

THE DIFFERENCES BETWEEN MEN AND WOMEN'S VIOLENCE:
THE ROLE OF ACCEPTANCE OF VIOLENCE IN INTIMATE PARTNER VIOLENCE

by

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(Under the Direction of Jerry E. Gale)

ABSTRACT

The theory of the intergenerational transmission of partner violence has long been the accepted explanation for partner violence. The metasytemic theory of the Ackerman Institute for the Family is utilized to explore gender-symmetry and the role of acceptance of violence in the intergenerational transmission of partner violence. This study examines the couples' intake data from a multi-couple treatment group for intimate partner violence at Virginia Tech (see Stith, Rosen, & McCullum, 2003). From the study's participants, a total sample was selected of N=248. The data was organized into 124 couples: 124 males, and 124 females. Intake data included information regarding family of origin violence; the Conflict Tactics Scales-2 (Straus et al., 1996); and two scales for acceptance of violence modified from the Inventory of Beliefs about Wife Beating (Saunders et al., 1997). Data analysis was conducted to compare men and women's partner violence in regards to prevalence or chronicity. Also, the relationships between family of origin violence, acceptance of violence, and current partner violence were explored. Self-reports of physical assault partner violence were comparable between men and women. However, males self-report more psychological aggression than their female partners do. Similarly, males reported significantly more injury of their partners than female participants did. When subjects reported on their partner's behavior there was a statistically significant difference between men's severe physical assault and women's severe physical assault. 65% of the couples in the sample reported mutual violence. For both males and females violence toward men was more acceptable than violence toward women at $p \leq .001$. For males there was a significant relationship between acceptance of violence toward women and the severity of self-reports of physical assault. There was also a significant relationship between *acceptance of violence toward men* and self-reports of physical assault for men. There was no relationship between acceptance of violence and severity of violence for females. Finally, for males, there was a statistically significant relationship between family of origin violence and self-reports for physical violence, $p = .003$. There was no relationship between family of origin violence and physical violence for females. Implications for marriage and family therapy are discussed.

INDEX WORDS: intergenerational transmission of partner violence; women's violence; gender symmetry; metasytemic theory; multi-couple treatment program; couples' data;

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B.A. State University of New York, 1990

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A Dissertation Submitted to the Graduate Faculty of The University of Georgia in Partial

Fulfillment of the Requirements for the Degree

DOCTOR OF PHILOSOPHY

ATHENS, GEORGIA

2008

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DEDICATION

I would like to dedicate this work to my mother, Geraldine F. Klock.

She is my inspiration, my rock. She is the one person who believes in me without any doubts.

Because I have her faith in me, I have learned to find faith in myself.

Mom, *you* are the wind beneath my wings!

ACKNOWLEDGEMENTS

I would sincerely like to thank Jerry Gale for all of his help and support in completing this process. Jerry, you have such a great balance between support, encouragement, and accountability that helped me keep moving. Thank you, Maria Bermudez and David Wright for all of your help in this final stretch. I would like to sincerely thank the staff at Virginia Tech who shared their data with me, especially Sandra Stith, Karen Rosen, and Eric McCollum. I would like to thank Georgeanne Schopp. Georgeanne, without your support and encouragement I don't think I could have reached my goal. You are a terrific friend, mentor, and supervisor. Lastly, I would like to thank my husband Will Powell, for all of the work that he has done to make completing this project even possible. Thank you!

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Chapter I: Introduction

The literature on the difference between men's and women's partner violence has been controversial since the 1970s when domestic violence became a topic that pioneers of the field wrote and researched. During this time, partner violence by men has been a more acceptable topic for research than partner violence perpetrated by women (Straus, 2007). This study will compare the experiences and reports of men in a couples' treatment group for intimate partner violence with the reports of their partners.

Partner violence continues to be frighteningly prevalent in our society. The U.S. Department of Justice's Bureau of Justice Statistics (Catalano, 2005) reports a decline in intimate partner violence in the United States (along with other violent crime) between 1993 and 2004. However, in 2004, the Department of Justice reports more than 625,000 intimate partner victimizations. In 2000, The National Institute of Justice and the CDC released statistics identifying that 22% of women and 7% of men report being a victim of physical assault by their partner in their lifetime (Tjaden & Thoennes, 2000). Using the U.S. population rates supplied by the census bureau this means that approximately 22,254,037 women and 6,863,352 men will experience physical assault by a partner in their lifetime. Physical assaults vary from slapping and hitting to using a gun.

National community studies find even higher rates of partner violence. Research from the National Family Violence Studies indicate that families are very violent (Straus 1999; Straus, 1980a). In this nationwide study of the general population 12% of women reported being assaulted in the previous 12-months. This violence was not usually an isolated incident. These women were assaulted an average of 6 times during the year. Women were not the only victims of violence in families; husbands were also on the receiving end of violence. Similarly, 12% of

men reported violence by their partners in the past year. Finally, 34% of adolescents between the ages of 15 – 17 reported violence by one or both of their parents in the previous 12-months (Straus & Gelles, 1988). Straus & Ramirez (2007) studied dating couples in universities in the United States and Mexico. They found no statistical differences between the prevalence rate and chronicity of severe violence between male and female dating partners.

Crime statistics in Georgia reflect a large problem as well. 45,537 men in Georgia were arrested in 2002 under the Family Violence Act while 12,903 women were arrested the same year (<http://www.ganet.org/gbi/famv.cgi>). Almost 78% of those arrested were men. Statistics regarding intimate partner violence vary significantly depending on the population and whether the study is based on a clinical or criminal population or community samples (Straus, 1999). The importance of this will be discussed further below.

Violence is defined as aggressive acts that may or may not be intended as an effort to control a partner (Johnson & Ferraro, 2000). Intimate partner violence can consist of common couple violence or intimate terrorism. Michael Johnson (1995) defines the term *common couple violence* as occasional outbursts of violence from either husbands or wives. In his writing, he differentiates common couple violence from *intimate terrorism* that is systematic violence where one partner utilizes violence as a means of controlling the other partner (Johnson & Leone, 2005).

Throughout this paper, the term partner violence is used to refer to spousal violence, marital violence, cohabitating violence, and any intimate partner violence between adults. Intimate partner violence in same sex couples is also an important issue. Unfortunately, the majority of research conducted on partner violence has focused on heterosexual couples. The dataset used for this study is composed of heterosexual couples.

There are a number of reasons why the study of the etiology of partner violence is important. First, the prevalence of partner violence in our society is significant, with 16% of couples experiencing partner violence every year (Straus, 1999). That results in partner violence being experienced by 8.7 million families each year. Second, partner violence occurs in all races (Joseph, 1997), classes (Cazenave & Straus, 1999; Steinmetz & Straus, 1974), and educational groups (Hotaling & Sugarman, 1986; Schumacher, Feldbau-Kohn, Slep, & Heyman, 2000). Although economic, educational, and occupational deprivation may be strong predictors, they are not sufficient causes for intimate violence (Kaufman Kantor & Jasinski, 1997). Third, intimate partner violence is illegal and therefore family problems may come to the attention of the legal and judicial system (Giles-Sims, 1998). Fourth, intimate partner violence has a financial cost. The CDC estimates that intimate partner violence costs more than \$5.8 billion annually (National Center for Injury Prevention and Control, 2003). Most importantly intimate partner violence has negative effects on children (Carlson, 2000; Edleson, 1999; Rossman, 2001). Finally, any violence brings down our whole society, especially violence occurring in what is for some people the unsafe domain of the family. Hannah Arendt the German Jewish political theorist (1969) has an appropriate quote, “The practice of violence, like all action, changes the world, but the most probable change is to a more violent world.”

In an attempt to understand the etiology of partner violence, many researchers look to the family of origin for an explanation. What many clinicians and the general public often accept is that partner violence is transmitted through generations in families (Straus & Gelles, 1990). Most people believe that one “learns” to be violent from either witnessing your parents being violent with each other, or from experiencing your parents’ violence as a victim of abuse or corporal punishment (Steinmetz, 1987). Kaufman and Zigler (1993) examined the research that

had tested the intergenerational transmission of partner violence hypothesis and reported that 25-35% of children were replicating their parents' violence in their adult relationships. Although 25-35% is not a majority of children exposed to violence, the rate is significantly higher than the 2 – 4% rate of violence in the general population (Gelles, 2000; Straus & Gelles, 1986). Stith et al.'s (2000) meta-analysis found a consistently significant relationship between growing up in a violent home and repeating those patterns in our adult relationships. The strength of that relationship was determined as “weak to moderate” across various studies.

This study examines the couples' intake data available from participants a multi-couple treatment group for intimate partner violence at Virginia Tech (see Stith, Rosen, & McCullum, 2003). This is unique couples' data as while there has been many studies conducted on men and women separately; there are few studies on intact couples. This dataset enables this study to explore both men and women's reports on their own behavior and their partner's behavior.

Women's role in intimate partner violence has been often minimized in the past to that of a passive victim. This study will examine women's partner violence as well as men's partner violence. This gender-inclusive approach to partner violence is contrary to popular opinions on violence. This study will question that generally accepted view.

This study will focus in on the factor of acceptance of violence using the Inventory of Beliefs about Wife Beating (Saunders, Lynch, Grayson, & Linz, 1987). The acceptability of men's partner violence both by men and by women will be explored. This empirically validated scale was then modified by the team at Virginia Tech to create an acceptance of *violence by women scale* to gather data from both men's and women's acceptance of violence (Stith, Rosen, & McCullum, 2003). This modified scale's reliability will be calculated for this study. The results of the differences between the acceptability of violence by men versus women will be

reported. Finally, the relationship between family of origin violence and the level of couple violence will be assessed using the acceptance of violence as an interceding variable.

Another relevant issue is that when researching intimate partner violence most data rely on self-report and recalled incidents from the past. Are these recollected data different for men than for women? Past research has found that men minimize their own violence more than women minimize their own or partner's violence (Edelson & Brygger, 1986; Szinovacz & Egley, 1995; Stets & Straus, 1990). Self-report and partner-report data will be utilized in this study to minimize the discrepancies of relying on self-report data alone.

In summary, this study will examine the experiences and reports of couples completing intake data for participation in a multi-couple domestic violence treatment group to answer the following questions. Are women as violent as men? Is men's partner violence more acceptable than women's partner violence? Does acceptance of violence play a role in the intergenerational transmission of partner violence? The implications of these issues of women's partner violence, the acceptance of violence, and the disparity of self-reports on the legal system and in counseling interventions will be discussed.

Chapter II: Literature Review

This chapter will provide a review of literature concerning theories of intimate partner violence, the research history of intergenerational transmission of partner violence, and discuss current controversies in the field regarding gender symmetry in intimate partner violence. This literature review will demonstrate the context for this study's research questions.

Theories Used to Explain Partner Violence

Historically, theories regarding the study of domestic violence have involved three major focuses or schools of thought (Gelles 1983; Kaufman Kantor & Jasinski, 1997). These perspectives are 1) intra-individual theories; 2) social-cultural theories; and 3) social-psychological/family systems theories (Bersani & Chen, 1988; O'Leary & Murphy, 1992). These three perspectives are important to differentiate because the different theories lead to different political stances, different assessment techniques, treatment options, and influence the subjects studied. The theory influences the view of the primary problem, which affects the goals of treatment and the level of intervention (O'Leary & Murphy). These perspectives are not necessarily as exclusively distinct as presented here. Instead, the differences are highlighted to illustrate how professionals informed by the different theories could have different approaches to intervention and research.

Intra-individual theories include a focus on the individual psychopathology of either the perpetrator of the violence or the victim. Some of the issues explored by intra-individual theories are the relationship between alcohol and drug use and battering; studies on the self-esteem of the batterer; exploration of the personality of the perpetrator; explosive personality disorders, and other neurological; physiological and psychological pathology to explain the use of violence (Dutton, 1994; Holtzworth-Munroe & Stuart, 1994; Hudson & McIntosh, 1981;

Miller, 1994; Roy, 1977). O'Neill (1998) uses a postmodern analytical perspective of discourses to group theories of domestic violence. O'Neill considers the individual explanation of pathology as causing violence as informed by a medical model of human behavior. By utilizing medical jargon such as pathology, cure, disorder, and symptom, these theories imply that partner violence is a disease or illness in need of a cure. The cause of the problem is understood to be within the individual. Context and relationship are not considered as part of the problem, nor as a potential for intervention. O'Neill explains the intergenerational transmission of partner violence as akin to a hereditary disease.

Theories that investigate and attempt to explain the personality traits of the victim would also fall under the category of intra-individual theories. O'Neill gives the example of the Freudian Masochistic Model (Deutsch, 1944) as the ultimate victim precipitation model. In this model women are said to have an unconscious need for suffering and to gain pleasure from pain so they provoke their partner's violent behavior (McIntyre, 1984; McMaster & Swain, 1989; Walker, 1986). However, there are no scientific data to indicate that women like to be beaten (Gelles, 1983) and most victim behavior discussed in these theories is most likely a result of the violence rather than a precipitous cause (Walker, 1979).

Social-cultural theories consider social location (risk marker studies that look at class, education, and income), socio-historical perspectives such as the politics of gender, and the influences of social structural and family processes (Kaufman Kantor, Jasinski, & Aldorondo, 1994; Straus, 1973). Feminist theories regarding the male dominated social structure, the socialization of gender roles and the use of power and gender in a patriarchal society also fall under this social-cultural perspective (Bograd, 1988; Pagelow, 1984). The feminist socio-political perspective influences interventions and treatment options. Feminists who see wife

abuse as a consequence of the normative social system and a product of sex role socialization are going to emphasize the need for safety planning for the victim. Interventions are likely to be separated by gender with female victims being empowered to leave their abusive partners. Male perpetrators are encouraged to breakdown their minimization and denial with an emphasis on promoting taking responsibility for their violent behavior (O'Leary & Murphy, 1992).

Finally, there are the *social-psychological/family system* theories. Studies and interventions following this social-psychological/family system perspective are more likely to be couple specific or relational in view versus gender specific, such as theories under the social-cultural perspective. Within the realm of social psychological theories, violence could be explained as an expression of inner tension, an anger problem that the individual has never learned alternative methods to cope with.

These theories explain social learning through experience and exposure to violence in the family. In social learning theory, violence is considered learned from observing models' behavior. This theory has received support in laboratory studies (Bandura, 1973; Bandura, Ross, & Ross, 1961) and in survey research (Owens & Straus, 1975). Social learning theory predicts that children learn violent behavior by observing their parents resolving conflict by utilizing violence. These children then go on to model these violent roles in their adult relationships (Steinmetz, 1987). There are many questions about what is actually learned in the social learning of violence (Alexander, Moore, & Alexander, 1991). One possibility is that that using violence is seen as a "coping strategy" for resolving conflict (Herrenkohl, Herrenkohl, & Toedter, 1983). The social-learning and role-modeling theories explain that children replicate the observed violent behavior in their own adult relationships with their adult partners and their own children (Bandura, 1973; Steinmetz, 1977, Walker, 1979).

Systems theory is a grand theory that is employed by marriage and family therapists to explain behavior in families. It looks at behavior as a result of the interaction of parts of the system. Individual motivation is not enough, human behavior can only be understood contextually (Nichols, 1988). Systems theorists believe that intervention at any point in the system will produce changes throughout the system. The idea of circular causality has been applied to intimate partner violence. “There are marital conflicts that help to produce marital violence or to set the stage for its appearance” (Nichols). Ideas like these are perceived by researchers from other perspectives as ‘blaming the victim’ (McConaghy & Cottone, 1998).

Contextual theories are a type of system theory. These contextual theories look at family systems over generations. What goes on in one generation will be passed on to the next generation through a projection process (Bowen, 1978; Boszormenyi-Nagy & Ulrich, 1981). Research bears this out, “Boys who witness their fathers assaulting their mothers are at extremely high risk of becoming batterers themselves (Jaffe, Wolfe, & Wilson, 1990). One study found that seventy-five percent of men who abuse their wives observed violence between their own parents (Jaffe, Wilson, & Wolfe, 1987). Systems theory espouses that problems are not in one person but in the whole system, which in this case can be any part of an intergenerational system.

Explaining partner violence by looking at the family of origin is a popular understanding of the phenomenon in our culture. This is a simplistic explanation that Gelles (1983) warns against:

“... Many people expect that *all* victims of childhood violence will grow up to be violent adults. And it is expected that individuals who are not exposed to violence as children will grow up to be nonviolent. Such is not the case. Indeed, if it were, we would have one of the truly rare social scientific findings – a unicausal phenomenon” (p 153).

Gelles (1985) anticipated an integration of theories to explain partner violence. Partner violence is best explained by a combination of causes that cross the delineation lines given here between the different types of theories (O’Leary & Murphy, 1992; O’Leary & Vivian, 1990). But in order to explain researchers’ perspectives, theoretical approaches, and inherent biases an examination of these differences can be useful.

How this study utilizes theory

Theory and the intergenerational transmission of partner violence

The above discussion illustrates the ideological division in the field of domestic violence research and in explaining the intergenerational transmission of partner violence. Virginia Goldner (1998) advocates a “both/and” approach to incorporating many theoretical languages and therefore the ability to utilize many clinical styles. This study requires a theory of intimate partner violence that would be inclusive of the individual system, the social-cultural system, and the family systems that the couple is embedded in. It is also very important that a theoretical explanation for violence cannot ignore *accountability* for violence.

“There has to be the most comprehensive theory possible without compromising the moral position that people must take responsibility for their actions” (Downey, 1997 p. 77).

This study will utilize the metasystemic approach developed by the therapists at the Ackerman Institute for the Family to explain partner violence from a non-gendered perspective. The Gender and Violence Project makes use of reconstructive therapy, which encourages conjoint and family work while emphasizing safety. Their hybrid metasystemic theory is that intimate partner violence is determined by many factors. Partner violence is caused by an abuse of power as well as escalations within the relationship dynamics of the dyad. The theory is also inclusive of individual factors: 1) the internalization of early relationships (learned behavior,

including learning that violence is acceptable); 2) neurobiological predispositions (possibly genetic predispositions to aggression); and 3) trauma history (witnessing or experiencing family violence or other trauma) (Greenspun, 2001).

The metasystemic theory sees violence as both an *instrumental* and *expressive* act (Greenspun, 2001). Feminist critics of the systemic approach see all violence as *instrumental*. Violence is an instrument of power and is used as a tactic to control women (Avis, 1992). Clinicians from the system perspective see violence as an *expressive* outgrowth of anger and conflict, with both partners capable of violence (Gelles & Straus, 1979). The metasystemic view is that violence can be both instrumental and expressive at the same time, given the context and the perspective of those involved (Greenspun). This division of perspective will be revisited later with the discussion of the different types of partner violence, *intimate terrorism* versus *common couple violence* (Johnson, 2005).

Theories chosen for research reflect the values of the researcher. They are also a result of the development of scientific paradigms of their time. By framing this study with a mid-range theory that is inclusive of intra-individual theories, social-cultural theories, and social-psychological/family systems theories it is hoped there will more universality of ideas and applicability of the current research.

Theory and women's partner violence

The controversy over women's partner violence is caused by the lack of fit between the social-psychological/family systems theories and the social-cultural theories of partner violence; especially the feminist theories that explain violence as a product of a male dominated social structure and a social system of sex role socialization. In some ways, researchers from the two perspectives often seem to be comparing apples to oranges. The metasystemic approach is

useful in bridging the gap from the different theoretical perspectives because it contains individual explanations for partner violence, a systems understanding of the dynamics in violent couples, and its treatment emphasizes the importance of social control and the resocialization of egalitarian viewpoints. The theory and practice of the therapists at the Ackerman Institute are still very feminist informed. Although they acknowledge that women can be violent, they emphasize violence by the men in their treatment program (Greenspun, 2001). It would be interesting to explore the make-up of clients that they see. Could women being abused by their husbands be more likely to present for couple's treatment for violence than men feeling abused by their wives? Societal beliefs about the nature of partner violence could affect who presents for treatment.

There is a societal perspective that women are non-violent nurturers in their families. Yet women abuse children and women can be violent with their partners. One reason that the National Family Violence Studies have been criticized is because they countered the perspective that people like to hold about family life (Straus, 1980b).

