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Unveiling the Gender Symmetry debate: Exploring Consequences, Instructions, and Forms of Violence in Intimate Partner Violence

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Running head: Unveiling the Gender Symmetry debate in IPV

Abstract

Official statistics and data from police and judicial systems consistently show that Intimate Partner Violence (IPV) is a worldwide problem predominantly affecting women perpetrated by male partners. Yet, certain behavioral checklists yield similar IPV rates for both genders, sparking the gender symmetry/asymmetry debate. Some possible explanations for this discrepancy reside in (a) considering or not the consequences of violence, (b) possible inadequacies of the instructions given to participants when answering checklists, and (c) considering or not certain behaviors typically asymmetrical (e.g., economic violence). In order to test these three hypotheses, we conducted two studies in the Spanish context using the Partner Victimization Scale (PVS). In Study 1, participants (n = 449) answered a Spanish version of the PVS (with the instructions "Not including horseplay or joking around"), and reported consequences of violence on their self-esteem and health. In Study 2 (n = 172), we experimentally manipulated the instructions given to participants when answering the PVS (including those of Study 1 or not) and also added some items of typically asymmetrical violence. Other measures of consequences of violence were assessed. Results of Study 1 replicated the original PVS's factor structure and showed gender asymmetry (more female than male victimization) in four of five items and the victimization rates were related to consequences of violence, providing construct validity to this version of the scale. Results of Study 2 underlined the relevance of the instructions and of the addition of certain types of violence in the symmetry/asymmetry rates informed. Additionally, the IPV reported was associated with worse consequences for women than for men. Our findings suggest that the detection of IPV increase when the instructions are clarified, when certain items are added, and when the consequences of IPV are considered.

Keywords: intimate partner violence against women, gender symmetry debate, partner victimization scale, consequences

Unveiling the Gender Symmetry debate: Exploring Consequences, Instructions, and Forms of Violence in Intimate Partner Violence

Intimate Partner Violence (IPV) is a huge social problem that affects millions of persons. Indicators such as witness testimony, police reports, police arrests, data on victims seeking help, and partner homicide statistics suggest that women are predominantly the victims of this type of violence (Hamby, 2017). International institutions such as the World Health Organization (2021) also provide data supporting that women are the main victims, with an estimated 27% of women worldwide experiencing physical or sexual violence at the hands of their male partners or ex-partners. In essence, violence against women is acknowledged as gender-based violence, and accordingly, gender should be a central analytical category (Ferrer-Pérez & Bosch-Fiol, 2019). It is crucial to begin with theoretical models that integrate gender and gender inequalities as fundamental explanatory factors for this violence. These principles are well-established in multi-causal models of Intimate Partner Violence Against Women (IPVAW), which currently enjoy consensus (e.g., Heise, 2011; Rodríguez-Menés & Safranoff, 2012). These frameworks not only consider multiple factors contributing to the origin and perpetuation of such violence but also emphasize that gender, gender relations, sociocultural norms, and expectations regarding gender roles—underpinning male dominance and female subordination—play pivotal roles in violence perpetrated by men against women (Heise, 2011; UN, 2006). However, some studies fall under the category of 'gender blindness,' neglecting to acknowledge gender as a significant category for addressing and interpreting research issues.

Indeed, despite many sources of data consistently find rates of female victimization that are 2 to 4 times higher than male victimization (Hamby, 2009), the use of well-known behavioral checklists, especially the Conflict Tactics Scale and subsequent versions (CTS, Straus, 1979; CTS-2, Straus et al., 1996), typically produces similar prevalence rates of male and female IPV (Straus et al., 1980), fueling the debate on gender asymmetry-symmetry in

IPV (Hamby, 2017; Johnson, 2011; Straus, 2011). Those who uphold the symmetrical perspective consider that violence perpetrated by men and women in intimate relationships occurs with equal frequency (Desmarais et al., 2012; Straus, 2016), while those who uphold the asymmetrical perspective assert the notion that men are mostly the aggressors and women the victims (Dobash & Dobash, 2004; Hamby, 2017).

Over the past 30 years, many researchers have endeavored to shed light on the motives of these divergent results. Generally, the data on seeming symmetric violence is primarily interpreted as resulting from problematic item wording with poor content validity, a lack of attention to experiences with severe consequences, and a tendency to obscure differences in motivation such as female violent resistance versus male intimate terrorism (Hamby, 2017; Johnson, 2011). However, despite extensive discussions of this multimethod divergence, more empirical investigation is needed to illuminate the possible factors underlying this discrepancy (Hamby, 2014a). In the present research, we have specifically tested three of the factors that supposedly favor symmetrical results when using behavioral checklists to assess IPV: a) the lack of attention to the consequences that violence causes in female and male victims, b) the absence of clarity in the instructions given to participants when answering these checklists, which may cause them to include reports of some behaviors that do not map onto legal or diagnostic criteria for IPV and c) not considering certain forms of violent behaviors that are typically asymmetrical and are mainly exerted by men.

