, conclusions based on findings of our review should be qualified by limitations of our approach. First, we used an inclusive selection strategy and did not conduct

a systematic assessment of study quality. Second, because of the range in study quality, we chose to present descriptive but not inferential statistics. Third, we identified differences in prevalence as a function of country; however, we did not measure characteristics of the respondents, such as gender role beliefs, which may have contributed to these differences. Fourth, we did not include variables that may describe the context within which the perpetration occurred. Thus, we are unable to speak to whether rates reflect unilateral or reciprocal abuse (but see Langhinrichsen-Rohling, Misra, Selwyn, & Rohling, 2012) or to comment on whether the violence was perpetrated in self-defense (but see Langhinrichsen-Rohling, McCullars, et al., in press). Fifth, we examined rates of perpetration, but not rates of physical IPV *that resulted in injury*. As found in the Archer (2000) and Straus (2011) reviews, this measurement specification (i.e., any physical IPV vs. physical IPV that resulted in injury) will lead to different conclusions regarding symmetry in male and female perpetration rates. Also, because it was inconsistently reported and defined, we were unable to systematically code severity of violence across studies, although we did disaggregate rates of minor and severe physical IPV whenever possible. Sixth, although we coded the instruments used to measure perpetration, we did not assess the mode of administration (e.g., face-to-face interview, self-administered survey, telephone interview, etc.). Previous research indicates significant variation in perpetration rates as a function of this variable (Archer, 2000). Moreover, most studies relied on self-report methodologies and did not include measures of social desirability. Finally, we compared prevalence rates between and not within studies, preventing direct comparisons of physical IPV perpetration rates as a function of perpetrator's sex, country, measurement approach, or time frame.

Despite these limitations, the present review represents a comprehensive summary of the current state of knowledge regarding physical IPV perpetration among heterosexual men and women in English-speaking, industrialized nations. As reported in our review of physical IPV victimization rates (see Desmarais et al., 2012), we found that rates of physical IPV perpetrated by men and women generally were more similar than they were different and that perpetration of physical IPV in heterosexual relationships continues to be a serious social problem. Although rates varied across individual studies, our synthesis of findings from studies conducted over the past decade suggests that approximately one quarter of individuals in heterosexual relationships physically assault their intimate partners, a rate almost identical to that found in our review of victimization prevalence.

Importantly, results of the current review pertain only to the presence or absence, and not the severity or context, of perpetration. Thus, rather than perpetuating the debate regarding the comparability of physical IPV perpetrated by men and women, findings should be used to support the development and implementation of interventions that acknowledge the use of violence by women in intimate relationships but also recognize how participants' treatment needs may differ. Intervention strategies that are both gender-inclusive and gender-sensitive may have the greatest potential for reducing IPV and improving clinical outcomes (Dixon & Graham-Kevan, 2011; Hamberger, 2005; Larance, 2006; Straus, 2011).

NOTE

1. Due to variation in research designs as well as inconsistent reporting of methodological details across studies, we were not able to systematically compare findings as a function of country, measurement time frame, and measurement approach for all sample types.

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