“Is the normative social order in families one of harmony and peace or conflict and violence? Publicly, at least, we think of the family as a loving, tranquil, peaceful social institution to which one flees *from* stress and danger. Privately, the family is perhaps society's most violent social institution (Straus, Gelles, & Steinmetz, 1980).

This focus on understanding violence by women is in no way intended to minimize violence done to women. Violence against women is a significant issue worthy of the research attention and advocacy conducted to end violence against women. Prior to the women's movement, violence by men was considered more acceptable in American society than it is today. The concern here is that *any* violence in the context of the family should be considered unacceptable, no matter what gender the perpetrator.

History of Research on the Intergenerational Transmission of Partner Violence

This historical review will document the evolution of the study of *the intergenerational transmission of partner violence*. Thomas Kuhn describes the evolution of scientific theories as consisting not of a linear accumulation of knowledge but undergoing periodic revolutions that he called “paradigm shifts.” Kuhn (1970) describes the evolution of scientific revolutions as being made up of three distinct stages. First is *pre-science*, which lacks a central paradigm. The second stage consists of *normal science*, when researchers add to the central paradigm by *puzzle-solving* and *mopping-up*. Third stage is a when a paradigm shifts and a new paradigm emerges causing a *scientific revolution*.

Research on the intergenerational transmission of partner violence has developed according to Kuhn’s stages. In the 1970’s domestic violence was only beginning to be studied, similar to Kuhn’s pre-science stage. The following literature review will describe the evolution of research on the intergenerational transmission of partner violence. This historical analysis is an attempt to place this study in perspective within the larger context of this research paradigm (see timeline Table 1).

Pre-science - Absence of research prior to 1970

Family violence was not even written about in the field of family studies until the 1970s (O’Brien, 1971). This is because historically violence has been considered a private family issue, one that outsiders had no reason to explore (Ooms, 2001). Women and children were seen as property. Early researchers on partner violence felt that the husband’s right to dominate and control his wife and to use physical force to do so was deeply embedded in American culture (Steinmetz, 1987). It was not until almost 1900 that the “thumb law” was removed from the law books in the state of Georgia; this law stated that it was legal to beat your wife if the weapon

Table 1. Timeline for evolution of the intergenerational transmission of partner violence

1970's Pre-science	1980's Normal science	1990's "Puzzle-solving"	2000's "Mopping-up"	The Future A possible paradigm shift in partner violence research?				
<p>1977 Steinmetz describes the intergenerational transmission of partner violence</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-right: 1px solid black; vertical-align: top;"> <p>National Family Violence Surveys Conflict Tactics Scales Studies on risk markers for domestic violence</p> </td> <td style="width: 25%; border-right: 1px solid black; vertical-align: top;"> <p>What is transmitted in the intergenerational transmission of partner violence? Controversy between advocates and researchers Controversy between using crime, or clinical data versus community data Research on more diverse ethnic groups</p> </td> <td style="width: 25%; border-right: 1px solid black; vertical-align: top;"> <p>Meta-analyses Batterer Typology Gender Symmetry in partner violence</p> </td> <td style="width: 25%; vertical-align: top;"> <p>New understandings of the intergenerational transmission of partner violence would have to incorporate research on batterer typology and gender symmetry in partner violence</p> </td> </tr> </table>					<p>National Family Violence Surveys Conflict Tactics Scales Studies on risk markers for domestic violence</p>	<p>What is transmitted in the intergenerational transmission of partner violence? Controversy between advocates and researchers Controversy between using crime, or clinical data versus community data Research on more diverse ethnic groups</p>	<p>Meta-analyses Batterer Typology Gender Symmetry in partner violence</p>	<p>New understandings of the intergenerational transmission of partner violence would have to incorporate research on batterer typology and gender symmetry in partner violence</p>
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used was smaller than the man's thumb (Schechter, 1982) adding legal legitimacy to partner violence.

Research in family journals on family violence began in the 1970s and 80s with papers consisting primarily of prevalence rates and case studies (Steinmetz, 1987). Children exposed to marital violence were not a subject of study until 1975 (Holden, 1998). Today, being exposed to marital violence as a child is considered abuse and is also considered a crime (Jaffe, Sudermann, & Reitzel, 1992). The study of family violence then made a dramatic leap in the 1980's, "In 1985 alone, three new academic journals on family violence were created to accommodate this new area of knowledge" (Hotaling & Sugarman, 1986, p. 101).

The intergenerational transmission of family violence paradigm

In 1977, Suzanne Steinmetz wrote, “Those who have witnessed or experienced family violence during their childhood tend to approve of the use of violence and use violence themselves to resolve family conflicts in adulthood” (p. vi). There is a commonly held belief in our society that abused children grow up to be abusers. This explanation was repeated so often in professional and popular literature that it was considered by many to be a “deterministic truism” (Gelles, 1990).

In the early 1990s there were a number of researchers who pointed out the lack of empirical evidence to support this “fact” of intergenerational transmission of partner violence, and called for studies to examine the relationship between family of origin violence and adult partner abuse (for example, Hotaling & Sugarman, 1990; Kaufman & Zigler, 1993). This is the development of normal science according to Kuhn (1970). The initiation of a new paradigm of scientific thought must be sufficiently *unprecedented* to attract researchers away from competing modes of scientific activity and sufficiently *open-ended* to leave all sorts of problems for research. A plethora of academic research commenced in this area.

National Family Violence Surveys

In the 1980’s Straus and Gelles became leaders in the field, gathering representative data of family violence in the United States (Straus, 1998). Up until this time research on family violence was restricted to specific populations such as criminal or clinical data. Studies based on these specialized populations are subject to the “clinical fallacy” (Straus, 1990b). The clinical fallacy asserts that families that seek the intervention of the police or battered women’s shelters may be substantially different from families that experience the same violence but do not seek any outside assistance (Straus). These groups are different from the general population and

studies of these populations may lead to different results and conclusions (see Berns, Jacobson, & Gottman, 1999; Johnson, 1995; Stith et al., 2000). The National Family Violence Surveys (NFVS) were designed to investigate issues of prevalence, and go beyond the “individual pathology” model of family violence and were able to explore underlying social causes, including questions of violence and race, violence and gender, etc. (Gelles, 1974; Straus, 1999; Straus et al., 1980).

These studies contributed a large amount of information to the study of intergenerational transmission of violence including prevalence rates, identification of risk markers for family violence, and a beginning to understanding some of the moderating variables in the intergenerational transmission of partner violence (Straus & Yodanis, 1996). One of the most important contributions that the NFVS made to the study of family violence was the development of the assessment instrument, the Conflict Tactics Scales (CTS) (Straus, 1979).

The investigation of risk markers

For the use of this paper a risk factor will refer to an attribute or environmental exposure that is associated with the increased probability of involvement of spousal violence (Last, 1983). It is important to keep in mind that risk factors are predictors or correlates of the violence and not an outcome or result of exposure to violence (Sugarman & Hotaling, 1989).

Following Kuhn’s (1970) stages of scientific revolution, the 1980’s were a rich period for normal science or *puzzle-solving* research in the intergenerational transmission of partner violence. There were a large number of studies, many using the NFVS data, that investigated the ‘risk markers’ for partner violence (for example see Hotaling & Sugarman, 1984, 1986; Straus, 1991a; and Sugarman & Hotaling, 1989). These works utilized multivariate techniques to identify factors identified with partner violence. Low *socio-economic status* was correlated with

higher levels of partner violence (Hotaling & Sugarman, 1986; Sugarman & Hotaling). *Ethnicity* and *Race* have been controversial risk markers for family violence. Rates of partner violence are highest among Hispanics when compared with blacks or whites, and higher among blacks compared with whites (Hampton & Gelles, 1991; Straus & Smith, 1990). Later studies revealed that these differences are minimal when other risk factors such as socio-economic status are controlled for (Gelles, 2000). There was a link found between low levels of *education* and increased rates of partner violence (Hotaling & Sugarman, 1986). Finally, a low level of *marital satisfaction* has also been identified as a risk marker for partner violence (Hotaling & Sugarman, 1986). Sugarman & Hotaling later pointed out, “Risk markers are highly correlated with each other, consequently it is quite possible that the various risk markers are not independent of each other and may represent underlying latent variables” (p. 1036).

The most widely accepted risk marker for partner violence is a history of family of origin violence (Arias, 1984; Kalmuss, 1984, Straus et al., 1980). Witnessing parental violence has been significantly associated with adult partner violence. Clinical population surveys support the national survey data and demonstrate high levels of cross-generational violence in 42 – 81% of families (Bowker, 1983; Fagan, Stewart, & Hansen, 1983; Kaufman Kantor & Jasinski, 1998; Walker, 1984).

Much support could be found in the literature for the influence of family of origin violence on men’s partner violence. Violent men were more likely to witness and experience violence in their family of origin (Hotaling & Sugarman, 1984; Sugarman & Hotaling, 1989). This relationship between witnessing parental violence and subsequent adult partner violence was stronger for males than females (Pagelow, 1984), but women do experience the same

dynamic as men. Violent women were more likely to witness and experience violence in their family of origin (Hotaling & Sugarman; Sugarman & Hotaling).

The effect of experiencing parental violence through corporal punishment on the intergenerational transmission of partner violence has had mixed support. Some researchers found that experiencing violence may be a weaker predictor for adult partner violence than witnessing partner violence (Pagelow, 1984, Simons & Johnson, 1998; Sugarman & Hotaling, 1989). Later researchers found a significant link between experiencing family of origin violence and being a *victim* of partner violence (Ornduff, Kelsey, & O'Leary, 2001; Stith et al., 2000). Experiencing family violence may serve more as a specific model for future parent-child aggression than as a general model for any kind of family violence (Kalmuss, 1984). These findings generally supported the intergenerational transmission of partner violence model.

The process of transmission and what is transmitted versus risk markers

In the 1990's intergenerational transmission of partner violence research continued the puzzle-solving stage of scientific revolutions (Kuhn 1970) by attempting to go beyond the question of whether there is an intergenerational transmission of partner violence, and asking questions of what is being transmitted, and what is the process of transmission? (See Alexander et al., 1991; Corvo & Carpenter, 2000). Another example is the work of Capaldi and Clark (1998) who criticized researchers for overemphasizing the role of witnessing aggression between parents. They investigated the effect of unskilled parenting in a prospective study on the parenting practices of the next generation, which may contribute to the presence of family violence.

Another group of studies investigates the lack of conflict management skills and sees violence as a learned coping skill for dealing with conflict (Gottman et al., 1995; Halford,

Sanders, & Behrens, 2000; Herrenkohl et al., 1983; and O'Leary, 1988). Straus and Yodanis (1996) look at the role of depression, approval of violence, and marital conflict, as mediating variables in the intergenerational transmission of partner violence. Finally, there are also researchers investigating the level of couples' differentiation as a product of family of origin violence and than an influence on current levels of partner violence (Rosen, Bartle-Haring, & Stith, 2001).

Meta-analysis to state what we do know about risk markers

Around the turn of this century, *intergenerational transmission of partner violence* research reached a type of a climax that parallels Kuhn's (1970) *mopping-up* stage. Research on risk markers culminated in a number of meta-analyses conducted. Various researchers (for example Archer, 2002; Stith et al., 2000; Schumacher et al., 2000; Wolfe, Crooks, Lee, McIntyre-Smith & Jaffe, 2003) provided meta-analyses to summarize the diversity of findings of the numerous empirical studies investigating risk markers. Stith et al. (2000) conducted a meta-analysis that included studies based on the validity and reliability of the measures used, adequate sampling techniques, and a subjective rating of quality that incorporated 39 empirical studies. Their analysis determined that there is a weak-to-moderate relationship between growing up in an abusive family and later participation in a violent marital relationship. This relationship was determined to be statistically significant for both men and women. Clinical studies did produce stronger relationships between family of origin violence and adult partner violence than samples drawn from the general population (Stith et al., 2000).

Other research conducted around the year 2000 were mostly summarizations of the empirical studies of the 1980s and 90s for specific readers, i.e. physicians, nurses, and marital therapists, summarizing research on risk markers to help identify victims of family violence in

their practices (see for example Holtzworth-Munroe, Smutzler, & Bates, 1997; Holtzworth-Munroe, Smutzler, & Sandin, 1997; Riggs, Caulfield, & Street, 2000; Schumacher et al., 2000). These writings utilize the empirical research that has been undertaken and then summarize it for clinical use.

Typologies of batterers

An exciting current development in the violence literature that affects the study of the intergenerational transmission of partner violence is the typology of batterers (i.e. Chase, O'Leary, & Heyman, 2001; Dutton, 1988; Greene & Bogo, 2002). Michael Johnson (1995) defines the term *common couple violence* as occasional outbursts of violence from either husbands or wives as different from patriarchal terrorism, which is defined as systematic male violence. Johnson later redefines *patriarchal terrorism* as *intimate terrorism* but still asserts that men are more likely to use *intimate terrorism* than women are (Johnson & Leone, 2005). More recently, he has added a third typology of intimate partner violence to include *violent resistance*, which is violence utilized in response to intimate terrorism (Johnson, 2005). His research proposes that physical violence is embedded in relational contexts of power and control and is different and more harmful than violence not associated with power and control dynamics (Johnson, 1995). These ideas of different types of partner violence fits with the metasystemic approach that explains partner violence by both individual issues such as sociopathology as well as escalating partner dynamics (Greenspun, 2001).

Johnson asserts that the violence described by the NFVS and the violence commonly observed by battered women's advocates are contextually different kinds of violence (Johnson, 1995). This fits with metasystemic theory that acknowledges that violence can be instrumental and expressive at the same time given the context and perspective of those involved (Greenspun,

2001). This idea that there may be different types of violence explains the prevalence of men's partner violence versus women's partner violence in clinical and crime data. Intimate terrorism may lead to the types of injuries that are more often seen in a hospital or are more likely to get the attention of law enforcement. The different types of violence are dangerous, but overall Johnson describes common couple violence as mostly consisting of minor violence. Johnson's work was an attempt to bridge the gap between the community samples of the NFVS and the clinical samples that inform advocates' experience.

Jacobson and Gottman (1998) researched conflict in violent couples in the laboratory. They were surprised to find two distinct groups of violent men. They labeled the first group "Pit Bulls." These men got angry in conflict, appeared to have little coping skills for handling conflict, and would be verbally aggressive in the lab. Pit Bulls heart rates would increase, as they got angrier. The second type of violent men that they found in the lab they labeled "Cobras." These men handled conflict differently, they calmed down in the face of conflict, and their heart rates actually decreased. These men were considered more dangerous and more likely to have a sociopath label. These studies support Johnson's (1995) observations that there may be two distinct groups of batterers with different reactions to conflict. There is the possibility that these different types of violent men will have different responses to intervention (Berns et al., 1999; Jacobson & Gottman, 1998; Waltz, Babcock, Jacobson, & Gottman, 2000).

Stith et al. (2000) also found support for different types of batterers. Their meta-analysis of the studies of the intergenerational transmission of partner violence found significant differences between the relationship between observing and experiencing violence in the family of origin for clinical studies versus general population research. Their conclusion is that there

may be different etiologies for the two groups. This may add support for the idea that there are different typologies of batterers that are more represented in the different research samples.

Finally, Gondolf (1997) investigates the effectiveness of batterer intervention programs. There is the possibility that certain treatment options may be more appropriate for certain types of batterers such as counseling interventions. Criminal punitive proceedings may be more appropriate for other types. Clinical interventions that address the different needs of different types of partner violence could protect those most at risk for future violence (Cavanaugh & Gelles, 2005).

Researchers are working on methods to differentiate between the types of batterers to better understand partner violence and to design effective interventions (Holtzworth-Munroe, Smutzler, & Sandin, 1997). Understanding variations in batterer type could affect victim safety, the course of the marital relationship, and the effectiveness of therapy. Contradictions and confusion in partner violence research may be explained by the failure to differentiate between batterer types (Berns et al., 1999; Johnson, 2005).

The future of the intergenerational transmission of partner violence paradigm

Although there are still holes in the research paradigm and mopping-up work that can be done, the future research on partner violence is more likely to follow the fate of other research paradigms, the field is moving on. There is a revolution coming in the need to consider and explain gender symmetry in partner violence. Also, differentiating between typologies of batterers will determine the appropriate intervention for different cases (George, 2007; Simpson, Doss, Wheeler, & Christensen, 2007). Batterers who execute violence in order to control their partners through intimate terrorism would more likely benefit from individually focused interventions such as batterer groups or extended incarceration within the justice system.

Couples who experience common couple violence may benefit from skills work that they would ideally learn in a multi-couple group such as the one this study utilizes. The intergenerational transmission of partner violence will become part of the research on intimate partner violence history, but it will no longer be a topic of focused research.

Variables related to partner violence

Acceptance of Violence

Past research on attitudes towards violence has had interesting results. Straus, Kaufman Kantor, & Moore (1997) reported on four surveys given in 1968, 1985, 1992, & 1994. All four surveys posed the questions, “Are there any situations that you can imagine in which you would approve of a husband slapping his wife’s face?” and “Are there any situations that you can imagine in which you would approve of a wife slapping her husband’s face?” Respondents could answer Yes or No.

The researchers investigating these attitudes about violence also asked, “Under what circumstances would slapping a spouse be acceptable behavior?” No respondents in the 1968 survey said to defend oneself or to protect a child. 72% said it would be acceptable if a husband slapped his wife because she was unfaithful. 75% approved of a wife slapping her husband if he was unfaithful (Straus et al., 1997). It seems by these results that infidelity or jealousy could be commonly used to justify spousal violence.

The percent of the US populations who approve of a husband slapping his wife’s face decreased steadily from over 20% in 1968 to less than 10% 1994 (Straus et al., 1997). The decrease is reported to be statistically significant. This decrease in approval of men’s physical violence may be because of the large efforts of the battered women’s movement to educate the

public about wife abuse. Controlling for other variables the change seems to indicate a change in culture versus a change in other demographics.

The same studies measured attitudes toward violence by women, and these attitudes did not show the same change over time. Although approval of a husband slapping his wife decreased sharply from 1968 to 1994, approval of a wife slapping her husband remained almost identical over the 26 years at about 22% (Straus et al., 1997). The reasons that violence by women is not thought of in the same way as violence by men will be discussed more extensively later. What is important here is that more than 20% of the U.S. population consistently has approved of violence by women against their partners.

Past research has shown that there is no difference between husbands and wives in regards to attitudes being consistent with behavior. Both husbands and wives who believe that slapping one's spouse is normal are more likely to have pushed, slapped, or thrown something at their spouse than those with an anti-violent attitude (Dibble & Straus, 1999). However, the relationship between attitudes and behaviors is influenced by other factors. The findings suggest that consistency between attitude and behavior depends, not simply on a person's attitude, but also on social-structural factors that reinforce or inhibit violent behavior. Roles and life circumstances can contribute to or discourage partner violence. Consistency can also occur by being in life circumstances that make it unnecessary to engage in the behavior believed to be wrong (Dibble & Straus). For example, if a woman believes that partner violence is wrong *and* lives with a partner who believes that violence is wrong, and their friends and extended family share those beliefs it will be easy to imagine that couple abstaining from partner violence.

Ball-Rokeach (1973) reported a weak association between attitudes that favor violence and violent behavior. Straus (1977) found only a low positive relationship between approval of

marital violence and violent behavior. “What we actually end up doing is always influenced by a host of factors, such as what a spouse does, how much money we have, or what our friends think of us” (Dibble & Straus, 1999, p. 168).

According to Ball-Rokeach (1973), the reason for the lack of association between attitudes that favor violence, and violent behavior is that violence and norms about violence are primarily interpersonal rather than intrapersonal. One, therefore, should not expect a causal connection between attitudes and behavior when the attitudes and behavior of only one interacting party are taken into account. For example, in order to study the attitude-behavior consistency of wives with respect to domestic violence, it is necessary to take the attitudes and behavior of the husband into consideration (Dibble & Straus, 1999).

Violent behavior by the spouse has a much greater impact on the respondent’s violence than the respondent’s own attitudes about violence. The consistency between attitude and behavior is greatest among those respondents who have pro-violence attitudes and a violent partner (Dibble & Straus, 1999). This study will utilize couple’s data so that both partners’ attitudes and behavior can be taken into consideration.