The Consequences of Violence

The consequences of IPV on victims must be considered to better understand the nature of IPV rates. Although many studies have shown gender symmetry in IPV rates, this may not extend to symmetry in the severity of injuries experienced as a consequence of that violence. Studies conducted in different cultural contexts have generally found that women experience more adverse physical (Straus, 2008) and mental health (Schraiber et al., 2008) consequences of IPV than men. For instance, research involving European male and females victims indicated that while women who were victims of physical IPV or sexual coercion showed

worse mental health than non-victim women, men who were victims of the same forms of IPV did not exhibit these adverse effects compared to non-victim men (Costa et al., 2015). In Canada, research exploring the consequences of IPV for men and women also showed that the psychosocial impact of IPV is influenced by gender and by the nature of the violence, abuse, and control experienced: women suffered more pronounced consequences as they experienced the most chronic pattern of abuse and control, with the psychosocial consequences also being more serious for women than for men with similar experiences of IPV (Ansara & Hindin, 2011). In general, women who experienced IPV reported lower self-esteem compared to men (Karakurt et al., 2014) as well as more mental health problems such as depression, anxiety and posttraumatic stress disorder, worsen physical health and behavioral disorders associated with physiological disturbances (for a review, see Pate & Simonič, 2021).

The Importance of the Instructions

In the realm of IPV assessment, scholars emphasized the significance of contextual understanding (Myhill, 2015; Zapata-Calvente & Megías, 2017), as different contexts can alter the interpretation of behaviors as violent or not. Some studies suggested that false positives in reporting IPV are prevalent, often influenced by participant's gender in such a way that it may contribute to symmetrical data (Ackerman, 2018; Arriaga, 2002; Fernandez-Gonzalez et al., 2013; Foshee et al., 2007; Lehrner & Allen, 2014). Among the most revealing findings, Ackerman (2018) showed that men tended to overreport victimization by female partners, whereas women were more likely to overreport perpetration against male partners. Also, Lehrner and Allen (2014) after interviewing women who answered the CTS2 as perpetrators, indicated that some of the acts reported by women were really playful/wrestling/fighting and mock violence, suggesting that this scale may potentially miscategorise acts and inflate the estimates of the frequency and severity of women's IPV in young, dating and non-clinical samples. Another recent study revealed that for women's use of minor and physical IPV against their male partner, most of the disagreement consisted of

couples in which women report the presence of their perpetration of minor and physical IPV in the absence of their male partner's self-report of IPV victimization. When couples disagree, women seem to be more likely than men to report perpetration of minor and physical IPV in the absence of their partners' victimization than the reverse option (i.e., reporting no perpetration in the presence of a partner's victimization report (Kuijpers, 2019).

To address these possible biases in participants' responses, Hamby, (2016b) created the Partner Victimization Scale (PVS), a scale that measures partner victimization, aiming to reduce false positives with the instruction "not including horseplay or joking around" preceding each item. With this contextual instruction, she found asymmetrical rates of IPV victimization in college students and in a large community sample of adult population. The inclusion of "not joking" produced rates of female victimization almost twice as high as the male victimization rates. It is worthy to note that this instruction, compared to responding the standard CTS, did not reduce the disclosure of IPV but instead increased reports in women. In a subsequent study with a community sample, Hamby (2016a) replicated these findings. Additionally, results from the Campus Climate Survey based on the PVS in 33 university campuses also evidenced gender asymmetry (more female than male victimization) (Bell et al., 2018). Hamby (2016b) suggested that the not joking qualifier may make questions about IPV victimization clearer to survey respondents, and that by improving clarity and participant comprehension of what is actually being assessed, disclosure of victimization experiences might increase. Past research on sexual victimization also indicates that clarifying definitions for participants may increase disclosure (Fisher, Cullen, & Turner, 2000). Some underreporting may be caused by uncertainty on the part of victims as to what types of incidents are meant to be covered by items.

Types of Abuse Usually Absent in the IPV Scales

Another factor that could bias the results in favor of the symmetrical perspective is the non-inclusion in IPV checklists of certain abusive behaviors that are mostly asymmetrical. One of the criticisms formulated to the original version of the CTS was that it did not include

sexual violence items. When the creators of this scale included them in the reformulated version (CTS-2), it yielded to asymmetrical results: women suffered more sexual IPV than men (Bartlett et al., 2018; Costa et al., 2015; Lövestad & Krantz, 2012). A similar situation may occur whenever other types of violence, also asymmetrical, are absent in IPV checklists. For example, behaviors related to isolation, threats to harm or actual harm against children, pets, and other loved ones are typically gender asymmetrical and are extremely common in battering relationships but not usually included in the scales (for a review, see Hamby, 2014b).

IPV checklists also frequently exclude serious offenses, such as intimate partner kidnapping, which is highly gendered, with about nine male for one female perpetrator (Blumenstein, 2015). Many forms of financial abuse are also often overlooked in IPV scales. Given the well-known gender gap in the economic sphere, which renders women more vulnerable and dependent on their partners, economic abused has historically been asymmetrical. Indeed, in a recent study conducted in Germany, Jud et al. (2022) found that women showed significantly more economic IPV victimization (17.8%) than men (7.4%). This situation may be even worse recently due to the COVID-19 crisis (Zharima et al., 2024).

The Current Research

The main purpose of this research was to contribute new evidence to the debate regarding gender symmetry versus asymmetry in IPV. According to the literature, three factors that should be considered for this aim are the consequences of violence, the influence of the instructions provided in IPV scales, and the inclusion of a wider range of types of violence. Data obtained from studies addressing the factors influencing gender biases in reporting IPV perpetration and victimization may be contingent upon the cultural contexts in which they were conducted. To our knowledge, no study in the Spanish context has specifically addressed these factors.

To assess IPV, we utilized the PVS developed by Hamby (2016b). As previously mentioned, this scale aims to clarify the context of violence by providing the instruction “not

including horseplay or joking around" before each item of. We conducted two preregistered studies on the Open Science Framework (OSF) platform. In Study 1 (https://osf.io/6zyjf) university students responded to a Spanish version of the PVS, and also to items about the consequences of violence on self-esteem and health. Since this measure has not been previously used in the Spanish context, we first analyzed its factor structure. Additionally, we asked participants for IPV's consequences as a mean to obtain some source of construct validity for the scale. Study 2 (https://osf.io/ewafs) was conducted with a sample of the general population and aimed to experimentally compare whether the prevalence rates of IPV victimization vary as a function of the scale's instructions (adding or omitting the sentence "Not including horseplay or joking around" before each item). We also included certain types of experiences that are typically asymmetrical but usually absent in IPV scales (isolation, economic abuse). Furthermore, in Study 2 we incorporated new potential consequences of violence (psychological health, daily life, and posttraumatic stress symptoms) for both genders.

Study 1

Study 1's purpose was to obtain the first psychometric properties of the PVS in Spanish (factor structure, construct validity) analyzing the prevalence of partner violence victimization in a sample of university college students (men and women), and its relation to some consequences of this violence (self-esteem and general health).

We formulated the following hypotheses:

H1. The Spanish version of the PVS used in the present study will show the same factor structure as the original one.

H2. The PVS will show accurate construct validity through positive correlations with negative health symptoms and negative correlations with self-esteem measures.

H3. The partner victimization prevalence rates will be gender asymmetrical (more female than male victimization).

Method

Participants and Procedure

We recruited a convenience sample of 664 participants. We excluded the data of the participants that did not meet the inclusion criteria of having an actual or ex partner (n = 63) and those with a sexual orientation different to heterosexual (n = 152: homosexual n = 34, bisexual n = 97, other n= 8; prefer not to indicate their sexual orientation n = 13 and missing data n = 9). The resulting sample comprised 462 heterosexual participants who have or had a partner, with a mean age of 23.99 years (SD = 6.52, range 18-73). Given the wide range of age, we excluded participants with 3SD above the mean (more than 44 years, n = 13). The final sample comprised 136 male students (M = 24.06 years, SD = 4.66; range 18–32) and 313 female students (M = 22.75 years, SD = 3.77; range 18–41) from a University in the South of Spain, who volunteered to participate. All measures were completed in Spanish. We conducted a sensitivity analysis using G*power (Faul et al. 2007) to determine the effect size that the current study could detect. The results showed that with this sample size (n = 449) and with α = .5 and 1- β (power) = .80, the minimum effect size that we could detect for an X^2 test was w = 0.17, and the minimum effect size we could detect for Pearson correlations was ρ = .12.

Potential volunteers were informed that we were investigating interpersonal relationships between men and women and consequences in health. At the end of the questionnaire, they were thoroughly debriefed and participated in a lottery to win four rewards of 25 Euros each.

Materials

Participants were asked to complete the following questionnaires in this order.

Rosenberg Self-esteem Scale (RSES; Rosenberg, 1989; Spanish version by Martín-Albo et al., 2007). This widely used instrument for assessing overall self-esteem comprises 10 items ("On the whole, I am satisfied with myself") rated on a Likert scale from 1 to 4 (1 = *strongly disagree;* 4 = *strongly agree*). We averaged all the items in a total score (α = .88). Higher scores indicated higher self-esteem.

Self Reporting Questionnaire (SRQ20; Harding et al., 1980). The SRQ-20, developed for screening common mental disorders in primary health care, comprises 20 ‘‘Yes-No’’ questions, with 4 addressing physical symptoms (“Do your hands shake?”) and 16 addressing psycho-emotional disturbance (“Do your feel sad?”). Its psychometric qualities have been assessed in numerous independent studies (many reported in WHO, 1994). A point was assigned for each positive answer and zero for each negative one. A score of 1 indicates the presence of the symptom in the past month, while 0 indicates its absence. The maximum score was 20, with an alpha coefficient of .84.