Gender Symmetry and Partner Violence

The topic of gender and partner violence is controversial amongst researchers. There are many interesting articles written regarding women’s partner violence (for examples see Bograd, 1984; Flynn, 1990; Jacobson, 1994a; Pagelow, 1984, Steinmetz, 1987; and Straus, 1999). There is agreement in the field that women’s partner violence is not qualitatively the same as men’s partner violence. Women are more likely to hit in self defense (Pagelow) or to be retaliating for previous abuse (Jacobson, 1994b). Women’s partner violence is usually less severe than men’s

partner violence and is less likely to result in injury (Straus, et al., 1980). Women are much less likely to use violence as a means to dominate or control their partner (Jacobson, 1994b).

Nonetheless, community studies (Straus et al., 1980) and more recent studies involving international college students (Straus, 2004; Straus & Ramirez, 2007) show that in 25% of the relationships where there was couples' violence men were victims but *not* offenders. In 25% of the violent relationships, women were victims but not offenders. In 50% of the couples where there was partner violence, both men and women were violent. Fiebert (2004) found over 200 published journal articles that support equal rates of partner violence for men and women, yet this "fact" continues to be controversial. Some of the reasons that gender symmetry of partner violence is difficult to accept are: the cultural acceptance of male power and male violence; gender stereotypes about men and women's roles; the movement to end partner violence was led by feminists; men predominate in crimes known to the police; and there is general empathy for and concerns about the unfair treatment of women victims (Straus & Scott, 2008).

One concern of studies that demonstrate gender symmetry of partner violence is that the articles do not explain whether the women's partner violence was retaliatory or in self-defense (Gelles, 1985). However, empirical evidence does not support that women's violence is more often conducted in self-defense (Straus & Scott, 2008). Self-defense is identified as a motive for less than 20% of women and men's partner violence (Cascardi & Vivian, 1995; Follingstad, Wright, Lloyd, & Sebastian, 1991).

While there may be basis for gender symmetry in prevalence of partner violence and the use of self defense, there are significant gender differences in injury. Men cause more partner injury and death due to their partner violence (Straus & Scott, 2008). This information supports

the use of resources to intervene on the behalf of female victims of partner violence as male's violence is more injurious.

Although Walker (1984) minimizes the importance of violence by women (Steinmetz, 1987), her study found that 29% of her "battered women's" mothers had been violent with their husbands and 15% admitted to using violence against their spouses. Steinmetz argues that,

"to deny the existence of women's use of violence also denies them legitimate access to resources that may reduce the stress and conflict that result from the multiple roles faced by women today, and that may help them to develop nonviolent forms of interaction" (p. 728).

Finally, when the results of the two National Family Violence Surveys were compared the second-survey found a 6.6% *reduction* in overall husband-to-wife violence, while overall wife-to-husband violence *increased* in the same ten years by 4.3% (Straus, et al., 1980; Straus & Gelles, 1986; Straus, 1991c). Past research has shown that there is no difference between husbands and wives in the rate of minor violence against their spouse (Dibble & Straus, 1999). Researchers need to recognize that violence by women is a legitimate area of investigation (Flynn, 1990). Current research in the field is legitimizing the study of women's partner violence (Blasko, Winek, & Bieschke, 2007; Flemke & Allen, 2008). The issue is not whether men's partner violence or women's partner violence is justified, but what is the effect of witnessing and experiencing any family violence on the next generation?

The reason that studying the intergenerational transmission explanation of partner violence is important is that children are witnessing and or experiencing violence in their family of origins. These children learn from what they observe and experience growing up. Children learn lessons about life, marriage, how to resolve conflict, what acceptable behavior is, and what to expect from themselves and their partners. Whichever parent was the aggressor, these children learn to accept and expect violent behavior in their adult relationships. If there are

issues of power and control, these may also be internalized, but this study is primarily concerned with observable violent behavior regardless of whether it is intended or perceived as instrumental or expressive violence.

Use of Couple Data

People underreport their own violence because partner violence is socially undesirable. This systemic measurement error may be because victims and aggressors may deny the violence even to themselves, or they may fail to report existing violence to provide a socially acceptable image of their marriage or themselves (Dutton & Hemphill, 1992). Among couples where at least one spouse reports violence, only one spouse typically admits to violent behaviors (Szinovacz & Egley, 1995).

Data collection methods influence perceptions of social desirability and consequently affect the reporting of partner violence. Spouses are more likely to deny violence during a face-to-face interview than if they just submit questionnaires to an interviewer (Szinovacz & Egley, 1995). It seems the anonymity of a written questionnaire makes it easier to admit the socially undesirable behavior.

Women have been found to report higher frequencies of violence than their male partners do. When a particular violent behavior is reported to have occurred, there is almost always a difference between the man's self-report and the woman's report, with the woman most often reporting higher frequencies of behavior. Agreement exists primarily when there was no violence reported by both the victim and the abuser (Edleson & Brygger, 1986). Other research has demonstrated that there are differences in self-reports of violence based on the severity of violence. Men seem to underreport their own severe violence more than women do (Dobash, Dobash, Cavanagh, and Lewis, 1998; Szinovacz & Egley, 1995).

“The findings on gender differences in reporting violence show that, for “minor only” violence such as slapping and throwing things, the gender of the respondent makes no difference in either the victimization rate or the offense rate. However, when more severe types of violence are measured, such as punching, choking, and attacks with weapons, the rate of violence by men is much higher when based on interviews with women than when based on interviews with men. It is possible that some women make false allegations of violence by men, but we think it is unlikely that this occurs very often in anonymous interviews. We suggest that the difference occurs because of men underreporting severe assaults against their partner. Consequently, incidence rates for severe assaults on women based on interviews with men should be treated with skepticism” (Stets & Straus, 1990, p. 162).

Men underreport both their own violence and their partners’ violence in their relationships. The fact that men underreport is supported by former batterers who say that they initially denied or minimized the extent to which violence occurred in their relationships. Reasons for a man’s underreporting may include fear of legal consequences, delays in reuniting his family, or simply a desire to avoid facing the severity of his violence (Edleson & Brygger, 1986).

Szinovacz and Egley (1995) explain why couple’s data are better than one-person data, especially for socially undesirable behaviors such as marital violence. The assumption has been made that most disagreement results from underreporting versus one partner over reporting. The use of couple data decrease the reporting bias. Analysis based on couple scores produce more accurate models of violent behavior than analyses relying on one-partner data (Szinovacz & Egley).

Rates of partner violence that are based on couples’ responses differ considerably from those based on one-partner scores. Szinovacz and Egley’s (1995) research indicates that comparisons of reports of violence by either spouse using one-partner data would suggest that one-partner data would underestimate violent incidents by between 50% to 56% for wives and by between 60% to 83% for husbands. The gender difference in underreporting is more pronounced

for injuries: Wives underreport injuries by 43% (own injury) and 54% (husband's injury), whereas husbands' reports would have to be doubled to achieve rates reflected in the couple data. These findings support earlier research, which has also shown higher violence estimates for couple data, when compared with one-partner data, and has revealed gender differences especially in reporting of severe violence (Szinovacz & Egley).

Conflict Tactics Scale

The CTS is the most widely used instrument in collecting family violence data (Schumacher et al., 2000; Straus & Kaufman Kantor, 1994; O'Leary & Murphy, 1992; Straus, 1990a). The CTS measures behaviors (or tactics) used in a conflict in the past year. It normalizes conflict and behaviors done in response to conflict to help decrease the effect of reporting socially undesirable behavior such as violence. The instructions say, "The following is a list of some things that you and your partner might have done when you had a dispute, please indicate how many times you or your partner have done the following in the past year". The list begins with the Reasoning scale, such as "Discussed the issue calmly", and then goes on to the Verbal Aggression scale, with items such as "Insulted or swore at the other", the instrument ends with the Physical Aggression items, such as "Threw something at [the child or partner]" (Straus, 1990a).

Criticism of the CTS says that it fails to take into consideration the context of the violence and the degree of injury that is sustained (Breines & Gordon, 1983; Dobash, Dobash, Wilson & Daly, 2005; Ferraro & Johnson, 1983; Simpson & Christensen, 2005). If a women's partner violence was in self-defense it might mean that researchers are "blaming the victim" (Stets & Straus, 1990). Judith Myers Avis (1994) in responding to the findings from the NFVS that women are about as violent as men (Straus, 1992) criticizes the CTS.

“Categories of violence [in the CTS] did not differentiate between threatened, attempted, and actual violence, and did not take into account severity of injury, intent, or self-defense. The research also failed to consider the context of the violence, collected information from only one partner, and included only couples currently living together” (p. 90).

Jacobson (1994b) responded to the criticism by explaining that the CTS was designed for the purpose of measuring violent acts without making the distinctions needed to form conclusions about “battering”. The type of abuse described by women as battering involves the systematic use of violence and threat of violence in order to control women. The CTS is not designed to capture the differences between instrumental or expressive violence. The CTS cannot measure issues of control, merely the violent behavior occurring in a family in the past year.

The National Family Violence Survey in 1975 utilized the CTS for the first nationwide research of domestic violence in the general (not criminal or clinical) population. Differences in violence based on studies in the 1975 NFVS wives had as high a rate of physical assaults as husbands. Specifically, among violent couples, in about half of the cases both partners were violent, in about one-quarter of the cases the husband was the only partner who was violent, and in about one-quarter of the cases the wife was the only one who was violent (Straus, 1980b; Straus et al., 1980). These findings were replicated more recently in Straus international dating studies (Straus, 2004; Straus & Ramirez, 2007). However, other studies found that most offenders are men (Tjaden & Thoennes, 2000; Pagelow, 1984; Dobash & Dobash, 1979). The inconsistent findings may be due to different samples. Studies that find gender differences are generally based on clinical samples or criminal samples, while studies that find no gender differences are based on non-clinical samples.

Most criticisms of the CTS stem from the theoretical and ideological differences discussed earlier. CTS research is grounded in social-psychological/family system theories. Most criticism of the CTS comes from feminist researchers coming from the social-cultural theories. Unfortunately, these different theoretical stances and the context of different researchers' experience interfere with clear communication of ideas. The disparity between the values and perspectives of different researchers leads to controversy and conflict over research findings. This study takes the metasytemic perspective inclusive of both the social-cultural, intra-individual, and family system perspectives. In this study, utilizing the CTS will allow the flexibility of asking questions about women's partner violence and accessing information from both self-report and partner-report data. The CTS includes questions that ask about the respondent's violence (self-report) and the respondent's partner's violence (partner-report). All of this is obviously self report data. However, because this dataset is made up of couples, there is also access to the respondent's partner's self-reports and partner-reports that makes the information that much richer.

Conclusion to Literature Review

The present study compares women's partner violence to men's partner violence. This study continues the previous explorations of the intervening variables between family of origin violence and current levels of intimate partner violence by considering acceptance of violence as a factor. This study will look at the variability of self-reports of violence versus partner-reports as afforded by this dyadic dataset. The purpose of this study is to explore some of the variability that might be responsible for the weak-to-moderate relationship between growing up in an abusive family and later participation in a violent marital relationship as found by Stith et al. (2000).

Research Questions

The following questions are for a clinical dataset of violent couples.

- 1) Is women's intimate partner violence comparable to men's intimate partner violence as measured by the CTS-2?
- 2) Is men's intimate partner violence more acceptable than women's intimate partner violence for both males and females?
- 3) Is positive acceptance of violence associated with severity of intimate partner violence?
- 4) Are individuals who have experienced family of origin violence more accepting of both men and women's partner violence than those not raised with violence?
- 5) Is family of origin violence associated with severity of intimate partner violence?

Chapter III: Methods

The following is a discussion of the methodology that was used to conduct this study and includes a description of the use of a clinical dataset; demographics of the sample including gender, age, income, and racial distribution; descriptions of the measures and sample items and their scoring procedures; and analytic strategies for each research question.

Virginia Tech Dataset

The dataset used in this study is from the intake and pre-test information from couples entering a multi-couple domestic violence intervention group called the Domestic Violence-Focused Couples Treatment Project (Stith et al., 2003). The Domestic Violence-Focused Couples Treatment Project was a three-year project to develop and pilot test an integrated, systemic domestic violence-focused couples treatment program in both individual and multi-couple group formats (see also Stith, McCollum, Rosen, & Locke, 2002). The researchers/clinicians at Virginia Tech took the concerns about conjoint treatment with domestic violence seriously. They screened their participants for one subtype of batterer – the family-only batterer, who is most likely to benefit from couples therapy. Only couples with low-level violence were appropriate for their treatment program.

This treatment selection process parallels Johnson's (1995) batterer's typology, and these couples would be considered committing common couple violence. Program evaluation has shown multi-couple treatment as more effective than individual couple treatment for low-level partner violence (Stith, Rosen, McCollum, & Thomsen, 2004). Safety planning was a regular intervention with couples together and individually in the Domestic Violence-Focused Couples Treatment Project.

This dataset includes not only participants who completed the program, but intake data with couples who were screened out for being too violent or who did not complete treatment. Therefore, the data may include *common couple violence* as well as *intimate terrorism* information. Of the 248 participants 40% completed treatment; 46% did not complete treatment, due to exclusion criteria or drop out; and 14% of subjects were considered missing data.

Sample

From the Virginia Tech dataset, a total sample was selected of N=248. The data were made up of 124 couples, 124 females and 124 males. The majority of the couples were married with 80% indicating being married on the intake questionnaire. Because these are intake data, not all subjects participated in the multi-couple group. Some subjects were referred to individual treatment or same sex groups following intake.

The dataset indicated some diversity in the sample (Table 2.). Mean age for females was 34 and mean age for males was 37. Income was measured individually and 17% of participants reported an individual income of less than \$20,000; 42% reported an individual income between \$20,000-39,999; 41% reported an individual income higher than \$40,000. The racial distribution of the sample was somewhat diverse, 51% White, with 26.5% African-American, 10% Hispanic, 3.5% Asian, 5.5% Mixed, 2.5% Other, and .5% Native American. 70% of the subjects reported having completed at least some college.

Instrumentation

The four measures in this study (see appendix for data collection instruments) included a brief measure for family of origin violence; the Conflict Tactics Scale-2 (CTS-2) (Straus, Hamby, Boney-McCoy, & Sugarman, 1996); the Inventory of Beliefs about Wife Beating (Saunders, et al., 1987); and the Acceptance of Violence toward Men scale. This last scale was

modified from the “wife beating justified” subscale of Saunders, et al.’s inventory in order to have two comparable scales for Acceptance of Violence toward Women (the “wife beating justified” subscale) and the Acceptance of Violence toward Men.

Table 2. Characteristics of the sample

	<i>Males</i> (N=124)	<i>Females</i> (N=124)
Age, years		
Mean	36.9	34.2
SD	(10.4)	(9.9)
Race, (%)		
Asian	3.1	4.1
Black	29.6	22.7
Hispanic	9.2	11.3
Native American	1.0	0
White	49.0	53.6
Other	4.1	1.0
Mixed Race	4.1	7.2
Married, (%)	80.0	72.7
Relationship		
Length, years		
Mean	7.3	7.3
SD	(8.1)	(8.4)
Education, (%)		
Less than H.S.	7.4	7.4
High School	26.5	17.6
Some College	30.9	33.8
BA	14.7	11.8
Graduate School	20.5	29.4
Income, (%)		
Less than \$20,000	17.2	45.5
\$20,000-39,999	42.2	31.8
Over \$40,000	40.6	22.7

Family of Origin Violence

The intake packet contained two questions regarding family of origin violence. The first question asked about witnessing partner violence as a child, “Was there ever physical violence between parents (or whoever raised you)?” (1 = Yes and 2 = No). The second question is about experiencing violence in your family of origin, “How were you disciplined as a child? (circle all

that apply) 1) Verbal, non-abusive (e.g. grounding, time-out, withholding privileges, etc.); 2) Physical, mild (e.g. spanking); 3) Verbal, abusive (e.g. insulting, swearing, humiliating, etc.); 4) Physical, severe (e.g. hitting, punching, slapping, beating, etc.).” Because of the large number of people who receive mild corporal punishment (Straus, 1991b; Straus, 1994) only scores of 4 (Physical, severe) will be considered a positive response.

The categorical binomial variable of family of origin violence was scored as 1=yes if *either* response to witnessing or experiencing family of origin was positive and 2=no was scored if neither family of origin question was positive. Therefore, subjects were scored positively for family of origin violence if they saw their parents’ violence growing up, *or* they experienced severe physical discipline as a child.

Validity of Family of Origin Violence. The validity of the measure of family of origin violence used for this study is an important consideration. Construct-related evidence of validity is the degree to which people’s scores on a measure reflect their true scores on a hypothetical construct. The basis for construct-related evidence of validity is the theory underlying the construct (Whitley, 1996). For the measure of family of origin violence there are two items asking directly about family of origin violence, both experiencing physical violence at the hands of their parents or witnessing violence between the parents. Since family of origin violence is defined as witnessing or experiencing violence in the family of origin, these intake questions lend appropriate construct-related validity for this measure. However, a limitation of this measure is its content-validity. It could be questioned whether only two questions are sufficient to measure family of origin violence. The consequences of this limitation will be addressed in the discussion.

Conflict Tactics Scale (CTS-2)

The Virginia Tech dataset utilized the Conflict Tactics Scale revised version (CTS-2) to measure the presence of spousal violence (Straus et al., 1996). The CTS is the most widely used instrument in collecting family violence data (O’Leary & Murphy, 1992; Schumacher et al., 2000; Straus, 1990b; Straus et al., 1997). The CTS-2 measures behaviors (or tactics) that were used to address a conflict in the past year. It normalizes conflict and behaviors in response to conflict to help decrease the effect of reporting socially undesirable violent behavior. The instructions say, “No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. Please circle how many times you did each of these things in the past year, and how many times your partner did them in the past year. If you or your partner did not do one of these things in the past year, but it happened before that, circle “7.””

The CTS-2 (Straus et al., 1996) measures five tactic scales as follows. The factors measured include the Negotiation Scale with items such as, “suggested a compromise.” The Psychological Aggression Scale consists of items such as, “called my partner fat or ugly.” The Physical Assault Scale that includes items such as, “slammed my partner against a wall.” The Sexual Coercion Scale contains items such as, “used threats to make my partner have sex.” Finally, the Injury Scale with items such as “went to a doctor because of a fight with my partner.” This study’s focus is physical violence, so positive responses to the Physical Assault Scale items will be of primary interest. Analyses of Psychological Aggression and Injury Scale will also be considered to provide context for the physical violence reports.

The Physical Assault, Psychological Aggression, and Injury items are divided into “Minor” and “Severe” violence. Minor assaults are determined to be less likely to cause an injury needing medical attention (Straus et al., 1997). The Minor Physical Assault items are: *Threw something at my partner that could hurt; Twisted my partner’s arm or hair; Pushed or shoved my partner; Grabbed my partner; and Slapped my partner* (Straus et al., 1996). Severe assaults are acts that have been determined to have a high probability of causing physical injury (Straus et al., 1997). The Severe Physical Assault items are: *Used a knife or gun on my partner; Punched or hit my partner with something that could hurt; Choked my partner; Slammed my partner against a wall; Beat up my partner; Burned or scalded my partner on purpose; and Kicked my partner* (Straus et al., 1996). The distinction between minor and severe violence is related to the U.S. legal definition of simple and aggravated assaults (Straus, 2007).

The Minor Psychological Aggression Scale items are: *Insulted or swore at my partner; Shouted or yelled at my partner; Stomped out of the room or house or yard during a disagreement; Said something to spite my partner* (Straus et al., 1996). The Severe Psychological Aggression Scale items are: *Called my partner fat or ugly; Destroyed something belonging to my partner*. The Psychological Aggression Scale was modified from the original CTS verbal aggression scale because of the inclusion of non-verbal items (Straus et al.).