Partner Violence Scale (PVS, Hamby 2016). This measure has five items to assess psychological (1 item: “My partner threatened to hurt me and I thought I might really get hurt”), physical (3 items; “My partner pushed, grabbed, or shook me”) and sexual (1 item: “My partner made me do sexual things when I didn’t want to ”) partner victimization, including the instruction “Not including horseplay or joking around” at the beginning of each item (except the sexual one) to reduce possible false positives. Hamby did not include the instruction on horseplay on the item to assess sexual victimization considering that any forced sexual activity is inappropriate, unlike consensual physical wrestling or horseplay. Given that the original PVS only includes one item to measure psychological violence, we decided to follow Woerner (2017) and to include one additional item to capture psychological violence (“My partner yelled at me or verbally threatened me to the point that I was afraid”). Participants had to indicate if they suffered each statement at the hands of any hook-up, boyfriend, girlfriend, husband, or wife they have had, including exes, regardless of the length of the relationship. The response format was a dichotomous scale (yes/no). A point was given for each positive answer and zero for each negative one. We computed a dichotomous score (0/1), 1 indicating having suffered at least one of the items (from now on, any-victimization score). To conduct some correlational analysis, we also computed as Hamby did a poly-victimization score with the sum of the number of different types of assault reported. The original instructions did not include the term hook-up neither the specification of the length

of the relationship; we have incorporated these two modifications following Rosenthal et al., (2016) given that our sample was comprised of university students. The scale was translated into Spanish following the recommended process for translating transcultural research instruments (Brislin, 1970).

Socio-demographic variables. Participants reported their age, sex, university degree and sexual orientation.

Results

Firstly, we conducted an exploratory factor analysis of the scale (H1). The item "My partner beat me up" was deleted due to absence of variability (all participants responded "No"). The KMO index was .76 and the Bartlett test was significant: X^2 (10) = 534.69, $p <$ .001. The analysis yielded one factor with eigenvalue of 2.56 that explained the 51.2% of the variance, showing the same unifactorial structure as in the studies of the original scale (Hamby, 2016b). To verify whether the PVS demonstrated accurate construct validity (H2), we conducted bivariate Pearson correlations, examining each item along with a poly-victimization score (sum of the number of different types of assault reported) and the health and self-esteem measures. All the items were associated to worse health symptoms: Being threatened to be hurt (r (447) = .13, $p < .05$), being pushed or grabbed (r (447) = .16, $p <$ .01), being hit (r (447) = .10, $p < .01$), being forced to do unwanted sexual acts (r (446) = .21, $p < .01$) and being yelled at or verbally threatened (r (447) = .17, $p < .05$), as well as the poly-victimization score (r (447) = .22, $p < .01$). Unexpectedly, none of the items were associated to self-esteem measures.

To analyze whether the prevalence rates of partner victimization were gender asymmetrical (H3), we conducted chi-square tests and computed the odd ratios (Table 1). The PVS items produced the predicted gender difference in four of the five items and for the any-victimization score (H3). Sexual victimization showed the largest gender difference in chi-square and odds ratio analysis, with an odd of 4.54 and a percentage rate more than 3.7 times higher for females than males. Women reported a percentage rate of 2.1 times higher than

men for having been threatened to be hurt, yelled or verbally threatened and pushed or grabbed. However, we did not find gender differences in the item of having been hit.

Discussion

We identify a single factor structure for the PVS scale, mirroring the original study, thereby supporting H1. The results partially aligned H2: all PVS items correlated with worse health symptoms, providing initial evidence of construct validity for the Spanish version of the PVS as an instrument that captures gender asymmetry in IPV. Surprisingly, none of the items correlated with measures of self-esteem. The prediction of H3 was also partially confirmed. Gender asymmetry (more female than male victimization) was observed in four of the five items and in the any-victimization score. These findings showed multi-method convergence with other research that also found more female victimization.

Study 2

As expected, in Study 1 gender asymmetry was observed in PVS victimization scores. To further illustrate the importance of the instructions provided when completing these checklists, in this Study 2 we experimentally manipulated them: one group of participants responded to the PVS with the same instructions as Study 1 (including "Not horseplay or joking around"), while a second group did so without them. Additionally, we aimed to investigate how the inclusion of other types of violence, typically absent in IPV checklists, might influence victimization rates, resulting in an extended version of the PVS. Furthermore, in this second study, we expanded the variety of consequences of IPV in women and men.

In summary, this study (pre-registered at https://osf.io/ewafs) employed an experimental design to compare patterns of IPV victimization reported based on the type of scale used (an extended version of the PVS with all the items containing the instruction "Not including horseplay or joking around" at the beginning of each item vs. the same group of items without the joking instructions) in a sample of the general population. We hypothesised that participants responding to the extended PVS [experimental group] would exhibit greater

gender asymmetry in IPV victimization (more female than male victimization) compared to participants receiving the same items without the joking instructions [control group] (H1). Additionally, we assessed participants' life satisfaction, psychological health, posttraumatic stress disorder symptoms, and consequences of violence in the daily life to further explore the consequences of IPV for women and men.

Method

Participants and Procedure

We conducted a priori analysis using G*power (Faul et al., 2007) to determine the sample size needed in the current study. The results showed that with $\alpha = .05$, 1- β (power) = .80, to detect a ω of 0.25 for a X^2 test, the minimum sample size will be 126 (each group n = 62). To compute correlations, the results showed that with $\alpha = .05$, 1- β (power) = .80, to detect a minimum effect size of 0.20, the minimum sample size will be 150 (one tail). We pursued to collect a total sample of 180 to be sure that we achieve the minimum sample required. We finally recruited a random sample of 189 adults from the general population (all of them Spanish speakers, the 99% indicated a Spanish nationality). Data from 17 participants were excluded because they either failed the attention check ($n = 11$), did not have ever any partner ($n = 5$), or did not provide their sexual orientation ($n = 1$). The final sample was composed of 172 adults who indicated to have or have had any hook-up, boyfriend, girlfriend, husband, or wife (87 women; age: $M = 31.98$ years, $SD = 10.74$; range 18–57; 85 men; age: $M = 33.35$ years, $SD = 11.15$; range 18–65), who volunteered to participate through the platform for online research Prolifics (https://www.prolific.co/). All measures were completed in Spanish.