The Minor Injury Scale includes the following two items: *Had a sprain, bruise, or small cut because of a fight with my partner; Felt physical pain that still hurt the next day because of fight with my partner*. The Severe Injury Scale items include: *Passed out from being hit on the head by my partner in a fight; Went to a doctor because of a fight with my partner; Needed to see a doctor because of a fight with my partner, but I didn’t; Had a broken bone from a fight with my partner* (Straus et al., 1996). Unlike the other scales where self-report items list things

that the respondent has done to their partner, self-report injury identifies injuries the responder has *received* due to the violence perpetrated by their partner. Therefore, the partner-report injury items would identify injuries caused by the responder's violence.

Scoring the CTS-2 is somewhat complicated. The instrument's items are laid out in pairs of self-report and partner-report for each behavior. For example, "How many times you threw something at your partner?" is followed by, "How many times your partner threw something at you?"

Minor violence is calculated by totaling the subscale items into a minor violence variable. The CTS-2 asks how many times in the past year each behavior occurred. "7" on the scale indicates not in the past year but it has occurred in the past. For most of the analyses in this study only violence in the past year was considered, for these items, "7" was not given any value. If lifetime prevalence of violence was of interest then "7" is counted in the subscale score. Then severe violence is calculated by totaling the subscale items into a severe violence variable.

The ordinal variable of either self-report violence or partner-report violence is computed as 1=None; 2=Minor; and 3=Severe. If both the minor subscale and the severe subscale scores are 0 the score would be 1=None. If the minor subscale was above 0 and the severe subscale was 0 then the score would be 2=Minor. If the severe subscale is above 0 then the score would be 3=Severe. If there are positive scores for both the minor and severe physical violence subscales a score of 3=Severe is inclusive of the presence of minor violence.

Some researchers have found it easier to discuss *overall violence*, which is inclusive of minor and severe violence and then discuss *severe violence* separately (O'Leary & Williams, 2006; Simpson & Christensen, 2005). There are some instances when these general, dichotomous variables are more useful such as when comparing the prevalence of physical

assault. However, when utilizing ANOVAs the ordinal variable of no-violence, minor-only violence, and severe-violence were more useful. This flexibility is a useful strength of the CTS.

Chronicity. The CTS-2 is designed to measure the prevalence of violence, as previously discussed, but also to determine the chronicity of violence. Chronicity is the average number of times the reported violence occurred in the past year. First, the categorical variables listed in the CTS-2 are recoded with the midpoint of each category (see Table 3.). Chronicity scores for self-report and partner-report are calculated by totaling these new continuous variables.

Table 3. Scoring of Chronicity on the CTS-2

<i>Categories</i>	<i>Description</i>	<i>Chronicity Score</i>
0	Never happened	0
1	1 time	1
2	2 times	2
3	3-5 times	4
4	6-10 times	8
5	11-20 times	15
6	More than 20 times	25
7	Not in the past year	0

Mutuality. Research using the CTS-2 often report on mutuality of violence (Straus et al., 1996). Having couples data give the ability to classify each couple's mutuality based on both self-report and partner-report of Overall Physical Assault data. Values for mutuality were *husband-only violence*, *wife-only violence*, *both-violent*, or *neither-violent* when no violence was reported by either partner.

Validity of the CTS-2. The CTS-2 is regarded as a valid instrument with evidence of strong "face" or content validity. The questions were determined on the basis of qualitative interviews and suggestions and reviews by experienced researchers and clinicians. Each question is based around an example of the behavior being measured. Qualitative studies of

typical violent acts (Dobash & Dobash, 1984) produce lists almost identical to the CTS-2 (Straus, 2007).

Sensitivity is a critical aspect of validity especially regarding self-report measures of socially undesirable behaviors. The CTS-2 obtains many times more disclosure of violence than the most widely used measures such as the National Crime Victimization Survey (Straus, 2007). In addition, evidence from both treatment and community samples show inter-spousal agreement in CTS-2 scores are in the moderate to high range (Straus, 2007).

Another issue regarding socially undesirable behaviors is confounding the results with social desirability. However, there were low correlations between the CTS and social desirability scales. These scales measure the degree to which respondents are reluctant to disclose socially undesirable behavior (Sugarman & Hotaling, 1996). The fact that there is little correlation between scores on a social desirability scale and the CTS-2 was confirmed by data from the International Dating Violence Study data for students at thirty-one universities (Straus, 2004). These relatively low correlations suggest that scores on the CTS reflect real differences in violence, rather than differences in willingness to disclose socially undesirable behavior.

Finally, construct validity is the association between the measure in question and other variables for which prior research or theory predicts a relationship (Whitley, 1996). Factor analysis of the CTS demonstrated construct validity (Barling et al., 1987). More recently the subscales of psychological aggression and physical assault scales of the CTS-2 were correlated with the sexual coercion scale. The correlations for men were substantially higher than those for women in every case (Straus et al., 1996). Similarly, previous research shows that physical assaults by men result in a serious injury more often than do assaults by women (Stets & Straus, 1990). Therefore, if the physical assault and injury scales are valid measures of these constructs

there should be a higher correlation between them for males than females. Straus et al. found that men indeed had higher correlations than women between these subscales.

Finally, Cascardi et al. (1999) tested the convergent validity of the CTS in a study of dating violence in high school. They found patterns of association between the CTS scales with measures of jealous actions, control tactics, and attitudes toward dating relationships. The controversies regarding the CTS sometimes center around issues of validity. The CTS and CTS-2 are the most widely used instruments to assess intimate partner violence, and therefore are appropriately scrutinized. However, the most frequent criticisms reflect ideological differences rather than empirical evidence.

Reliability of the CTS-2. The CTS-2 is considered a reliable instrument with high internal consistency scores. In reports from 41 studies, internal consistency coefficients (alphas) ranged from .34 to .94 with an average of .77 (Straus, 2007). A study of the CTS-2 in seventeen nations found similar results (Straus, 2004). The occasional low alpha coefficient occurred when the behavior measured by some of the items, such as attacking a partner with a knife or gun, was absent or nearly absent in some samples (Straus, 2007).

For the Virginia Tech clinical dataset used in this study reliability scores for the Physical Assault subscales of the CTS ranged from $\alpha=.49$ to $\alpha=.81$. Reliability scores for Psychological Aggression ranged from $\alpha=.40$ to $\alpha=.73$. Reliability scores for the Injury Scales ranged from $\alpha=.11$ to $\alpha=.78$ (Female partner-report of severe injury had the lowest reliability score due to the low number of positive responses, however the prevalence result of 8% was similar to the male self-report of severe injury prevalence of 11%). Male and female self-report and partner-report subscales were calculated separately.

Acceptance of Violence scales

Each of the acceptance of violence scales consisted of 12 items with a likert scale scored 1-7 with 1 = strongly agree and 7 = strongly disagree. High scores indicated a higher level of acceptance of violence. For example, a positively scored item was, “Even when women lie to their husbands they do not deserve to get a beating.” 7 out of 12 of the items were reverse scored. For example, “Wives could avoid being battered by their husbands if they knew when to stop talking.” The Acceptance of Violence towards Men scale was the same 12 statements with the gender flipped from male to female and from wife to husband.

Acceptance of Violence toward Women. As discussed above, this scale is from the subscale “wife beating justified” from the Inventory of Beliefs about Wife Beating (Saunders, et al., 1987). There were 12 items scored from 1 to 7 on a likert scale. The subscale had 7 items that needed to be reversed so they were recoded into the same variable. The continuous variable of Acceptance of Violence toward Women was calculated by totaling each of the items and averaging the score so that the final score was between 1 and 7 with higher scores indicating greater acceptance of violence.

Acceptance of Violence toward Men. This scale was created by reversing the gender in the questions from the “wife beating justified” from the Inventory of Beliefs about Wife Beating (Saunders, et al., 1987). Similarly, the 7 reversed items had to be recoded. The continuous variable of Acceptance of Violence toward Men was calculated by totaling each of the items and averaging the score so that the final score was between 1 and 7 with higher scores indicating greater acceptance of violence.

Validity of the Acceptance of Violence Scales. Saunders et al. (1987) report on the construct validity for the Acceptance of Violence toward Women Scale used in this study. They

found that negative attitudes toward victims were linked with traditional gender views. Also, men and women's scores differed as predicted; women were less accepting than men were of violence toward women. Measures were also conducted to test whether scores would be affected by social desirability bias. Social desirability did not be a major contaminant of the scales. The construct validity propositions received support using diverse samples and diverse measures.

The Acceptance of Violence toward Men scale was developed by reversing the items from the Acceptance of Violence toward Women scale. The content validity of these items as a construct of acceptance of violence is high considering that the scale was developed based on a valid scale measuring Acceptance of Violence toward Women.

Reliability of the Acceptance of Violence Scales. The reliability scores for Acceptance of Violence toward Men were strong ($\alpha=.76$) for males, ($\alpha=.78$) for females. There were issues with the reliability of the Acceptance of Violence toward Women scale. For males the reliability was ($\alpha=.56$) for the scale. When item 107, "Even when women lie to their husbands they do not deserve to get a beating" was removed the reliability increased to ($\alpha=.70$). For the total scale female's reliability was low ($\alpha=.54$). When item 118, "If a wife is beaten by her husband she should divorce him immediately" was removed the reliability increased to ($\alpha=.57$). There was a concern that further changes to the scale would make it incomparable to the Acceptance of Violence toward Men scale. Further item deletions did not significantly increase the reliability of the Acceptance of Violence toward Women scale. This low reliability score does increase the chances for type II error, the chance that this scale will not be sensitive enough to detect a relationship when there is one.

Materials

A copy of the intake packet and all of the research instruments utilized by the team at Virginia Tech are included as Appendix A.

Measures

The primary variables of interest are listed in Table 4. The independent variables are gender and family of origin violence. The dependent variables are acceptance of violence and self-reports and partner-reports of physical assaults, psychological aggression, and injury. The CTS-2 allows for both the reporting of severity of violence, no-violence, minor-only violence, or severe violence. Though, for prevalence rates reports of overall violence, and severe violence are more useful. Finally, there are differences between prevalence and chronicity of violence over the past 12-months, versus when looking at larger patterns of behavior a lifetime prevalence rate is more appropriate. Mutuality of violence is computed by combining matched partners' self-reports of violence.

Data Analysis

Research question 1: Is women's intimate partner violence comparable to men's intimate partner violence as measured by the CTS-2?

A variety of analyses are necessary to compare male and female violence using the CTS-2. First, the prevalence of self-reports of physical violence are compared between males and females. Because the variables *Overall violence* and *Severe violence* are dichotomous variables and gender is a dichotomous variable Pearson's chi-square will be the method of analysis and the continuity corrections will be the statistics reported because these results will all be from 2x2 tables.

Table 4. Independent and dependent variables

<i>Independent Variables</i>
Gender
Family of origin violence
Experienced family violence growing up
Witnessed family of origin violence
<i>Dependent Variables</i>
Acceptance of Violence toward Men
Acceptance of Violence toward Women
Partner violence as measured by the CTS-2,
Each subject completes a self-report and a partner-report on:
Physical Assault, Psychological Aggression, Injury
Prevalence of violence
Prevalence in the last 12-months
Lifetime prevalence
Severity of violence
Overall and Severe Violence
No-violence, Minor-only violence, Severe-violence
Chronicity of violence – Past 12-month
Mutuality of violence – neither violent, husband-only, wife-only, both violent

Then the chronicity, which is the number of violent incidences in the previous 12-months are compared between males and females. Because chronicity is a continuous variable, these analyses will be conducted using a paired samples t-test. The effect size of significant results will be reported using the eta squared statistic.

Next, the prevalence and chronicity of psychological aggression and injury will also be examined using the same methods as above. Partner-reports of the prevalence and chronicity of physical assaults, psychological aggression, and injury will also be examined for differences between males and females. It is hoped that by examining these other CTS-2 scales, and by exploring both self-reports of violence and partner-reports that there will be a more comprehensive picture of the difference between male and female violence.

Finally, research using the CTS-2 often report on mutuality of violence. Having couples data give the ability to classify each couple's mutuality based on both self-report and partner-report of physical assault. Values for mutuality were *husband-only violence*, *wife-only violence*, *both-violent*, or *neither-violent* when no violence reported by either partner. Frequencies on the variable of mutuality are another indicator of the difference between men and women's partner violence. Yet, the motivation for the violence is unknown and whether the violence is instrumental or expressive is not known.

Research question 2: Is men's intimate partner violence more acceptable than women's intimate partner violence for both males and females?

Frequencies of Acceptance of Violence toward Women and Acceptance of Violence toward Men will be reported for males and females. Paired samples t-tests will be conducted comparing the Acceptance of Violence toward Women and Acceptance of Violence toward Men for both males and females. Mean scores will be compared to determine the differences between groups. Effect size for significant differences will be reported using eta squared.

Research question 3: Is positive acceptance of violence associated with severity of intimate partner violence?

Acceptance of Violence toward Women and Acceptance of Violence toward Men will be compared to self-reports of physical assaults and partner-reports of physical assaults using one-way ANOVAs. Next, the Acceptance of violence scales will be compared to self-reports and of injury and partner-reports of injury. Post-hoc analysis to determine which groups are significantly different will be conducted using Tukey's post-hoc analysis (Miller, 1981). Effect size will be reported for any significant results using eta squared. By examining both self-report and partner-report data it will be possible to determine not only if acceptance of violence

increases the perpetration of violence, but also to determine if there is a relationship between acceptance of violence and the reports of partner violence.

Research question 4: Are individuals who have experienced family of origin violence more accepting of both men and women's partner violence than those not raised with violence?

Independent samples t-tests will be calculated to compare reports of family of origin violence and mean scores from the Acceptance of Violence toward Men and the Acceptance of Violence toward Women scales. These t-tests will be conducted separately for men and women to see if there are differences between genders.

Research question 5: Is family of origin violence associated with severity of intimate partner violence?

In order to test whether this clinical sample supports the intergenerational transmission of partner violence it will be necessary to explore the relationship between family of origin violence and partner violence as measured by the CTS-2. Family of origin violence is a dichotomous variable and partner violence is an ordinal variable. The non-parametric statistical analysis most appropriate to test the relationship between these variables is a chi-square.

To facilitate achieving a valid result and decrease the chance of type II error, lifetime prevalence rates will be used from the CTS-2 rather than limiting results to prevalence from the last 12-months. Often times the incident that may mandate a couple to treatment may have occurred over a year previously. When looking at broad relationships such as between family of origin violence and partner violence limiting prevalence to the previous year is unnecessary and may confound the results.

Chapter IV: Results

Comparability of men and women's partner violence

A number of analyses were necessary to compare men and women's partner violence using the CTS-2 (see Table 5.). First, the prevalence of self-reports of physical assaults are compared between males and females. Both overall violence and severe violence will be examined for differences. Then chronicity, which is the number of violent incidences in the previous 12-months, is compared between males and females. Next, the prevalence and chronicity of psychological aggression and injury will also be examined. Partner-reports of physical violence, psychological aggression, and injury will also be examined for differences between males and females. Finally, using the couple data, it is possible to use self-reports to determine mutuality of violence, or whether couples are both-violent, husband-only violent, wife-only violent, or neither reports perpetrating physical violence.

Self-report Physical Assault

Prevalence. Pearson's chi-square was conducted because both the scores for overall and severe violence are dichotomous and they were compared to gender, a dichotomous variable. The continuity correction is reported because all results are from 2x2 tables. There were no statistically significant differences in the prevalence of male self-reports of overall physical violence (79%) and female self-reports of overall physical violence (72%), $\chi^2(1)=1.391$, $p=.230$. Neither were there any statistically significant differences between the prevalence of male self-reports of *severe* violence (48%) and female self-reports of *severe* violence (40%), $\chi^2(1)=1.329$, $p=.249$.

Table 5. Prevalence and chronicity of partner violence based on self-report of previous 12-months' violence

<i>Self-report</i>	A	<i>Males</i> (n=124)	α	<i>Females</i> (n=124)	<i>p</i>
Overall violence	.80		.67		
Prevalence		79%		72%	1.391 ^a .238
Chronicity					
Mean (SD)		18.9 (30.74)		15.8 (23.67)	.744 (79) ^b .459
Median		7.0		8.0	
Severe violence	.71		.49		
Prevalence		48%		40%	1.329 ^a .249
Chronicity					
Mean (SD)		4.8 (3.92)		3.3 (2.72)	1.710 (28) ^b .098
Median		3.0		2.0	
Overall psych aggression	.73		.65		
Prevalence		99%		81%	21.53 ^a .0005**
Chronicity					
Mean (SD)		45.9 (35.30)		43.7 (29.61)	.612 (121) ^b .542
Median		40.0		38.5	
Severe psych aggression	.67		.40		
Prevalence		65%		49%	5.948 ^a .015*
Chronicity					
Mean (SD)		11.4 (15.72)		8.9 (11.61)	1.084 (51) ^b .284
Median		5.0		5.0	
Overall injury	.78		.74		
Prevalence		51%		71%	8.925 ^a .003**
Chronicity					
Mean (SD)		5.08 (8.11)		13.87 (16.46)	-4.610 (52) ^b .0005**
Median		2.0		5.0	
Severe injury	.53		.65		
Prevalence		11%		31%	12.872 ^a .0005**
Chronicity					
Mean (SD)		5.11 (8.72)		7.56 (12.85)	-1.670 (8) ^b .133
Median		1.5		1.5	

^a - Significance levels will be based on χ^2 test, continuity correction (df=1).

^b - Significance levels will be based on paired samples t-test; *t* (df)

Chronicity. A paired samples t-test was conducted to evaluate the differences between the chronicity of self-report physical violence between males and females. There were no statistically significant differences in male self-report of chronicity of overall physical violence (\underline{M} =18.90, \underline{SD} =30.74) and female self-report of chronicity of overall physical violence (\underline{M} =15.76, \underline{SD} =23.67), $t(79)=.744$, $p=.459$. Similarly, there were no statistically significant differences in male self-report of chronicity of *severe* physical violence (\underline{M} =4.76, \underline{SD} =3.92) and female self-report of chronicity of *severe* physical violence (\underline{M} =3.34, \underline{SD} =2.72), $t(28)=1.710$, $p=.098$. These initial results appear to support that men and women's partner violence are comparable.

Self-report Psychological Aggression.

However, there were statistically significant differences in the prevalence of male self-reports of overall psychological aggression (99%) and female self-reports of overall psychological aggression (81%), $\chi^2(1)=21.53$, $p<.0005$. However, there were no statistically significant differences in male self-report of chronicity of overall psychological aggression (\underline{M} =45.93, \underline{SD} =35.30) and female self-report of chronicity of overall psychological aggression (\underline{M} =43.73, \underline{SD} =29.61), $t(121)=.612$, $p=.542$. Similarly, there were statistically significant differences in the prevalence of male self-reports of *severe* psychological aggression (65%) and female self-reports of *severe* psychological aggression (49%), $\chi^2(1)=5.948$, $p=.015$. But, there were no statistically significant differences in male self-report of chronicity of *severe* psychological aggression (\underline{M} =11.42, \underline{SD} =15.72) and female self-report of chronicity of *severe* psychological aggression (\underline{M} =8.92, \underline{SD} =11.61), $t(51)=1.084$, $p=.284$.

Self-report Injury

Next, there were statistically significant differences in the prevalence of male self-reports of overall injury (51%) and female self-reports of overall injury (71%), $\chi^2(1)=8.925$, $p=.003$. There were also statistically significant differences in male self-report of chronicity of overall injury ($M=5.08$, $SD=8.11$) and female self-report of chronicity of overall injury ($M=13.87$, $SD=16.46$), $t(52)=-4.610$, $p<.0005$. The eta squared statistic (.29) indicated a large effect size. There were statistically significant differences in the prevalence of male self-reports of *severe* injury (11%) and female self-reports of *severe* injury (31%), $\chi^2(1)=12.872$, $p<.0005$. However, there were no statistically significant differences in male self-report of chronicity of *severe* injury ($M=5.11$, $SD=8.72$) and female self-report of chronicity of *severe* injury ($M=7.56$, $SD=12.85$), $t(8)=-1.670$, $p<.133$.