Potential volunteers were informed that we were investigating interpersonal relationships between men and women and their mental health. Participants were randomly assigned to the experimental condition (receiving an extended version of the PVS with all the items including the instruction "Not including horseplay or joking around" preceding each one) or to the control condition (same items but without the joking instruction). Those who

reported experiencing at least one abusive behavior were asked to complete the posttraumatic stress and IPV consequences questionnaires. Upon completion, participants were debriefed and compensated with 2 euros for their participation.

Materials

Participants were asked to complete the following questionnaires in this order.

Satisfaction with Life Scale (Diener et al 1985; Spanish version by Atienza et al., 2000). This instrument is widely utilized for assessing overall life satisfaction. It includes 5 items ("In most aspects, my life is as I want it to be") rated on a Likert scale from 1 to 5 (1= *strongly disagree*; 5 = *strongly agree*). We averaged all the items in a total score (α = .84), with higher scores reflecting greater life satisfaction.

Psychological Health Symptoms. We adapted seven items from the National Survey of Gender Based Violence in Spain (Ministry of Equality, 2019) to measure if participants have experienced (yes or no) some psychological consequences ("Feel like crying for no reasons") in the last twelve months. We computed a summative index (α = .69), with higher values indicating having experienced more symptoms.

Extended Partner Violence Scale (PVS, Hamby 2016). We used the same PVS version as in Study 1 but now with 15 additional items adapted from the National Survey of Gender Based Violence in Spain (Ministry of Equality, 2019). Specifically, we incorporated 3 items capturing psychological violence: one measuring control violence ("A partner insisted on knowing where I was at all times") and two measuring emotional violence ("A partner put me down or humiliated me in front of other people"), 4 items about sexual violence ("A partner forced me to have sex when I didn't want to"), and other relevant behaviors usually neglected in IPV scales: isolation (2 items; "A partner tried to stop me from seeing my friends"), economic violence (4 items; "A partner refused to give me money for household expenses when she/he has/had money for other things") and psychological manipulation through the children (2 items; "A partner threatened to take away my children"; the scale response for these items of partner violence related to the children include "no" (0),

"yes" (1) and "I do not have children" (3)). We computed two dichotomous scores (any-victimization scores): one with the same items included in Study 1 and another including all the items (extended PVS). In this study we also computed poly-victimization scores with the sum of the number of different types of assault reported to run the correlation with the consequences of violence. All the items included the instruction "Not including horseplay or joking around" at the beginning of each item only in the experimental group. In this study we decided to include the instruction also in the items assessing sexual violence, maintaining consistent logic and structure throughout all items. The control group received the same items but without this instruction.

Posttraumatic Stress Disorder Symptom Severity Scale-Revised *(*EGS-R; Echeburúa et al., 2016). This structured interview assesses posttraumatic stress symptoms according to the DSM-5 criteria. We used the 21 items as a self-reported questionnaire, covering symptoms of rexperiencing (5 items; α = .81; "Do you have unpleasant and recurring dreams about the event?"), behavioral/cognitive avoidance (3 items; α = .83; "Do you avoid or make efforts to push memories, thoughts, or feelings related to the event out of your mind because it creates emotional distress?"), cognitive alterations and negative mood (7 items, α = .85; "Does he have difficulty remembering any of the important aspects of the event?") and physiological arousal (6 items; α = .77; "Are you more easily startled or alarmed since the event?") in a scale from 0 (Nothing) to 3 (5 or more times per week/A lot). Composite scores were computed for the overall scale (α = .92) and each subscale.

Consequences of Violence in Daily Life. We adapted two items (Ministry of Equality, 2019) to measure if the participants as a result of the IPV situations reported having experienced (yes or no): 1) health problems that limited them from doing daily activities that people normally do, and 2) were unable to go to work or to study for some time due to what happened. Given that several participants indicated being not working/studying at that time, we only used the first item for the analysis.

Socio-demographic Variables. Participants reported their age, sex, nationality, sexual orientation, highest educational degree achieved, and civil status.

Attention Check. We embedded one item during the survey to identify careless respondents. Those participants who failed the response were excluded from the analyses.

Results

We repeated an exploratory factor analysis of the PVS (same version as in Study 1, although we include the item "beat me up" because in this study it has some variability). The KMO index was .77 and the Bartlett test was significant: X^2 (15) = 320.17, $p < .001$. The analysis yielded one factor, as in Study 1 and the original scale, with eigenvalue of 2.97 which explained the 49.52% of the variance.