Partner-reports Physical Assault

In order to understand the differences between male and female violence using the CTS-2, it is necessary to look at reports on partner behavior, or partner-report scores (see Table 6). There were no statistically significant differences in the prevalence of male partner-reports of overall physical violence (79%) and female partner-reports of overall physical violence (88%), $\chi^2(1)=2.922$, $p=.087$. However, there were statistically significant differences in male partner-report of chronicity of overall physical violence ($M=18.42$, $SD=25.75$) and female partner-report of chronicity of overall physical violence ($M=34.35$, $SD=47.25$), $t(90)=-3.273$, $p<.002$. The eta square statistic (.11) indicated a moderate effect size. However, there were statistically significant differences in the prevalence of male partner-reports of *severe* physical violence (16%) and female partner-reports of *severe* physical violence (68%), $\chi^2(1)=11.11$, $p=.001$. Similarly, there were also statistically significant differences in male partner-report of chronicity

of *severe* physical violence ($M=7.18$, $SD=8.76$) and female partner-report of chronicity of *severe* physical violence ($M=16.41$, $SD=23.21$), $t(43)=-2.627$, $p<.012$. The eta square statistic (.14) indicated a large effect size.

Table 6. Prevalence and chronicity of partner violence by partner-reports of the previous 12-months' violence

<i>Partner-report</i>	α	<i>Males</i> (n=124)	α	<i>Females</i> (n=124)	<i>p</i>
Overall violence	.76		.81		
Prevalence		79%		88%	2.922 ^a
Chronicity					
Mean (SD)		18.42 (25.75)		34.35 (47.25)	-3.273 (90) ^b
Median		8.0		13.0	
Severe violence	.58		.71		
Prevalence		16%		68%	11.11 ^a
Chronicity					
Mean (SD)		7.18 (8.76)		16.41 (23.21)	-2.627 (43) ^b
Median		3.0		5.0	
Overall psych aggression	.69		.63		
Prevalence		98%		98%	.000 ^a
Chronicity					
Mean (SD)		46.68 (33.80)		63.07 (38.14)	-4.382 (119) ^b
Median		40.0		57.0	
Severe psych aggression	.51		.66		
Prevalence		69%		77%	1.641 ^a
Chronicity					
Mean (SD)		11.12 (14.10)		20.75 (22.14)	-3.636 (68) ^b
Median		5.0		10.0	
Overall injury	.72		.51		
Prevalence		54%		40%	4.142 ^a
Chronicity					
Mean (SD)		7.40 (9.64)		4.86 (6.44)	1.364 (34) ^b
Median		4.0		2.0	
Severe injury	.60		.11		
Prevalence		19%		8%	5.760 ^a
Chronicity					
Mean (SD)		5.67 (10.95)		1.83 (2.04)	.813 (5) ^b
Median		1.5		1.0	

^a - Significance levels will be based on χ^2 test, continuity correction (df=1).

^b - Significance levels will be based on paired samples t-test; t (df)

Partner-report Psychological Aggression

Next, there were no statistically significant differences in the prevalence of male partner-reports of overall psychological aggression (98%) and female partner-reports of overall psychological aggression (98%), $\chi^2(1)=.000$, $p=1.0$. However, there were statistically significant differences in male partner-report of chronicity of overall psychological aggression ($\underline{M}=46.68$, $\underline{SD}=33.80$) and female partner-report of chronicity of overall psychological aggression ($\underline{M}=63.09$, $\underline{SD}=38.14$), $t(119)=-4.382$, $p<.0005$. The eta square statistic (.14) indicated a large effect size. Similarly, there were no statistically significant differences in the prevalence of male partner-reports of *severe* psychological aggression (69%) and female partner-reports of *severe* psychological aggression (77%), $\chi^2(1)=1.641$, $p=.200$. However, there were statistically significant differences in male partner-report of chronicity of *severe* psychological aggression ($\underline{M}=11.12$, $\underline{SD}=14.10$) and female partner-report of chronicity of *severe* psychological aggression ($\underline{M}=20.75$, $\underline{SD}=22.14$), $t(68)=-3.636$, $p<.001$. The eta square statistic (.16) indicated a large effect size.

Partner-report Injury

Finally, there were statistically significant differences in the prevalence of male partner-reports of overall injury (54%) and female partner-reports of overall injury (40%), $\chi^2(1)=4.142$, $p=.042$. However, there were no statistically significant differences in male partner-report of chronicity of overall injury ($\underline{M}=7.40$, $\underline{SD}=9.64$) and female partner-report of chronicity of overall injury ($\underline{M}=4.86$, $\underline{SD}=6.44$), $t(34)=1.364$, $p=.182$. Likewise, there were statistically significant differences in the prevalence of male partner-reports of *severe* injury (19%) and female partner-reports of *severe* injury (8%), $\chi^2(1)=5.760$, $p=.016$. However, there were no statistically

significant differences in male partner-report of chronicity of *severe* injury ($\underline{M}=5.67$, $\underline{SD}=10.95$) and female partner-report of chronicity of *severe* injury ($\underline{M}=1.83$, $\underline{SD}=2.04$), $t(5)=-.813$, $p=.453$.

Mutuality

Mutuality was calculated for the couple dataset. *Neither-partner violent* accounted for 14% of the couple data. *Wife-only violent* accounted for 7% of the sample. *Husband-only violent* accounted for 15% of the sample. However, *both-partners violent* made up 65% of the couple dataset.

In conclusion, for Research Question 1 there were mixed results. Although there were no statistically significant differences in self-reporting of physical violence, and there was a high (65%) degree of mutual violence, clearly other indicators in the CTS-2: psychological aggression, injury, and partner-reports, show large, significant differences between male and female violence and CTS-2 scores.

Men's partner violence more acceptable than women's partner violence

Scores for Acceptance of Violence toward Women and Acceptance of Violence toward Men were calculated for both males and females (see Table 7). Remember, the Acceptance of Violence toward Women scale was based on Saunders et al.'s (1987) Inventory of Beliefs about Wife Beating. Acceptance of Violence toward Men was created by the team at Virginia Tech by modifying a subscale of Saunders' inventory.

Not all subjects completed this portion of the intake packet. For males $N=98$ and for females $N=94$. A paired samples t-test was conducted to compare the Acceptance of Violence toward Women to the Acceptance of Violence toward Men. For males, there was a statistically significant difference between Acceptance of Violence toward Women ($\underline{M}=2.25$, $\underline{SD}=.76$) to Acceptance of Violence toward Men ($\underline{M}=2.85$, $\underline{SD}=.92$), $t(93)=-8.201$, $p<.0005$. The eta

squared statistic (.42) indicated a large effect size. For females, there was a statistically significant difference between Acceptance of Violence toward Women ($M=1.92$, $SD=.75$) and Acceptance of Violence toward Men ($M=2.25$, $SD=.88$), $t(97)=-3.599$, $p=.001$. The eta squared statistic (.12) indicated a moderate effect.

Table 7. Mean scores for Acceptance of Violence toward Women and Acceptance of Violence toward Men

	α	<i>Acceptance of Violence toward Women</i>	<i>A</i>	<i>Acceptance of Violence toward Men</i>	<i>P</i>
Males (N=98)	.70		.76		.0005**
Mean		2.25		2.85	
SD		.76		.92	
Females (N=94)	.57		.78		.001**
Mean		1.92		2.25	
SD		.75		.88	

* $p<.05$; ** $p<.005$ - Significance levels based paired samples t-test.

These statistically significant results indicate a difference between Acceptance of Violence toward Women and Acceptance of Violence toward Men but in the opposite direction than predicted in the research question. For both males and females, violence toward *men* was more acceptable than violence toward women.

Positive acceptance of violence associated with severity of partner violence

Acceptance of violence scales were compared to scores from the CTS-2. The following comparisons were made Acceptance of violence compared to self-reports of physical violence (Table 8.), Acceptance of violence compared to partner-reports of physical violence (Table 9), Acceptance of violence compared to self-reports of injuries (Table 10.), and Acceptance of violence compared to partner-reports of injury (Table 11.).

Table 8. Acceptance of violence compared to self-reports of physical violence

	<i>Self-report Physical Violence</i>			<i>F</i> <i>df</i>	<i>Tukey HSD</i> <i>P</i>
	<i>None</i>	<i>Minor</i>	<i>Severe</i>		
Acceptance of Violence toward Women					
Male	1.92 (.69)	2.23 (.72)	2.41 (.78)	3.440* (2, 103)	$p_{nm}=.291$ $p_{ns}=.028^*$ $p_{ms}=.503$
Female	1.99 (.81)	1.72 (.63)	2.02 (.77)	1.70 (2, 105)	$p_{nm}=.339$ $p_{ns}=.975$ $p_{ms}=.190$
Acceptance of Violence toward Men					
Male	2.44 (.75)	2.69 (.90)	3.13 (.92)	4.838* (2, 94)	$p_{nm}=.584$ $p_{ns}=.014^*$ $p_{ms}=.087$
Female	2.17 (.86)	1.94 (.76)	2.56 (.89)	4.99* (2, 97)	$p_{nm}=.531$ $p_{ns}=.158$ $p_{ms}=.007^*$

* $p<.05$; ** $p<.005$

Table 9. Acceptance of violence compared to partner-reports of physical violence

	<i>Partner-report Physical Violence</i>			<i>F</i> <i>df</i>	<i>Tukey HSD</i> <i>p</i>
	<i>None</i>	<i>Minor</i>	<i>Severe</i>		
Acceptance of Violence toward Women					
Male	1.93 (.72)	2.30 (.78)	2.36 (.74)	2.613 (2, 103)	$p_{nm}=.180$ $p_{ns}=.069$ $p_{ms}=.930$
Female	1.90 (.89)	1.90 (.67)	1.93 (.76)	.020 (2, 105)	$p_{nm}=1.00$ $p_{ns}=.988$ $p_{ms}=.985$
Acceptance of Violence toward Men					
Male	2.66 (.99)	2.72 (.86)	3.00 (.93)	1.30 (2, 94)	$p_{nm}=.974$ $p_{ns}=.410$ $p_{ms}=.377$
Female	2.23 (1.12)	2.10 (.77)	2.30 (.87)	.409 (2, 97)	$p_{nm}=.915$ $p_{ns}=.966$ $p_{ms}=.641$

* $p<.05$; ** $p<.005$

Table 10. Acceptance of violence compared to self-reports of injuries

	<i>Self-report Injury</i>			<i>F</i> <i>df</i>	<i>Tukey HSD</i> <i>p</i>
	<i>none</i>	<i>Minor</i>	<i>Severe</i>		
Acceptance of Violence toward Women					
Male	2.17 (.130)	2.28 (.73)	2.50 (.81)	.975 (2, 103)	$p_{nm}=.750$ $p_{ns}=.367$ $p_{ms}=.654$
Female	1.80 (.67)	1.98 (.81)	1.99 (.76)	.737 (2, 105)	$p_{nm}=.533$ $p_{ns}=.557$ $p_{ms}=1.00$
Acceptance of Violence toward Men					
Male	2.70 (.97)	3.00 (.86)	2.90 (.88)	1.172 (2, 94)	$p_{nm}=.287$ $p_{ns}=.796$ $p_{ms}=.942$
Female	2.14 (.92)	2.14 (.76)	2.50 (.94)	1.82 (2, 97)	$p_{nm}=1.00$ $p_{ns}=.239$ $p_{ms}=.205$

* $p<.05$; ** $p<.005$

Table 11. Acceptance of violence compared to partner-reports of injury

	<i>Partner-report Injury</i>			<i>F</i> <i>df</i>	<i>Tukey HSD</i> <i>p</i>
	<i>none</i>	<i>Minor</i>	<i>Severe</i>		
Acceptance of Violence toward Women					
Male	2.09 (.68)	2.55 (.82)	2.12 (.72)	4.446* (2, 103)	$p_{nm}=.015^*$ $p_{ns}=.983$ $p_{ms}=.086$
Female	1.82 (.64)	2.06 (.79)	1.94 (.95)	1.087 (2, 85)	$p_{nm}=.309$ $p_{ns}=.900$ $p_{ms}=.907$
Acceptance of Violence toward Men					
Male	2.58 (.85)	3.25 (.95)	2.76 (.80)	5.746** (2, 94)	$p_{nm}=.003^{**}$ $p_{ns}=.723$ $p_{ms}=.121$
Female	2.07 (.73)	2.45 (1.03)	2.18 (.77)	1.759 (2, 77)	$p_{nm}=.155$ $p_{ns}=.940$ $p_{ms}=.708$

* $p<.05$; ** $p<.005$

A one-way between groups analysis of variance was conducted to explore the relationship between Acceptance of violence and partner violence as measured by the CTS-2. Violence categories were defined as *no violence*, *minor violence*, or *severe violence* for self-report physical violence, partner-report physical violence, self-report injury, and partner-report of injury for males and females.

Acceptance of Violence toward Women and Self-report Physical Assault

For males, there was a statistically significant difference at the $p < .05$ level in Acceptance of Violence toward Women for the three levels of violence [$F(2,103)=3.44$, $p=.036$]. The effect size, calculated using eta squared, was .06. This is considered a medium effect size. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for *no violence* ($M=1.92$, $SD=.69$) was significantly different from those reporting *severe violence* ($M=2.41$, $SD=.78$). There was no significant difference between male self-reports of *minor violence* ($M=2.23$, $SD=.72$) and either *no violence* or *severe violence*. For females there was no significant relationship between Acceptance of Violence toward Women and self-reports of physical violence.

Acceptance of Violence toward Men and Self-report Physical Assault

For males there were statistically significant differences at the $p < .05$ level between Acceptance of Violence toward Men and self-reports of physical violence [$F(2,94)=4.838$, $p=.01$]. The effect size, calculated using eta squared, was .09. This is considered a medium effect size. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for *no violence* ($M=2.44$, $SD=.75$) was significantly different from the mean score of *severe violence* ($M=3.13$, $SD=.92$). The score for *minor violence* ($M=2.69$, $SD=.90$) was not significantly different from *no violence* or *severe violence*.

For females, there was a statistically significant difference at the $p < .05$ level between Acceptance of Violence toward Men mean scores and self-reports of physical violence [$F(2,97)=4.991, p=.009$]. The effect size, calculated using eta squared, was .09. This is considered a medium effect size. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for *minor violence* ($\underline{M}=1.94, \underline{SD}=.76$) was significantly different from the mean score of *severe violence* ($\underline{M}=2.56, \underline{SD}=.89$). The mean score for *no violence* ($\underline{M}=2.17, \underline{SD}=.86$) was not significantly different from *minor* or *severe violence*.

Acceptance of Violence Scales and Partner-report Physical Assault, Self-report Injury

There was no significant relationship between Acceptance of violence mean scores and partner-reports of violence for either males or females. There were also no statistically significant relationship between Acceptance of violence and self-reports of being injured by a partner for either males or females.

Acceptance of Violence toward Women and Partner-report Injury

For males, there was a statistically significant relationship between Acceptance of Violence toward Women and partner-reports of injury (remember, on the CTS-2 the partner-report of injury is a subject's report on their partner's injuries) [$F(2,103)=4.446, p=.014$]. The effect size, calculated using eta squared, was .08. This is considered a medium effect size. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for *no partner injury* ($\underline{M}=2.09, \underline{SD}=.68$) was significantly different from the mean score of *minor partner injury* ($\underline{M}=2.55, \underline{SD}=.82$). The mean score for *severe partner injury* ($\underline{M}=2.12, \underline{SD}=.72$) was not significantly different from *no partner injury* or *minor partner injury*.

Acceptance of Violence toward Men and Partner-report Injury

For males, there was a statistically significant difference at the $p < .005$ level in Acceptance of Violence toward Men mean scores across the three levels of male partner-reports of injuries [$F(2,94)=5.746, p=.004$]. The effect size, calculated using eta squared, was .11. This is considered a medium effect size. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for *no partner injury* ($M=2.58, SD=.85$) was significantly different from the mean score of *minor partner injury* ($M=3.25, SD=.95$). The mean score for *severe partner injury* ($M=2.76, SD=.80$) was not significantly different from *no partner injury* or *minor partner injury*.

There was no relationship for females between Acceptance of Violence toward Women or Acceptance of Violence toward Men and partner reports of injury. In conclusion, for males an increase in Acceptance of Violence toward Men or Women, resulted in increased self-reports of physical violence toward their partners, and increased reports of their partner's injury; which supports the research question. For women, Acceptance of Violence toward Men increased their self-reports of physical violence but not any other of the CTS-2 scores. There were no significant relationships between Acceptance of violence and partner-reports of violence for males or females.

Family of origin violence and acceptance of violence

The analysis for this research question is presented in Table 12. It would be important to note the difference in number of subjects for this analysis. As noted previously, there were missing data in the scoring of Acceptance of Violence scales. Likewise, not all subjects completed the portion of the questionnaire dealing with family of origin violence. The number of subjects vary from $N=72$ to $N=82$. This is still an adequate number of subjects to utilize the

independent samples t-test, but the missing subjects may increase the probability of Type II error, the chance that there may be differences that are not detected by this analysis.

In order to answer these questions independent samples t-tests were calculated to compare reports of family of origin violence and mean scores from the Acceptance of Violence toward Men and the Acceptance of Violence toward Women scales. These were conducted separately for males and females to note any differences between genders.

Table 12. Family of origin violence and Acceptance of Violence

	<i>Male</i>			<i>Female</i>		
	<i>FOO Violence</i>		<i>P</i>	<i>FOO Violence</i>		<i>P</i>
	<i>Yes</i>	<i>No</i>		<i>Yes</i>	<i>No</i>	
Acceptance of Violence toward Women	n=49	n=33	.85	N=38	n=40	.28
Mean (SD)	2.34 (.78)	2.31 (.71)		2.03 (.76)	1.85 (.74)	
Acceptance of Violence toward Men	n=38	n=34	.46	N=37	n=37	.65
Mean (SD)	3.03 (1.01)	2.88 (.66)		2.18 (.90)	2.28 (.90)	

Significance levels based on Independent Samples T-test.

An independent-samples t-test was conducted to compare Acceptance of Violence toward Women for females who either did or did not report family of origin violence. There was no significant difference in mean scores of females reporting family of origin violence ($M=2.03$, $SD=.76$), and females *not* reporting family of origin violence [$M=1.85$, $SD=.74$; $t(76)=-1.1086$, $p=.281$].

A second independent-samples t-test was conducted to compare Acceptance of Violence toward *Men* for females who either did or did not report family of origin violence. There was no significant difference in mean scores of females reporting family of origin violence ($M=2.18$, $SD=.90$), and females *not* reporting family of origin violence [$M=2.28$, $SD=.90$; $t(72)=-.46$, $p=.65$].

The third independent-samples t-test was conducted to compare Acceptance of Violence toward Women for males who either did or did not report family of origin violence. There was no significant difference in mean scores of males reporting family of origin violence ($M=2.34$, $SD=.78$), and males *not* reporting family of origin violence [$M=2.31$, $SD=.71$; $t(180)=1.92$, $p=.848$].

The final independent-samples t-test was conducted to compare Acceptance of Violence toward *Men* for males who either did or did not report family of origin violence. There was no significant difference in mean scores of males reporting family of origin violence ($M=3.03$, $SD=1.01$), and males *not* reporting family of origin violence [$M=2.88$, $SD=.66$; $t(70)=.735$, $p=.465$].

There was no support based on this analysis for the research question, “Are individuals who have experienced family of origin violence more accepting of both men and women’s partner violence than those not raised with violence?” None of the four independent samples t-tests had significant results.

Family of origin violence and severity of intimate partner violence

As discussed previously, for this analysis partner violence is defined as lifetime prevalence of violence versus limiting results to partner violence reported within the last 12 months. The non-parametric statistical analysis most appropriate to test the relationship between Family of origin violence and partner violence was chi-square. This is because Family of origin violence is a dichotomous variable and partner violence is an ordinal variable. These non-continuous variables limit the types of statistical tests that are appropriate. The results are shown in Table 13. As noted previously, missing data resulted in a reduced N for this analysis (male

N=87; female N=81). A chi-square analysis was conducted to compare family of origin violence to current partner violence.

For males, there was a statistically significant relationship between family of origin violence and self-reports for physical violence $\chi^2(2)=11.83$, $p=.003$. 98% of males reporting family of origin violence self-reported physical violence, compared to 78% of males reporting no family of origin violence self-reporting partner violence. There was no relationship between family of origin violence and self-reports of physical violence for females. There was no relationship between family of origin violence and partner-reports of physical violence for males or females. There was no relationship between family of origin violence and self-reports of injury for males or females.

Table 13. Family of origin violence and partner violence
(The frequency for each cell is indicated with the expected count in parenthesis)

	<i>Male FOO Violence</i>		<i>P</i>	<i>Female FOO Violence</i>		<i>p</i>
	<i>Yes</i>	<i>No</i>		<i>Yes</i>	<i>No</i>	
Self-Report Violence			.003*			.202
None	1 (5.2)	8 (3.8)		6 (7.1)	8 (6.9)	
Minor	11 (13.2)	12 (9.8)		18 (14.2)	10 (13.8)	
Severe	38 (31.6)	17 (23.4)		17 (19.7)	22 (19.3)	
Partner-Report Violence			.126			.224
None	11 (8.6)	4 (6.4)		1 (3.0)	5 (3.0)	
Minor	9 (12.6)	13 (9.4)		6 (5.6)	5 (5.4)	
Severe	30 (28.7)	20 (21.3)		34 (32.4)	30 (31.6)	
Self-Report Injury			.503			.141
None	17 (19.5)	17 (14.5)		7 (10.6)	14 (10.4)	
Minor	26 (23.6)	15 (17.4)		10 (10.1)	10 (9.9)	
Severe	7 (6.9)	5 (5.1)		24 (20.2)	16 (19.8)	
Partner-Report Injury			.011*			.418
None	8 (13.8)	16 (10.2)		20 (20.2)	20 (19.8)	
Minor	26 (24.1)	16 (17.9)		19 (17.2)	15 (16.8)	
Severe	16 (12.1)	5 (8.9)		2 (3.5)	5 (3.5)	

* $p<.05$; ** $p<.005$ Significance levels based on χ^2 test.

However, for males there was a statistically significant relationship between family of origin violence and partner-reports of injury for males, $\chi^2(2)=9.07$, $p=.011$. There was no relationship between family of origin violence and partner-reports of injury for females. There was mixed support for the fifth research question and the effect of family of origin violence on partner violence.

Chapter V: Discussion

The purpose of this study was to investigate the differences between men and women's partner violence and the role of acceptance of violence in the intergenerational transmission of partner violence. This study is unique in that it utilizes the intake data from couples in a multi-couple treatment program for domestic violence. Intake data included information regarding family of origin violence; the Conflict Tactics Scales-2 (Straus et al., 1996); and two scales for acceptance of violence. The Acceptance of Violence toward women scale was adopted from the "wife beating justified" subscale of the Inventory of Beliefs about Wife Beating (Saunders et al., 1997). This subscale was then modified to be an Acceptance of Violence toward Men scale. The relationships between these variables were tested to see how different male and female violence was in regards to prevalence or chronicity. Also, the relationships between family of origin violence, acceptance of violence, and current partner violence were also explored.

Discussion of findings

Research Question 1

"Is women's intimate partner violence comparable to men's intimate partner violence as measured by the CTS-2?" There was mixed results for this research question. The initial analyses indicated CTS-2 scores were comparable for both males and females. Both males and females self-report comparable amounts of overall physical violence in this sample. This includes prevalence, the percentage of the sample self-reporting physical violence; and chronicity, the average number of times the reported violence happened in the past 12-months. Similarly, both males and females self-report comparable amounts of prevalence and chronicity of *severe* physical violence in this sample.

However, further examination of the CTS-2 subscales creates a more complex picture of the partner violence reported in this dataset. Firstly, males self-report more overall psychological aggression than females do. Likewise, males report more *severe* psychological aggression than females do. These statistically significant results indicate a context for the self-reported partner violence. Females self-report psychological aggression but men report significantly more. This self-report psychological aggression included items like *insulted or swore at my partner*. Chronicity was not significantly different for males and females. Male self-report of *severe* psychological aggression were significantly higher than female self-reports. Severe psychological aggression items included *called my partner fat or ugly; destroyed something belonging to my partner*. The dynamics of relationships described by these results allude to high rates of verbally abusive remarks and an atmosphere in these relationships as being emotionally destructive.

Another interesting result is that females self-report significantly more injury from their partner's violence than males do, both for overall injury and severe injury. Remember, items for injury include *felt physical pain that still hurt the next day because of a fight with my partner*. Severe injury items included *needed to see a doctor because of a fight with my partner, but I didn't*. Female self-report overall injury prevalence of 71% is significantly higher than male self-report of overall injury prevalence of 51%. These results give important contextual information to the comparable prevalence rates for self-report physical violence. Although females may strike out at their partners at comparable rates, females are significantly more likely to be injured by their partners, to the extent of needing medical attention.

What is most striking regarding the differences between male and female violence for this dataset is the partner-reports of violence. For overall violence, females reported

significantly higher chronicity of their partner's violence. Women reported significantly more *severe* violence by their partners than males did. So, although *self-reports* of physical violence had comparable prevalence rates; *partner-reports* of violence were significantly different with females reporting more violence by their partners than males reported of their partners. There is support in the literature (Edelson & Brygger, 1986) that both males and females under-report their violence, but that males often under-report their violence more (Dobash et al., 1998; Szinovacz & Egley, 1995).

Females reported the same prevalence as males for partner-report overall and severe psychological aggression but significantly higher chronicity for partner-reports of both overall and severe psychological aggression. Again, this is more support for a context of verbal and emotional abuse in these relationships.

Finally, when it came to partner-reports of injury, males report injuring their partners more often in prevalence of overall and severe injury. Similar to the self-report data, men here report injuring their partners significantly more than they are injured by their partners' physical violence.

Similarly to the community studies utilizing the CTS (Straus et al., 1980) this study found indications of gender symmetry in self-reports of partner violence. Although this was a clinical sample, the findings were similar to the findings in the larger community samples. Issues of prevalence of violence, chronicity of violence, and the mutuality of violence in the couples in this study showed a high degree of mutual partner violence by both men and women.

However, further information provided by the CTS-2 gives a larger picture of the context of that violence. Women may self-report similar prevalence of physical violence toward their partners; this may even classify their violence as common couple violence. However, this

violence by women seems to be happening in a context where women are more likely to be injured, and women receive a much larger amount of psychological aggression.

In thinking back to the metasystemic theory, some of the violence reported by the CTS-2 was likely to be expressive violence, but the larger amounts of injury and psychological aggression by males implies more instrumental intentions regarding violence. In other words, it is likely that some of this violence is common couple violence, but for some of these couples the psychological aggression and injury allude to a context of intimate terrorism. Unfortunately, the CTS-2 does not specifically delineate the difference (Jacobson, 1994b).

Research Question 2

“Is men’s intimate partner violence more acceptable than women’s intimate partner violence for both males and females?” The data analysis did not find that men’s intimate partner violence was more acceptable for the subjects of this study. There were statistically significant differences between Acceptance of Violence toward Women and Acceptance of Violence toward Men for both males ($p < .0005$, with a large effect size) and females ($p = .001$, with a moderate effect size). However, the difference was in the opposite direction predicted by the research question. For both males and females, Acceptance of Violence toward Men was *more* acceptable than Acceptance of Violence toward Women.

There is support in the literature for this finding. The percent of the US population who approve of a husband slapping his wife’s face has decreased steadily since 1968 (Straus et al., 1997). This decrease is statistically significant. This decrease in approval of men’s physical violence may be because of the large efforts during the battered women’s movement to educate the public about wife abuse. Controlling for other variables, the change seems to indicate a

change in culture versus a change in other demographics. The same study measured attitudes toward women's partner violence, and these attitudes did not show the same change over time.

Once again, the feminist perspective tends to reflect the cultural understanding of violence. Perhaps men's violence is more expected than women's violence and women's violence is more acceptable because this violence is qualitatively different and is perceived differently. Women are much less likely to injure their partner and are still less likely to experience criminal consequences for their violence. Men underreport both their and their partners' violence (Dobash et al., 1998); it seems to follow that they would also be much less likely to perceive women's violence as criminal or dangerous.

Research question 3

“Is positive acceptance of violence associated with severity of intimate partner violence?” As anticipated, males' Acceptance of Violence toward Women was significantly related to self-reports of physical violence. The more acceptable violence toward women was the more likely males were to self-report severe violence. This seems logical. The scores on the Acceptance of Violence toward Women can range from 1 to 7 but the average scores fell below 3. So, there were not extreme, “pro-violence” mean scores associating with self-reports of violence. The variability of the mean scores were enough to detect this relationship with a moderate effect size. This adds to the validity of the Acceptance of Violence toward Women scale.

Males also had a statistically significant relationship between Acceptance of Violence toward *Men* and their self-report of physical violence. This would lead one to conclude that Acceptance of Violence toward Women and Acceptance of Violence toward Men may have an underlying generalizable acceptance of *violence* component that would explain this relationship finding.

Females had a significant relationship between Acceptance of Violence toward Men and self-report of physical violence. Again, this is a logical relationship. What is interesting in these results is that the post-hoc results indicate the significant relationship is the difference between self-reports of *minor violence* and *severe violence*. *No violence* actually had a larger Acceptance of Violence toward Men score than *minor violence*. This anomalous result is a reminder of all of the potential error involved in self-report of socially undesirable behavior. The metasystemic theory considers partner violence to be determined by many factors including internalization of early relationships, neurobiological predispositions, and trauma history (Greenspun, 2001). So, while this study has supported the idea that acceptance of violence is related to partner violence, other factors are also involved. Perhaps women who have been violent in this past year are self-reporting *no violence*, therefore minimizing their violence? Perhaps these women have been violent towards males in the past but not in the past year for different reasons? Perhaps women (more than men) could find violence toward men acceptable and still not act on it? These possible confounding factors are not included in the present study.

Obviously, these questions are not addressed in this current study. Remember, although this study discusses the difference between *common couple violence* and *intimate terrorism*, there are possibly both types of violence in this dataset, which may complicate the results.

There are no significant relationships between Acceptance of Violence and partner-reports of physical violence. Originally, it was expected that Acceptance of Violence may be related to having been a victim of violence but there was no relationship in this dataset. Likewise, there was no relationship between self-reports of injury and Acceptance of Violence for males or females. Self-reports of injury would be reporting your own injury (inflicted by

your partner's violence). Again, there was not the predicted relationship between Acceptance of Violence and receiving violence.

Finally, for males, there were statistically significant relationships between both Acceptance of Violence toward Women and Acceptance of Violence toward Men and partner-report injuries. The more acceptance of violence the more likely males would report injuring their partner with their violence. This is a serious reminder of the reason the study of violence is so important. For these couples, being injured by a partner during a conflict is a distinct possibility.

Research Question 4

“Are individuals who have experienced family of origin violence more accepting of both men and women's partner violence than those not raised with violence?” There were no statistically significant results for this research question for this dataset. This is in keeping with the findings of the meta-analysis on the intergenerational transmission of partner violence that show only weak relationships between family of origin violence and partner violence (Stith et al., 2000). Other factors influence attitudes toward violence and outweigh the influence of family of origin.

The lack of relationship between family of origin violence and acceptance of violence may also be explained in another way. Ball-Rokeach (1973) explains that violence and attitudes about violence are primarily interpersonal rather than intrapersonal. One explanation for male and female acceptance of violence toward men may be that acceptance is not caused by family of origin experience, but instead is more influenced by behavior in the current couple relationship. Violent behavior by the spouse has a much greater impact on the respondent's violence than the respondent's own attitudes about violence (Dibble & Straus, 1999).

In the original design of this study acceptance of violence was seen as an intervening variable between family of origin violence and partner violence. However, it may be that acceptance of violence is more a result of partner violence than a cause of partner violence. The data for this sample are based on one-time self-report data. Relationships between variables can be determined, but which came first is unknowable based on this type of study. Of course, the implied direction of relationships between family of origin questions and current behavior is clearer. The acceptance of violence questions are not as clear in whether they are a factor contributing to partner violence or a consequence of the violence. The clinical implications of this acceptance of violence need to be addressed.

It was interesting to note how evenly the sample was split between individuals who reported family of origin violence and those that did not report any family of origin violence. Both men and women were split evenly regarding family of origin violence. This is important information regarding the theory of intergenerational transmission of partner violence. If the intergenerational transmission of partner violence were universal, all of the subjects in a clinical sample would report family of origin violence.

There was no support for the idea that experiencing family of origin violence would increase acceptance of violence. This was a difficult research question to determine based on a clinical dataset. This question should be tested within a more diverse sample, a non-clinical matched control sample would be ideal. The use of a control group would help determine if violence toward women is more acceptable among those who are currently in a violent relationship or if witnessing or experiencing family of origin violence would increase your acceptance of violence toward women.

Research question 5

In examining the acceptance of violence as an intervening variable for the intergenerational transmission of partner violence, it is important to examine the support for the intergenerational transmission of partner violence for this dataset. There were two significant results in the analysis that supported the research question that family of origin violence would be associated with severity of intimate partner violence. For males, family of origin violence was significantly related to self-reports of physical violence and partner-reports of injury. In other words, men who witnessed or experienced violence in their family of origin would be more likely to report assaulting their partner and injuring their partner.

However, there were no significant relationships between family of origin violence and partner violence for females. This is in keeping with previous research that violent men were more likely to witness and experience violence in their family of origin (Hotaling & Sugarman, 1984; Sugarman & Hotaling, 1989). The literature also supports a more pronounced dynamic for males than females (Pagelow, 1984). These results do offer support for the intergenerational transmission of partner violence theory. Nonetheless, there are other factors that influence current partner violence more significantly than family of origin violence alone.

Limitations of this study

One limitation of this study is the reliance on a clinical dataset and the need to be aware of the “clinical fallacy” (Straus, 1990b). The clinical fallacy asserts that families that seek clinical intervention may be substantially different from families that experience the same violence but do not access any outside assistance. These groups are different from the general population and studies of these populations may lead to different results and conclusions.

This study is based on an unusual clinical sample in that it is a multi-couple treatment program and not just couples in therapy or single sex intervention groups. An interesting study would be to see whether participants in a multi-couple treatment program are different from other clinical populations. Would a study done in a battered women's shelter show the same amount of gender-symmetry in partner violence? Would a study on the couple's data of an all men batterer's intervention group produce the same results? Couples who would be at all interested in a multi-couple treatment program are more likely to be more like Michael Johnson's (1995) common-couple violence than the intimate terrorism violence that may be going on in another clinical setting. Likewise, data collected from a community sample may be similar in the mutuality of violence, but it is doubtful that the prevalence of violence would be near the rates found in this study. As the clinical fallacy asserts, the population studied may be unique enough that the results from that study are not generalizable.

A second limitation to using this data from a clinical treatment group was the combining of subjects who completed treatment with subjects who either were referred to other forms of treatment or did not complete treatment for other reasons. There could be systematic differences between the two groups. This study did not test for differences between those subjects who completed treatment and those who did not complete the treatment program.

Another limitation of this study is the operationalization of family of origin violence. The first issue is whether the content validity is adequate of this variable. There is a concern that two questions may not adequately capture family of origin violence. There could be other aspects besides experiencing or witnessing violence that are not included. There may be a systematic measurement error if subjects consistently fail to think of their parents as violent, (some people's personal definition of violence may be different from researchers' definitions).

Secondly, construct validity of the family of origin variable is a concern. Combining witnessing and experiencing violence may confound the results. Perhaps witnessing violence affects partner violence differently than experiencing violence. This study entailed a hypothetical construct of family of origin violence that combines witnessing and experiencing family of origin violence. If this hypothetical construct is invalid, it may increase the possibility of type II error. This may explain why there was no relationship found between family of origin violence and partner violence for women. If experiencing violence and witnessing violence were operationalized separately would there be a different outcome for women's partner violence? This is an interesting question for further study.

Finally, in regards to family of origin violence, not all subjects completed the family of origin questions. This decrease in subject size increases the likelihood of type II error. This may effect the lack of findings between family of origin violence and acceptance of violence. The limited findings for the 5th research question were surprising, especially in a study that focuses so much on the intergenerational transmission of partner violence. However, there were a number of limitations that may have increased the possibility of the type II error, the chance that a truly statistically significant relationship will not be found. These limitation need to be considered when interpreting these results.

Another limitation of this study is the validity of the Acceptance of Violence toward Men. Acceptance of Violence toward Men may not be as simple as just reversing the items in the Acceptance of Violence toward Women scale. There could be an underlying "Acceptance of Violence" trait that is underlying both scales' scores. This possibility is supported by the results that for men, both Acceptance of Violence toward Men and Acceptance of Violence toward Women were associated with increased self-reports of physical assaults. Another limitation of

the findings regarding the acceptance of violence was that not all subjects completed this portion of the intake packet and therefore were not included in the acceptance of violence data. Again, this decrease in subjects increases the possibility of type II error. This may have contributed to the lack of relationship between family of origin violence and acceptance of violence.

Another shortcoming of this study is the reliance on the CTS-2 for self-reports and partner-reports of violence. Concerns regarding the CTS include operationalization of severity; the lack of context for behavior; and the subjectivity of the items (Dobash et al., 2005; Simpson & Christensen, 2005). The CTS was designed to measure violent acts without making the distinctions needed to form conclusions about “battering.” The CTS is not designed to capture the differences between instrumental or expressive violence. The CTS cannot measure issues of control, merely the violent behavior occurring in a family in the past year (Jacobson, 1994b).

Another limitation of the CTS-2 is that women tend to report more violence, both their own and their partners. Meanwhile, men tend to underreport their own violence. This is not explored thoroughly in this study for this sample.

Stets and Straus (1990) found that men especially, minimize self-reports of severe violence. In clinical settings, assessments of partner violence are best based on multiple indicators (George, 2007). It would be useful to employ mechanisms that allow for outside validity for the self-reports of violence. Partner-reports from both partners are present in this study, but police reports, hospital records, or other outside sources would also be useful. It made a tremendous difference in this study to include the factors of psychological aggression and injury from the CTS-2 to the self-reports of physical violence. The results were much more complicated, but more interesting in providing a more complex picture of the context of physical violence.

A final limitation of using the CTS-2 is its inability to differentiate the meaning of the partner violence reported. Women and men may understand and use violence differently. Likewise, the CTS-2 does not allow researchers to differentiate between common couple violence and intimate terrorism. Similarly, although the CTS-2 has been designed to measure severity of violence, it is not helpful with motivation of violence or whether that violence can be determined to be instrumental or expressive in nature. This will be difficult to measure as this is determined by the perceptions and experience of those involved with the violence.

Another limitation of this study was that due to the measures used couple data were not used together except for determining mutuality. Further research could take more advantage of a matched couple data set. Couple data could be used to validate self-reports of partners, and how couples influence each other's violence and acceptance of violence.

Clinical Implications

This study utilized the metasystemic approach developed by the therapists at the Ackerman Institute for the Family to explain partner violence from a non-gendered perspective. Their hybrid metasystemic theory is that intimate partner violence is determined by many factors. Partner violence is caused by an abuse of power as well as escalations within the relationship dynamics of the dyad (Greenspun, 2001). This theory is well-supported by this dataset. Although women's minor partner violence was comparable to men's minor partner violence, the higher rates of partner-reports of severe violence, psychological aggression, and injury reported by males, point to an abuse of power in the relationship for this clinical sample.

The metasystemic theory sees violence as both an *instrumental* and *expressive* act (Greenspun, 2001). Feminist critics of the systemic approach see all violence as *instrumental*. Violence is an instrument of power and is used as a tactic to control women (Avis, 1992).

Clinicians from the system perspective see violence as an *expressive* outgrowth of anger and conflict, with both partners capable of violence (Gelles & Straus, 1979). The metasystemic view is that violence can be both instrumental and expressive at the same time, given the context and the perspective of those involved (Greenspun). This both/and perspective can be useful for clinicians attempting to intervene with these couples.