We have also conducted an exploratory factor analysis of the extended PVS (same version as in Study 1 plus 13 items). The extended scale includes 13 items instead of 15 because we had to eliminate the two items of partner violence related to children due to more than 77% of participants indicated they did not have children. And among those who had children, the number of participants who reported this situation was extremely low. The KMO index was .81 and the Bartlett test was significant: X^2 (171) = 1527.82, $p < .001$. A total of four factors showed eigenvalues >1 (6.43, 2.23, 1.58 and 1.45), together explaining 61.56% of variance. A visual inspection of the screen plot, suggested a one-factor solution. We retained a single factor supported by the fact that the quotient resulting from dividing the difference between the first and the second factors' eigenvalue by the difference between the second and the third factor was >3 (Hattie, 1985).

To assess the gendered pattern of IPV victimization in the experimental vs the control groups (H1), we conducted chi square analysis for the any-victimization scores in each condition (see Table 2). Regarding H1, when considering the PVS scale similar that in Study 1 (the original version plus one additional psychological item), the rates of IPV victimization showed gender asymmetry both in the experimental and in the control condition in the same direction as in Study 1, that is, female victimization greater than male victimization. But

when considering the extended scale (PVS plus 13 items), only in the experimental group gender asymmetry was found (more female than male victimization).

To explore the consequences of IPV, we computed as in Study 1 bivariate Pearson correlations between the poly-victimization scores (a sum of the number of different types of assault reported) and participants' life satisfaction, psychological health symptoms, posttraumatic stress disorder symptoms and consequences of violence in the daily life, in each condition (experimental and control) and separately for men and women (Table 3). In the case of women in the control condition, the IPV reported with the PVS equal to Study 1 (non-extended) was related only to higher rexperiencing symptoms, but the scores with the extended PVS were associated to more psychological negative health symptoms, more posttraumatic stress disorder symptoms as well as more rexperiencing and behavioral and cognitive avoidance. In the experimental condition, women reports of IPV victimization (for both cases, PVS equal to Study 1 and extended PVS) were related to more posttraumatic stress disorder symptoms, including increased rexperiencing, behavioral and cognitive avoidance and cognitive alterations as well as experiencing health problems that limited their daily activities (with this last correlation being significant only in the case of the extended PVS).

However, men´s reports of IPV both in the control and experimental conditions (for PVS equal to Study 1 and extended PVS versions) were only positively related with the item of having experienced health problems that limited them from doing daily activities. Surprisingly, male reports of IPV in the experimental condition were negatively related to posttraumatic stress disorder symptoms and physiological activation in the PVS equal to Study 1 version (non-extended) and to cognitive alternations in both versions (PVS equal to Study 1 and extended PVS).

Discussion

Results of Study 2 partially supported H1: we found more female than male IPV victimization (gender asymmetry) in the extended PVS version in the experimental vs. the

control condition, as predicted in H1. But the rates of victimization with the PVS equal to Study 1 (non-extended) showed gender asymmetry not only in the experimental but also in the control condition. Finally, the consequences of the violence reported seem to be different for women and men. While women's reports of IPV victimization were strongly associated with various psychological health symptoms and symptoms of posttraumatic stress disorder, men's reports of victimization were only related to one consequence: experiencing health problems that interfere with their normal daily activities (one item).

General Discussion

The primary objective of this research was to contribute new evidence to the debate surrounding gender symmetry versus asymmetry in IPV. Drawing from the literature, we investigated factors crucial to this aim: the consequences of violence, the influence of the instructions given to participants when answering IPV scales, and the inclusion of a broader range of violent behaviors. To achieve this, we conducted two preregistered studies. We translated the PVS original scale (Hamby, 2016) to Spanish and examined its psychometric properties among the Spanish population. Our results replicated its one-factor structure and provided initial source of its validity in the Spanish context to capture gender asymmetry in IPV; to our knowledge, the scale had not been previously used in Spain.

Additionally, our findings underscore the importance of considering the three aforementioned factors to elucidate the gender symmetry/asymmetry debate. Specifically, our data suggest the presence of gender asymmetry in the consequences of the IPV: the partner violence reported by women led to worse outcomes than for men in general health symptoms and posttraumatic stress disorder symptoms (Study 2). Furthermore, using a scale with clarified instructions (i.e., presenting the instruction "Not including horseplay or joking around" at the beginning of each item), revealed asymmetrical rates (more female than male victimization) (Study 1). Moreover, experimental manipulation of the instructions (Study 2) confirmed that when the instructions were clarified, resulting in participants disregarding "horseplay or joking around" (compared to condition without this clarification), more female

than male victimization emerged (although this finding only occurred with the extended version of the PVS). Collectively, our results suggest that failure to consider the consequences of violence, omitting clear instructions, and excluding certain often asymmetrical abusive behaviors may bias results in favour of more symmetrical rates of IPV victimization.