Clients would need to learn to skills to de-escalate conflict, but would also need to be held accountable for abuses of power and intimidation. These issues may be best addressed in conjoint treatment (ie. Greenspun 2001; Stith et al., 2004). Research has indicated that clients may best utilize time-out (a favorite de-escalation technique of same-sex batterers programs) when both partners have received education on this technique (Rosen, Matheson, Stith, McCollum, & Locke, 2003). The metasystemic approach would then advocate addressing accountability for behavior that could be perceived as perpetrating power and control. This could be done in individual sessions or in conjoint sessions as well. Clearly, conjoint sessions involve a careful assessment for safety and constant attention to safety planning. Addressing these issues of de-escalating conflict and accountability for intimidating behavior of power and control is important because higher rates of mutual violence can increase the risk of violence leading to injury (Capaldi, Kim, & Shortt, 2007; Straus, 2007).

Clinicians need to be mindful of acceptance of violence as a factor or as a result of being in a violent relationship. Clinicians working with couples who have experienced partner violence may need to address the normalizing of violence that people in crisis tend to accept. A source of intervention may be to address belief systems that justify and sustain violent reactions to conflict. Frank discussions about violence and how the couple would like to live and teach their children about acceptance of violence can be powerful interventions. This is especially

important since this dataset supported the etiology of the intergenerational transmission of partner violence, at least for males.

This study was based on a clinical sample, however if partner violence influences acceptance of violence this may become an obstacle for some couples seeking treatment. Over time, violent couples may find their violent relationship more acceptable. This may influence whether they seek help from outside resources such as police or therapists.

Intervention providers need to be aware of how their experience and training may influence their theories about partner violence. Policies that mandate same sex intervention may be only addressing part of the problem. Assessing for mutual violence and addressing both partners may have outcomes that are more beneficial.

There was no significant difference between the self-reports of men and women's physical violence for this clinical dataset. This underlines the importance of considering the behavior of both men and women in assessing for partner violence. Suzanne Steinmetz (1987) asserts that by denying the possibility that women can be violent may inadvertently deny women access to interventions or resources that may help women deal with stress or cope with conflict. Partner violence by women is a serious social and health problem that must be addressed, even though the effects are not as prevalent as from assaults by male partners. The risk of injury and the probability of the violence continuing is greater when there is gender symmetry in partner violence (Capaldi, Kim, & Shortt, 2007; Straus, 2007). Clinicians would benefit from training in understanding the importance of asking about partner violence from *both* partners and offering intervention strategies to couples as well as single-sexed groups.

Conclusion

As discussed above, the paradigm of research on the *intergenerational transmission of partner violence* is coming to an end. Though the theory of the intergenerational transmission of partner violence will be incorporated into the both/and approach of the metasystemic theory. However, the etiology of partner violence is far from being understood. The metasystemic theory is an ideal theory to keep in mind for intervention in couples violence because it acknowledges the various factors that contribute to partner violence, including the intergenerational transmission of partner violence. By utilizing a both/and approach to the disparate views on partner violence interventions the metasystemic theory can work with couples or with individuals if necessary. This study demonstrates that women can self-report being as physically violent as men. But is also validates the importance of looking beyond self-reports of physical violence and considering partner-reports, injuries, and psychological aggression.

The next paradigm shift of the study of partner violence is the research on gender-symmetry in partner violence. As more research is conducted, the stigma of studying violence by women is reduced. It is important to keep in mind the complexity of partner violence and the potential consequences of that violence, such as women's injuries. The results of this study were enlightening to realize that looking at physical violence alone was not enough to understand the differences in men and women's partner violence. Understanding other forms of violence and considering partner-reports were essential.

Finally, the progress in typologies of batterers will have clinical implications in improving interventions and in better understanding of etiology of different types of violence. Perhaps, in the next several years there will be typologies developed to help understand violence by women. Through research and clinical interventions, one hopes we can change the culture of

acceptance of *any* violence. The vision statement of the Georgia Coalition Against Domestic Violence is to free people in Georgia from domestic violence. In order to free families from domestic violence we need to provide education and intervention to both men and women, even if it is to only one couple at a time.

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APPENDICES

Appendix A

Virginia Tech Intake Cover Page

Date: _____

CLIENT INFORMATION:

Name: _____ SSN: _____

Address: _____

Phone (H): _____ (W): _____

Children's names/DOB: _____

PARTNER INFORMATION:

Name: _____ Relationship: _____

Address: _____

Phone (H): _____ (W): _____

Children's names/DOB: _____

Virginia Tech Couples Counseling Program Intake**Part One**

1. Client's age _____ DOB: _____
2. Client's gender:
 - 1 Male
 - 2 Female
3. Race (circle number):
 - 1 Asian
 - 2 Black
 - 3 Hispanic
 - 4 Native American
 - 5 White
 - 6 Other
 - 7 Mixed race
4. Employment status/job title _____ :
 - 1 Full-time
 - 2 Part-time
 - 3 Student
 - 4 Stay at home with kids
 - 5 Unemployed
5. Partner's age _____ DOB: _____
6. Partner's race:
 - 1 Asian
 - 2 Black
 - 3 Hispanic
 - 4 Native American
 - 5 White
 - 6 Other
 - 7 Mixed race
7. Partner's employment status/job title _____ :
 - 1 Full-time
 - 2 Part-time
 - 3 Student
 - 4 Stay at home with kids
 - 5 Unemployed
8. Still together?
 - 1 Yes
 - 2 No

9. How long (length of relationship)? _____ years _____ months

10. When you have an argument what usually happens? Last time? Have you ever touched each other in anger? Are you ever scared?

11. Were you using any alcohol or drugs at the time of the incident?

1 Yes

2 No

If yes, please explain: _____

11a. What percentage of the time would you say the violence in your relationship has been associated with the use of alcohol or other drugs?

(0% - 100%) _____

12. Is there a Protective Order issued?

1 Yes

2 No

13. Are you taking any medications?

1 Yes

2 No

If yes, please explain: _____

14. Do you currently have any medical problems?

1 Yes

2 No

If yes, please explain: _____

15. Have you ever had therapy/counseling?

1 Yes

2 No

If yes, please explain: _____

16. Do you have a history of substance abuse and/or treatment?

1 Yes

2 No

If yes, please explain: _____

17. Does your partner have a history of substance abuse and/or treatment?

1 Yes

2 No

If yes, please explain: _____

18. What is your history of abuse/violence towards others (both relationship partners and

others)?

Please explain: _____

18a. In the past 2 years, have you been violent toward anyone outside of the home -- a friend, a stranger, etc.

1 Yes

2 No

If yes, please explain, including date of violent incident: _____

19. Do you have any DV arrests/dispositions:

1 Yes

2 No

If yes, please explain: _____

20. Time served: _____ years _____ months _____ days

21. Have you ever had counseling specifically related to any violent behavior?

1 Yes

2 No

If yes, please explain: _____

22. How many times have police been called to home? _____

23. Other arrest/dispositions (assault, battery, disturbing the peace, etc.):

24. Time served: _____ years _____ months _____ days

33. Is there a history of substance abuse in your family?

- 1 Yes 2 No

If yes, please explain: _____

34. How were you referred?

1 Court/police

2 Partner

3 Self

4 Other _____

35. Why are you here? _____

36. Do you read and write English?

- 1 Yes 2 No

37. What is your first language?

1 English

2 Spanish

3 Other _____

38. Do you currently have access to firearms, sporting knives (such as for fishing or hunting) or any other kinds of weapons?

1 Yes

2 No

If yes, please explain: _____

39. Would you be willing to remove these weapons from your home while you participate in this program?

- 1 Yes 2 No

If yes, please explain: _____

39a. Are you willing to sign a contract to not use violence in your relationship?

- 1 Yes 2 No

This questionnaire is to help us better understand the way you feel about participating in counseling. Each statement describes how a person might feel when starting treatment or approaching problems in their life. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel right now, not what you have felt in the past or would like to feel. For all the statements that refer to your “problem,” answer in terms of physical violence in your relationship. And “here” or “this place” refers to Virginia Tech’s counseling center.

1 = Strongly Disagree

2 = Disagree

3 = Undecided

4 = Agree

5 = Strongly Agree

39b. As far as I'm concerned, I don't have any problems that need changing.	1	2	3	4	5
39c. I'm not the problem one. It doesn't make much sense for me to be here.	1	2	3	4	5
39d. I am finally doing some work on my problem.	1	2	3	4	5
39e. I've been thinking that I might want to change something about myself.	1	2	3	4	5
39f. I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.	1	2	3	4	5
39g. At times my problem is difficult, but I'm working on it.	1	2	3	4	5
39h. Being here is pretty much a waste of time for me because the problem doesn't have to do with me.	1	2	3	4	5
39i. I have a problem and I really think I should work at it.	1	2	3	4	5
39j. Even though I'm not always successful in changing, I am at least working on my problem.	1	2	3	4	5
39k. I thought once I had resolved my problem I would be free of it, but sometimes I still find myself struggling with it.	1	2	3	4	5
39l. I have started working on my problems but I would like help.	1	2	3	4	5
39m. Maybe this place will be able to help me.	1	2	3	4	5
39n. I may need a boost right now to help me maintain the changes I've already made.	1	2	3	4	5
39o. I may be part of the problem, but I don't really think I am.	1	2	3	4	5
39p. I hope that someone here will have some good advice for me.	1	2	3	4	5
39q. After all I had done to try to change my problem, every now and again it comes back to haunt me.	1	2	3	4	5

Physical Abuse/harm to property

How often did you do the following things in the past year?

1 = 1-4 times in the past year

2 = 5-15 times in the past year

3 = more than 15 times in the past year

4 = not in the past year, but it did happen before

0 = this has never happened

Type	How often?				
40. Throw things around house/apartment	1	2	3	4	0
41. Break things	1	2	3	4	0
42. Punch walls, furniture, etc.	1	2	3	4	0
43. Slap your partner	1	2	3	4	0
44. Punch your partner	1	2	3	4	0
45. Choke your partner	1	2	3	4	0
46. Push your partner	1	2	3	4	0
47. Pull your partner's hair	1	2	3	4	0
48. Pinch your partner	1	2	3	4	0
49. Detain your partner	1	2	3	4	0
50. Kick your partner	1	2	3	4	0
51. Use a weapon against your partner	1	2	3	4	0
52. Restrain your partner	1	2	3	4	0
53. Throw things at/near partner	1	2	3	4	0
54. Force or coerce your partner to have sex	1	2	3	4	0
55. Engage in violent sex with your partner	1	2	3	4	0
56. Attack your partner's breasts/genitals	1	2	3	4	0
56a. Threaten your partner with a weapon	1	2	3	4	0
56b. Grab your partner	1	2	3	4	0
56c. Spit at your partner	1	2	3	4	0

57. Has your partner ever required medical treatment as a result of any of these actions (e.g. emergency room, doctor's office, hospital stay)

1 Yes 2 No

If yes, please explain _____

58. Has your partner ever sustained injuries as a result of any of these actions, for which she/he did not receive medical treatment (e.g. bruises, scrapes, cuts, black eyes, etc.)

1 Yes 2 No

If yes, please explain _____

Have you ever used any of the following with your current (or past) partners?

59. Intimidation: (causing fear by using looks, actions, gestures, a loud voice, smashing things, destroying property)
1 Yes 2 No
60. Emotional Abuse: (using put downs, attacking self confidence, name-calling, mind games)
1 Yes 2 No
61. Isolation: (controlling activities, contact with other people, freedom to make choices)
1 Yes 2 No
62. Using children/friends/family: (creating guilt, using the friends, family, children to give messages)
1 Yes 2 No
63. (*Omit this question for women*) Male privilege: (expecting to be waited on, making all the “big” decisions, acting like the boss)
1 Yes 2 No
64. Economic abuse: (preventing the preparation for or keeping of a job, refusing to share money or provide support)
1 Yes 2 No
65. Coercion and threats: (making and/or carrying out threats to do something hurtful. Threatening to commit suicide or harm family, friend or pet)
1 Yes 2 No
66. Sexual abuse: (forcing unwanted sexual activity, physically attacking the genital areas, treating like a sex object)
1 Yes 2 No
67. Minimizing, denying, blaming: (trivializing the severity of the violence/abuse, refusing to take accountability for committing the abusive behavior, suggesting that partner somehow caused the abuse)
1 Yes 2 No
68. Committing violence against others:
1 Yes 2 No
69. If we were to offer a couple’s counseling program, free of charge, would you be interested in participating in it?
1 Yes 2 No
70. If yes, do you think your partner would be interested in participating?
1 Yes 2 No
71. Do we have your permission to contact your partner about participating?
1 Yes 2 No

Comments: _____

Part TwoMichigan Alcoholism Screening Test
(MAST; Selzer, 1971)

Please respond YES or NO to the following questions about your drinking habits **in the last six months.**

- | | | |
|--|-----|----|
| 1. Do you feel you are a normal drinker (by <i>normal</i> we mean you drink <i>less than</i> or <i>as much as</i> most other people)? | YES | NO |
| 2. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking? | YES | NO |
| 3. Do you ever feel guilty about your drinking? | YES | NO |
| 4. Do friends or relatives think you are a normal drinker? | YES | NO |
| 5. Are you able to stop drinking when you want to? | YES | NO |
| 6. Have you ever attended a meeting of Alcoholics Anonymous (AA)? | YES | NO |
| 7. Has drinking ever created problems between you and your wife, husband, a parent, or other near relative? | YES | NO |
| 8. Have you ever gotten into trouble at work because of drinking? | YES | NO |
| 9. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking? | YES | NO |
| 10. Have you ever gone to anyone for help about your drinking? | YES | NO |
| 11. Have you ever been in a hospital because of drinking? | YES | NO |
| 12. Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages? | YES | NO |
| 13. Have you ever been arrested, even for a few hours, because of other drunk behavior? | YES | NO |

1. What was your approximate individual income last year? (circle one)

- 1 None, I was unemployed
- 2 Less than \$20,000
- 3 \$20,000 - \$39,999
- 4 \$40,000 - \$59,999
- 5 \$60,000 - \$79,999
- 6 \$80,000 - \$99,999
- 7 \$100,000 or more

2. What is your level of education? (circle one)

- 1 Less than high school
- 2 GED
- 3 High school diploma
- 4 Vocational/technical school
- 5 Some college
- 6 Bachelor's degree
- 7 Some graduate credits
- 8 Master's degree
- 9 Doctoral degree

Intake counselor: _____ Intake date: _____

By signing below, I am indicating that all of the information that I have given is true to the best of my knowledge.

Client signature: _____ Date: _____

Appendix B

Virginia Tech's Couples Counseling Project

ACT Intake # _____

Couple # _____

Gender (of the test taker): _____

Pre-Test Monitor (name): _____

Today's Date: _____

Although the following three items refer to marriage, please think of your relationship with your current partner, **whether you are married or not**, as you answer the questions.

CIRCLE YOUR ANSWER

(A) How satisfied are you with your current marriage or relationship?

Extremely Dissatisfied	1	2	3	4	5	6	7	Extremely Satisfied
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(B) How satisfied are you with your relationship with your spouse or partner?

Extremely Dissatisfied	1	2	3	4	5	6	7	Extremely Satisfied
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(C) How satisfied are you with your partner as a spouse or partner?

Extremely Dissatisfied	1	2	3	4	5	6	7	Extremely Satisfied
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During the discussion of a relationship problem, how likely are the two of you to ...

5. Blame each other for the problem.

1 2 3 4 5 6 7 8 9
 Very unlikely Very likely

6. Verbally threaten each other.

1 2 3 4 5 6 7 8 9
 Very unlikely Very likely

7. Negotiate a solution together.

1 2 3 4 5 6 7 8 9
 Very unlikely Very likely

8. Your partner makes a demand, and you withdraw.

1 2 3 4 5 6 7 8 9
 Very unlikely Very likely

9. You make a demand, and your partner withdraws.

1 2 3 4 5 6 7 8 9
 Very unlikely Very likely

10. Your partner criticizes you, and you defend yourself.

1 2 3 4 5 6 7 8 9
 Very unlikely Very likely

11. You criticize your partner, and he/she defends himself/herself.

1 2 3 4 5 6 7 8 9
 Very unlikely Very likely

12. You get emotional, and your partner gets logical.

1 2 3 4 5 6 7 8 9
 Very unlikely Very likely

How likely is the discussion of a problem to end with ...

20. Mutual understanding.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
Very unlikely							Very likely	

21. Mutual withdrawal.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
Very unlikely							Very likely	

22. Mutual resolution.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
Very unlikely							Very likely	

23. Mutual withholding of affection.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
Very unlikely							Very likely	

24. Mutual reconciliation.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
Very unlikely							Very likely	

25. You feeling guilty, your partner feeling hurt.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
Very unlikely							Very likely	

26. Your partner feeling guilty, you feeling hurt.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
Very unlikely							Very likely	

27. Your partner trying to make up, you withdrawing.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
Very unlikely							Very likely	

28. You trying to make up, and your partner withdrawing.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
Very unlikely							Very likely	

Although the following three items refer to marriage, please think of your relationship with your current partner, **whether you are married or not**, as you answer the questions.

CIRCLE YOUR ANSWER

(1) How satisfied are you with your marriage or relationship?

Very
Dissatisfied 7 6 5 4 3 2 1 Very
Satisfied

(2) How satisfied are you with your relationship with your children?

Very
Dissatisfied 7 6 5 4 3 2 1 Very
Satisfied

If you do not have children please check here ⇒ _____

(3) How satisfied are you with your children's relationship with each other?

Very
Dissatisfied 7 6 5 4 3 2 1 Very
Satisfied

If you have no children, or just one child, please check here ⇒ _____

(4) Overall, how satisfied are you with your current family relationships?

Very
Dissatisfied 7 6 5 4 3 2 1 Very
Satisfied

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences.

Please circle how many times you did each of the following things in the past year, and how many times your partner did them in the past year.

If you or your partner did not do one of these things in the past year, but it happened before, circle “7.”

How often did this happen?

“0” = No, this has never happened

“1” = Once in the past year

“2” = Twice in the past year

“3” = 3 - 5 times in the past year

“4” = 6 - 10 times in the past year

“5” = 11 - 20 times in the past year

“6” = More than 20 times in the past year

“7” = Not in the past year, but it did happen before

1. I showed my partner I cared even though we disagreed	0	1	2	3	4	5	6	7
2. My partner showed care for me even though we disagreed	0	1	2	3	4	5	6	7
3. I explained my side of a disagreement to my partner	0	1	2	3	4	5	6	7
4. My partner explained his or her side of a disagreement to me	0	1	2	3	4	5	6	7
5. I insulted or swore at my partner	0	1	2	3	4	5	6	7
6. My partner did this to me	0	1	2	3	4	5	6	7
7. I threw something at my partner that could hurt	0	1	2	3	4	5	6	7
8. My partner did this to me	0	1	2	3	4	5	6	7
9. I twisted my partner's arm or hair	0	1	2	3	4	5	6	7
10. My partner did this to me	0	1	2	3	4	5	6	7
11. I had a sprain, bruise, or small cut because of a fight with my partner	0	1	2	3	4	5	6	7
12. My partner had a sprain, bruise, or small cut because of a fight with me	0	1	2	3	4	5	6	7
13. I showed respect for my partner's feelings about an issue	0	1	2	3	4	5	6	7
14. My partner showed respect for my feelings about an issue	0	1	2	3	4	5	6	7
15. I made my partner have sex without a condom	0	1	2	3	4	5	6	7
16. My partner did this to me	0	1	2	3	4	5	6	7
17. I pushed or shoved my partner	0	1	2	3	4	5	6	7
18. My partner pushed or shoved me	0	1	2	3	4	5	6	7
19. I used force (like hitting, holding down, using a weapon) to make my partner have oral or anal sex	0	1	2	3	4	5	6	7
20. My partner did this to me	0	1	2	3	4	5	6	7
21. I used a knife or a gun on my partner	0	1	2	3	4	5	6	7
22. My partner did this to me	0	1	2	3	4	5	6	7
23. I passed out from being hit on the head by my partner during a fight	0	1	2	3	4	5	6	7
24. My partner passed out from being hit on the head in a fight with me	0	1	2	3	4	5	6	7
25. I called my partner fat or ugly	0	1	2	3	4	5	6	7
26. My partner called me fat or ugly	0	1	2	3	4	5	6	7

Please circle how many times you did each of the following things in the past year, and how many times your partner did them in the past year.

If you or your partner did not do one of these things in the past year, but it happened before, circle “7.”

How often did this happen?