The Consequences of Violence

As Walby and Towers (2017) pointed out, when behavioral checklists measuring IPV only focus on actions, excluding the harm caused, they are implicitly assuming that any given action will always lead to the same harm. However, an act by a man towards a woman tends to cause more serious harm than the same act in the other way around (see Walby & Allen, 2004). Consistent with this argument, in our Study 2, the IPV victimization reported by women was associated with worse psychological health symptoms and more posttraumatic stress disorder symptoms. Even in the control condition without clarified instructions, IPV reported by women was related to worse health consequences than IPV reported by men. These results align with previous research indicating that women tend to suffer more severe consequences of IPV than men (Schraiber et al., 2008; Straus, 2008), with the health impact being stronger for females (Romito & Grassi, 2007). The results of the Study 2 reinforce this asymmetry in the consequences of violence. Men's reports of victimization were only related experiencing health problems that interfere with their daily activities (one item), but not to other psychological health or posttraumatic stress symptoms. Supporting this notion, a recent review on the impact of IPV in men (Scott-Storey et al., 2023) summarizes that men are less likely than women to experience severe, frequent, and controlling IPV (Johnson, 2015; Public Health Agency of Statistics Canada, 2016) but are equally likely to experience less severe forms of IPV that can negatively affect health (Public Health Agency of Statistics Canada, 2016). However, we did not find support for the hypothesized relation between IPV victimization and self-esteem, contradicting previous research (Karakurt et al., 2014).

Beyond assessing the consequences of IPV for women and men, the relation between PVS rates and negative health symptoms provided initial sources of construct validity evidence for the Spanish version of the scale as an instrument to capture gender asymmetry in IPV.

The Importance of the Instructions

Our findings suggest that using the PVS (Study 1), which specifies the context of violence through clarified instructions, resulted in gender asymmetrical figures. These findings align with previous research that also found more female victimization using the PVS (Bell et al., 2018; Hamby, 2016b). Additionally, Study 2, showed more female than male IPV victimization in a sample of general population in the any-victimization score when using an extended version of the PVS compared to using the same items without additional clarification of the instructions. Overall, our two studies showed multi-method convergence with other research indicating more female than male victimization at the population level (Fanslow et al, 2023) and in nationwide studies (Jud et al, 2022).

However, the impact of the instructions was not always clear. For instance, while the rates of victimization found in the Study 2 with a similar version of the PVS of Study 1 (five items of the original scale plus one psychological item) showed gender asymmetry in the experimental condition (with clarified instruction), replicating the findings of the Study 1, we also found asymmetrical rates with the PVS similar to Study 1 in the control condition. In other words, we unexpectedly found more female than male victimization using the same items as in Study 1 without clarifying the instructions (control condition). Some previous research also faced difficulties in finding the effect of instructions. For example, in studies by Sargent et al. (2020), the prevalence of IPV victimization was symmetrical for both control and experimental conditions (with the qualifier "Not including horseplay or joking around"). However, they only used the physical items of the PVS and sampled high school or young college students (see also Fernández-Gonzánlez et al., 2013). Contrary to these symmetrical

rates, our results of the PVS showed gender asymmetry in both the experimental and the control conditions. These results underline that more empirical research on the influence of the instructions is still needed.

The Importance of the Types of Abuse Usually Absent in the IPV Scales

It is worthy to notice that the asymmetrical victimization of Study 2 was observed using an extended PVS, which not only had clarified instructions but also included a wider range of abusive behaviors. This highlights the importance of assessing commonly asymmetrical behaviors absent in the most used IPV checklists (e.g., threats to harm children and other loved ones, economic violence, isolation...; Hamby, 2014a). Recent research underscore the need for more studies on economic IPV, which even in high-income countries demonstrates an asymmetrical distribution (e.g., Jud et al., 2022). While some instruments like those developed by the World Health Organization (García-Moreno, et al., 2005) incorporate several of these behaviours and show adequate psychometrical properties (Badenes-Sastre et al., 2023), they primarily focus on violence against women and are not commonly used for comparing IPV prevalence between genders.

Limitations and Future Research Directions

The present studies have some limitations. Firstly, our assessment of lifetime IPV experiences did not differentiate between current partner or ex-partners as perpetrators. In addition, the scale's yes/no response format limited our ability to measure shifts in abuse frequency over time. While some researchers have incorporated follow-up questions to explore frequency of violence, they often only report dichotomous answers (Ackerman, 2018). We also acknowledged that the necessity to divide Study 2's sample by condition and gender, and then only include those who reported IPV to examine the consequences, resulted in a small sample size that prevented us from drawing strong conclusions. Future research should aim to increase the number of participants to enable more robust inferences. Additionally, asymmetrical rates of IPV reported in Study 2, using the PVS similar to Study

1, were observed not only in the experimental condition but also in the control condition (where instructions were not clarified). This suggests that the impact of the instructions was not consistently clear, and further studies are needed to provide additional insights. Furthermore, while our primary focus was on examining the gender symmetry vs asymmetry debate in heterosexual couples, we encourage future researchers to investigate IPV patterns in LGTBTQ+ samples. Understanding how gender influences IPV experiences and consequences can help tailor interventions and services for different partner relationships. For instance, while men in heterosexual relationships seem to be less likely than women to experience severe, frequent and controlling IPV, men in intimate relationships with other men report similar health-related IPV consequences to those reported by women in relationships with abusive men (Scott-Storey et al., 2023). Finally, although our studies focused on the role of consequences, instructions, and a wide range of abuse on IPV victimization, our future research will explore how these factors may influence the perpetration reports among both men and women.

Conclusions

Aligned with Scott-Storey et al. (2023) argumentation, measuring IPV without considering context (e.g., consequences, severity, patterns, gender, intention…) perpetuates false gender symmetry, hindering accurate result interpretation and impeding cross-study comparisons. Our findings suggest that considering the consequences of violence, clarifying instructions, and including a wide range of abusive behaviors improve IPV detection and reveal asymmetrical victimization. Continuing to measure discrete acts of violence, as most measures do, may primarily capture situational couple violence rather than intimate terrorism (Johnson, 2006; 2015), leading to an inadequate understanding of the prevalence and nature of serious IPV among men and women (Scott-Storey et al., 2023). Therefore, future instrument development and analysis should aim to determine whether individual acts of violence are part of a chronic pattern of control, induce fear, and cause harm to physical,

mental, and social well-being (Scott-Storey et al., 2023). This could potentially contribute to resolve the gender symmetry vs asymmetry debate in IPV.

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Running head: Unveiling the Gender Symmetry debate in IPV

Table 1

Gender Differences in Reports of Lifetime IPV Victimization in a Sample of College Students on the Partner Victimization Scale (Study 1)

Item	Female Victimization	Male Victimization	X^2	*p*	*OR*
Not including horseplay or joking around, a partner…					
…threatened to hurt	11.2%	5.1%	4.07	.044	2.32*
…pushed or grabbed	18.8%	8.8%	7.16	.007	2.40**
…hit	7.7%	6.6%	.15	.69	1.17
…did unwanted sexual acts	22%	5.9%	17.53	.000	4.54**
…yelled or verbally threatened	23%	11%	8.70	.003	2.41**
Any-victimization score	39.1%	20.6%	14.58	.000	2.47***

Note. OR = Odds ratio. $^{**}p < .01$. $^{***}p < .001$.

Running head: Unveiling the Gender Symmetry debate in IPV

Table 2

Gender Differences in Reports of Lifetime IPV Victimization in a Sample of Adult Population as a Function of the Condition (Study 2)

	Female victimization	Male victimization	X^2	*p*
In PVS equal to Study 1[1]**:**				
[a]Any-victimization score				
Experimental Condition	47.6% (20)	23.3% (10)	5.52*	.019
Control Condition	33.3% (15)	7.1% (3)	9.08**	.003
In Extended PVS:				
[a]Any-victimization score				
Experimental Condition	73.8% (31)	48.8% (21)	5.58*	.018
Control Condition	53.3% (24)	42.9% (18)	.95	.328

Note. [a]Dichotomous indexes. PVS: Partner Victimization Scale. *p = < .05; **p = < .01; ***p = < .001. [1]It did include the item "beat me up" because in Study 2 (unlike Study 1) it had some variability. Between parentheses, the *n* (number of participants) in each cell.

Running head: Unveiling the Gender Symmetry debate in IPV

Table 3

Correlations between Satisfaction with Life, Psychological Health Symptoms, Posttraumatic Stress Disorder Symptoms and Consequences of IPV in Daily Life and Poly-victimization scores of IPV for Women and Men in the Control and Experimental Conditions (Study 2)

	Satisfaction with Life		Psychological Health		EGS-R		Rexperiencing		Behavioural/Cog-nitive avoidance		Cognitive alterations		Physiologic al activation		Consequences IPV daily life	
	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M
Control Condition																
[1]PVS equal to Study 1	-.17 (43)	.00 (40)	.24 (43)	.08 (40)	.29 (22)	-.21 (16)	.50* (22)	.15 (16)	.28 (22)	-.22 (16)	.18 (22)	-.19 (16)	.14 (22)	-.31 (16)	.01 (22)	.87*** (16)
[1]Extended PVS	-.26 (43)	-.03 (40)	.30* (43)	.12 (40)	.51* (22)	-.17 (16)	.71*** (22)	.19 (16)	.45* (22)	-.13 (16)	.38 (22)	-.16 (16)	.25 (22)	-.35 (16)	.24 (22)	.52* (16)
Experimental Condition																
[1]PVS equal to Study 1	-.10 (40)	.13 (41)	.17 (40)	-.23 (41)	.40* (29)	-.44* (19)	.45* (29)	-.12 (19)	.36* (29)	-.28 (19)	.42* (29)	-.52* (19)	.26 (29)	-.43* (19)	.33 (29)	.28 (19)

[1]Extended PVS	-.12	-.07	.14	-.08	.48**	-.40	.56**	-.10	.43*	-.31	.47**	-.43*	.33	-.43	.51**	.51*
	(40)	(41)	(40)	(41)	(29)	(19)	(29)	(19)	(29)	(19)	(29)	(19)	(29)	(19)	(29)	(19)

Note. [1]Poly-victimization scores: summative indexes; PVS equal to Study 1= Partner Victimization Scale with the same items than Study 1, including the item "beat me up" because in Study 2 (unlike Study 1) it had some variability.; Extended PVS = Partner Victimization Scale study 2 (PVS 1 + 13 items); EGS-R: Posttraumatic Stress Disorder Symptom Severity Scale-Revised; W = women; M = men; Control condition, sample from EGR to consequences, men (n = 18); women (n = 24); Experimental condition, sample from EGR to consequences, men (n = 21); women (n = 31). $^{*}p$ = < .05; $^{**}p$ = < .01; $^{***}p$ = < .001. Between parentheses: degrees of freedom.