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“7” = Not in the past year, but it did happen before

27. I punched or hit my partner with something that could hurt	0	1	2	3	4	5	6	7
28. My partner did this to me	0	1	2	3	4	5	6	7
29. I destroyed something belonging to my partner	0	1	2	3	4	5	6	7
30. My partner did this to me	0	1	2	3	4	5	6	7
31. I went to a doctor because of a fight with my partner	0	1	2	3	4	5	6	7
32. My partner went to a doctor because of a fight with me	0	1	2	3	4	5	6	7
33. I choked my partner	0	1	2	3	4	5	6	7
34. My partner did this to me	0	1	2	3	4	5	6	7
35. I shouted or yelled at my partner	0	1	2	3	4	5	6	7
36. My partner did this to me	0	1	2	3	4	5	6	7
37. I slammed my partner against a wall	0	1	2	3	4	5	6	7
38. My partner did this to me	0	1	2	3	4	5	6	7
39. I said that I was sure we could work out a problem	0	1	2	3	4	5	6	7
40. My partner was sure that we could work it out	0	1	2	3	4	5	6	7
41. I needed to see a doctor because of a fight with my partner, but I didn't	0	1	2	3	4	5	6	7
42. My partner needed to see a doctor because of a fight with me, but didn't	0	1	2	3	4	5	6	7
43. I beat up my partner	0	1	2	3	4	5	6	7
44. My partner did this to me	0	1	2	3	4	5	6	7
45. I grabbed my partner	0	1	2	3	4	5	6	7
46. My partner did this to me	0	1	2	3	4	5	6	7
47. I used force (like hitting, holding down, or using a weapon) to make my partner have sex	0	1	2	3	4	5	6	7
48. My partner did this to me	0	1	2	3	4	5	6	7
49. I stomped out of the room or house or yard because of a disagreement with my partner	0	1	2	3	4	5	6	7
50. My partner did this to me	0	1	2	3	4	5	6	7
51. I insisted on sex when my partner did not want to (but did not use physical force)	0	1	2	3	4	5	6	7
52. My partner did this to me	0	1	2	3	4	5	6	7

Please circle how many times you did each of the following things in the past year, and how many times your partner did them in the past year.

If you or your partner did not do one of these things in the past year, but it happened before, circle “7.”

How often did this happen?

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“4” = 6 - 10 times in the past year

“5” = 11 - 20 times in the past year

“6” = More than 20 times in the past year

“7” = Not in the past year, but it did happen before

53. I slapped my partner	0	1	2	3	4	5	6	7
54. My partner did this to me	0	1	2	3	4	5	6	7
55. I had a broken bone from a fight with my partner	0	1	2	3	4	5	6	7
56. My partner had a broken bone from a fight with me	0	1	2	3	4	5	6	7
57. I used threats to make my partner have oral or anal sex	0	1	2	3	4	5	6	7
58. My partner did this to me	0	1	2	3	4	5	6	7
59. I suggested a compromise to a disagreement	0	1	2	3	4	5	6	7
60. My partner suggested a compromise	0	1	2	3	4	5	6	7
61. I burned or scalded my partner on purpose	0	1	2	3	4	5	6	7
62. My partner did this to me	0	1	2	3	4	5	6	7
63. I insisted my partner have oral or anal sex (but did not use physical force)	0	1	2	3	4	5	6	7
64. My partner did this to me	0	1	2	3	4	5	6	7
65. I accused my partner of being a lousy lover	0	1	2	3	4	5	6	7
66. My partner accused me of this	0	1	2	3	4	5	6	7
67. I did something to spite my partner	0	1	2	3	4	5	6	7
68. My partner did this to me	0	1	2	3	4	5	6	7
69. I threatened to hit or throw something at my partner	0	1	2	3	4	5	6	7
70. My partner did this to me	0	1	2	3	4	5	6	7
71. I felt physical pain that still hurt the next day because of fight we had	0	1	2	3	4	5	6	7
72. My partner still felt physical pain the next day because of a fight we had	0	1	2	3	4	5	6	7
73. I kicked my partner	0	1	2	3	4	5	6	7
74. My partner did this to me	0	1	2	3	4	5	6	7
75. I used threats to make my partner have sex	0	1	2	3	4	5	6	7
76. My partner did this to me	0	1	2	3	4	5	6	7
77. I agreed to try a solution to a disagreement my partner suggested	0	1	2	3	4	5	6	7
78. My partner agreed to try a solution I suggested	0	1	2	3	4	5	6	7

INSTRUCTIONS: Answer the following sets of statements describing the relationship between you and your partner. Please circle the number that best describes **HOW OFTEN** the following statements happen between you and your partner.

NEVER = 1

ALMOST NEVER = 2

SOMETIMES = 3

ALMOST ALWAYS = 4

ALWAYS = 5

Me:

- | | |
|---|-----------|
| 1. I show respect for my partner's viewpoints. | 1 2 3 4 5 |
| 2. I respond to my partner's feelings as if they have no value. | 1 2 3 4 5 |
| 3. I demonstrate respect for my partner's privacy. | 1 2 3 4 5 |
| 4. I tell my partner what he/she should be thinking. | 1 2 3 4 5 |
| 5. I respond to my partner's feelings in an understanding way. | 1 2 3 4 5 |
| 6. I tell my partner that he/she doesn't mean what he/she is saying. | 1 2 3 4 5 |
| 7. I show a lack of concern for my partner's feelings. | 1 2 3 4 5 |
| 8. I encourage my partner to express his/her feelings, bad or good. | 1 2 3 4 5 |
| 9. I discount my partner's thoughts and opinions. | 1 2 3 4 5 |
| 10. I show understanding when my partner does not wish to share his/her feelings. | 1 2 3 4 5 |
| 11. I allow my partner to speak for him/herself. | 1 2 3 4 5 |

INSTRUCTIONS: Answer the following sets of statements describing the relationship between you and your partner. Please circle the number that best describes **HOW OFTEN** the following statements happen between you and your partner.

NEVER = 1

ALMOST NEVER = 2

SOMETIMES = 3

ALMOST ALWAYS = 4

ALWAYS = 5

My partner:

1. My partner shows respect for my viewpoints. 1 2 3 4 5
2. My partner responds to my feelings as if they have no value. 1 2 3 4 5
3. My partner demonstrates respect for my privacy. 1 2 3 4 5
4. My partner tells me what I should be thinking. 1 2 3 4 5
5. My partner responds to my feelings in an understanding way. 1 2 3 4 5
6. My partner tells me that I don't mean what I am saying. 1 2 3 4 5
7. My partner shows a lack of concern for my feelings. 1 2 3 4 5
8. My partner encourages me to express my feelings, bad or good. 1 2 3 4 5
9. My partner discounts my thoughts and opinions. 1 2 3 4 5
10. My partner shows understanding when I do not wish to share my feelings. 1 2 3 4 5
11. My partner allows me to speak for myself. 1 2 3 4 5

People have many different ways of relating to each other. The following statements are all different ways of relating to or thinking about your partner. Please read each statement and decide how much you agree with it.

(CIRCLE YOUR ANSWER)

Strongly Disagree = 1

Disagree = 2

Agree = 3

Strongly Agree = 4

- | | | | | | |
|-----|--|---|---|---|---|
| 1. | My partner has good ideas. | 1 | 2 | 3 | 4 |
| 2. | I try to keep my partner from spending time with opposite sex friends. | 1 | 2 | 3 | 4 |
| 3. | If my partner and I can't agree, I usually have the final say. | 1 | 2 | 3 | 4 |
| 4. | It bothers me when my partner makes plans without talking to me first. | 1 | 2 | 3 | 4 |
| 5. | My partner doesn't have enough sense to make important decisions. | 1 | 2 | 3 | 4 |
| 6. | I hate losing arguments with my partner. | 1 | 2 | 3 | 4 |
| 7. | My partner should not keep any secrets from me. | 1 | 2 | 3 | 4 |
| 8. | I insist on knowing where my partner is at all times. | 1 | 2 | 3 | 4 |
| 9. | When my partner and I watch TV, I hold the remote control. | 1 | 2 | 3 | 4 |
| 10. | My partner and I generally have equal say about decisions. | 1 | 2 | 3 | 4 |
| 11. | It would bother me if my partner made more money than I did. | 1 | 2 | 3 | 4 |
| 12. | I generally consider my partner's interests as much as mine. | 1 | 2 | 3 | 4 |
| 13. | I tend to be jealous. | 1 | 2 | 3 | 4 |
| 14. | Things are easier in my relationship if I am in charge. | 1 | 2 | 3 | 4 |
| 15. | Sometimes I have to remind my partner of who's boss. | 1 | 2 | 3 | 4 |
| 16. | I have a right to know everything my partner does. | 1 | 2 | 3 | 4 |
| 17. | It would make me mad if my partner did something I had said not to. | 1 | 2 | 3 | 4 |

People have many different ways of relating to each other. The following statements are all different ways of relating to or thinking about your partner. Please read each statement and decide how much you agree with it.

(CIRCLE YOUR ANSWER)

Strongly Disagree = 1

Disagree = 2

Agree = 3

Strongly Agree = 4

- | | | | | |
|---|---|---|---|---|
| 18. Both partners in a relationship should have equal say about decisions. | 1 | 2 | 3 | 4 |
| 19. If my partner and I can't agree, I should have the final say. | 1 | 2 | 3 | 4 |
| 20. I understand there are some things my partner may not want to talk about with me. | 1 | 2 | 3 | 4 |
| 21. My partner needs to remember that I am in charge. | 1 | 2 | 3 | 4 |
| 22. My partner is a talented person. | 1 | 2 | 3 | 4 |
| 23. It's hard for my partner to learn new things. | 1 | 2 | 3 | 4 |
| 24. People usually like my partner. | 1 | 2 | 3 | 4 |
| 25. My partner makes a lot of mistakes. | 1 | 2 | 3 | 4 |
| 26. My partner can handle most things that happen. | 1 | 2 | 3 | 4 |
| 27. I sometimes think my partner is unattractive. | 1 | 2 | 3 | 4 |
| 28. My partner is basically a good person. | 1 | 2 | 3 | 4 |
| 29. My partner doesn't know how to act in public. | 1 | 2 | 3 | 4 |
| 30. I often tell my partner how to do something. | 1 | 2 | 3 | 4 |
| 31. I dominate my partner. | 1 | 2 | 3 | 4 |
| 32. I have a right to be involved with anything my partner does. | 1 | 2 | 3 | 4 |

The following statements describe situations that are often related to anger arousal. Please rate the degree of anger you would normally have in each situation letting (1) represent very little anger, (2) little anger, (3) a moderate amount of anger, (4) much anger and (5) very much anger. Try to imagine the situation actually happening to you. Give your general reactions even though your reactions may vary depending on your mood that day, who was involved, etc. “Partner” means your intimate partner, the person you are married to or dating.

(CIRCLE YOUR ANSWER)

Very Little Anger = 1

Little Anger = 2

Moderate Amount of Anger = 3

Much Anger = 4

Very Much Anger = 5

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 1. | Struggling to carry four cups of coffee to a table, your partner bumps into you. | 1 | 2 | 3 | 4 | 5 |
| 2. | Your partner does not meet you somewhere as planned. | 1 | 2 | 3 | 4 | 5 |
| 3. | You are talking to your boss and he/she doesn't answer you. | 1 | 2 | 3 | 4 | 5 |
| 4. | Being called a liar by a co-worker. | 1 | 2 | 3 | 4 | 5 |
| 5. | Your partner refuses to help you when you asked. | 1 | 2 | 3 | 4 | 5 |
| 6. | You are in the middle of an argument and your partner calls you a "stupid jerk." | 1 | 2 | 3 | 4 | 5 |
| 7. | Your partner buys something important without checking with you. | 1 | 2 | 3 | 4 | 5 |
| 8. | Being joked about or teased by a friend. | 1 | 2 | 3 | 4 | 5 |
| 9. | Being pushed or shoved by your partner in an argument. | 1 | 2 | 3 | 4 | 5 |
| 10. | A friend does not meet you somewhere as planned. | 1 | 2 | 3 | 4 | 5 |
| 11. | Your partner makes a mistake and blames it on you. | 1 | 2 | 3 | 4 | 5 |
| 12. | You have made arrangements to go somewhere with your partner who backs out at the last minute and leaves you hanging. | 1 | 2 | 3 | 4 | 5 |
| 13. | Your partner insists you do something you don't want to do. | 1 | 2 | 3 | 4 | 5 |
| 14. | Being pushed or shoved by a co-worker in an argument. | 1 | 2 | 3 | 4 | 5 |
| 15. | You have had a busy day and your boss starts to complain about how you forgot to do something that you agreed to do. | 1 | 2 | 3 | 4 | 5 |
| 16. | You are trying to discuss something with your partner but you are not given a chance to express your feelings. | 1 | 2 | 3 | 4 | 5 |

The following statements describe situations that are often related to anger arousal. Please rate the degree of anger you would normally have in each situation letting (1) represent very little anger, (2) little anger, (3) a moderate amount of anger, (4) much anger and (5) very much anger. Try to imagine the situation actually happening to you. Give your general reactions even though your reactions may vary depending on your mood that day, who was involved, etc. “Partner” means your intimate partner, the person you are married to or dating.

(CIRCLE YOUR ANSWER)

Very Little Anger = 1

Little Anger = 2

Moderate Amount of Anger = 3

Much Anger = 4

Very Much Anger = 5

- | | | | | | |
|--|---|---|---|---|---|
| 17. Struggling to carry four cups of coffee to a table, a co-worker bumps into you. | 1 | 2 | 3 | 4 | 5 |
| 18. Being called a liar by your partner. | 1 | 2 | 3 | 4 | 5 |
| 19. Your partner refuses your sexual advances. | 1 | 2 | 3 | 4 | 5 |
| 20. Being joked about or teased by your partner. | 1 | 2 | 3 | 4 | 5 |
| 21. Your partner spends more money than the budget allows. | 1 | 2 | 3 | 4 | 5 |
| 22. Your partner makes a mess but does not clean it up. | 1 | 2 | 3 | 4 | 5 |
| 23. Your boss insists that you do something you don't want to do. | 1 | 2 | 3 | 4 | 5 |
| 24. You are talking to your partner and he/she doesn't answer. | 1 | 2 | 3 | 4 | 5 |
| 25. Your partner tries to make you feel guilty. | 1 | 2 | 3 | 4 | 5 |
| 26. When you are criticized in front of your partner for something that you have done. | 1 | 2 | 3 | 4 | 5 |
| 27. Your partner trying to get "one-up" on you. | 1 | 2 | 3 | 4 | 5 |
| 28. You have had a busy day and your partner starts to complain about how you forgot to do something you agreed to do. | 1 | 2 | 3 | 4 | 5 |
| 29. You are trying to discuss something with a friend who isn't giving you a chance to express your feelings. | 1 | 2 | 3 | 4 | 5 |
| 30. Your partner constantly brags about himself/herself. | 1 | 2 | 3 | 4 | 5 |

Please list other situations involving your partner that often relate to your anger and rate how angry you generally become:

31. _____ 1 2 3 4 5

32. _____ 1 2 3 4 5

33. _____ 1 2 3 4 5

34. _____ 1 2 3 4 5

(CIRCLE YOUR ANSWER)

Very Little Anger = 1

Little Anger = 2

Moderate Amount of Anger = 3

Much Anger = 4

Very Much Anger = 5

Instructions: Following are a number of statements about violence toward wives which some people agree with and others disagree with. There are no right or wrong answers.

“Beating” is used to mean repeated hitting intended to inflict pain.

(PLEASE CIRCLE ANSWERS)

PLEASE USE THE FOLLOWING SCALE TO RATE YOUR ANSWERS:

Strongly Agree = 1

Agree = 2

Slightly Agree = 3

Neither Agree Nor Disagree = 4

Slightly Disagree = 5

Disagree = 6

Strongly Disagree = 7

- | | | | | | | | | |
|-----|--|---|---|---|---|---|---|---|
| 1. | Social agencies should do more to help battered women. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. | There is no excuse for a man beating his wife. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. | Wives try to get beaten by their husbands in order to get sympathy from others. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. | A woman who constantly refuses to have sex with her husband is asking to be beaten. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. | Wives could avoid being battered by their husbands if they knew when to stop talking. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. | Episodes of a man beating his wife are the wife's fault. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. | Even when women lie to their husbands they do not deserve to get a beating. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. | Women should be protected by law if their husbands beat them. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. | Wife-beating should be given high priority as a social problem by government agencies. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. | Sometimes it is OK for a man to beat his wife. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. | Women feel pain and no pleasure when beat-up by their husbands. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. | A sexually unfaithful wife deserves to be beaten. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. | Cases of wife-beating are the fault of the husband. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. | Battered wives try to get their partners to beat them as a way to get attention from them. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Instructions: Following are a number of statements about violence toward wives which some people agree with and others disagree with. There are no right or wrong answers.

“Beating” is used to mean repeated hitting intended to inflict pain.

(PLEASE CIRCLE ANSWERS)

PLEASE USE THE FOLLOWING SCALE TO RATE YOUR ANSWERS:

Strongly Agree = 1

Agree = 2

Slightly Agree = 3

Neither Agree Nor Disagree = 4

Slightly Disagree = 5

Disagree = 6

Strongly Disagree = 7

15. Husbands who batter should be responsible for the abuse because they should have foreseen that it would happen. 1 2 3 4 5 6 7
16. If I heard a woman being attacked by her husband, it would be best that I do nothing. 1 2 3 4 5 6 7
17. Battered wives are responsible for their abuse because they intended it to happen. 1 2 3 4 5 6 7
18. If a wife is beaten by her husband, she should divorce him immediately. 1 2 3 4 5 6 7
19. Husbands who batter are responsible for the abuse because they intended to do it. 1 2 3 4 5 6 7
20. The best way to deal with wife-beating is to arrest the husband. 1 2 3 4 5 6 7
21. Even when a wife's behavior challenges her husband's manhood, he's not justified in beating her. 1 2 3 4 5 6 7
22. How long should a man who has beaten his wife spend in prison or jail? (circle one)
0 1 mo. 6 mos. 1 yr. 3 yrs. 5 yrs. 10 yrs. Don't know
23. When a wife is beaten it is caused by her behavior in the weeks before the battering. 1 2 3 4 5 6 7
24. A wife should move out of the house if her husband beats her. 1 2 3 4 5 6 7
25. Wives who are battered are responsible for the abuse because they should have foreseen it would happen. 1 2 3 4 5 6 7
26. A husband has no right to beat his wife even if she breaks agreements she has made with him. 1 2 3 4 5 6 7
27. Occasional violence by a husband toward his wife can help maintain the marriage. 1 2 3 4 5 6 7
28. A wife doesn't deserve a beating even if she keeps reminding her husband of his weak points. 1 2 3 4 5 6 7
29. Most wives secretly desire to be beaten by their husbands. 1 2 3 4 5 6 7
30. If I heard a woman being attacked by her husband, I would call the police. 1 2 3 4 5 6 7
31. It would do some wives some good to be beaten by their husbands. 1 2 3 4 5 6 7

On the next page is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, please circle one of the numbers to the right that best describes **HOW MUCH DISCOMFORT THAT PROBLEM HAS CAUSED YOU DURING THE PAST WEEK INCLUDING TODAY.**

(PLEASE CIRCLE ANSWERS)

Not at All = 0

A Little Bit = 1

Moderately = 2

Quite a Bit = 3

Extremely = 4

HOW MUCH WERE YOU DISTRESSED BY:

1.	Loss of sexual interest or pleasure.	0	1	2	3	4
2.	Feeling low in energy or slowed down.	0	1	2	3	4
3.	Thoughts of ending your life.	0	1	2	3	4
4.	Crying easily.	0	1	2	3	4
5.	Feelings of being trapped or caught.	0	1	2	3	4
6.	Blaming yourself for things.	0	1	2	3	4
7.	Feeling lonely.	0	1	2	3	4
8.	Feeling blue.	0	1	2	3	4
9.	Worrying too much about things.	0	1	2	3	4
10.	Feeling no interest in things.	0	1	2	3	4
11.	Feeling hopeless about the future.	0	1	2	3	4
12.	Feeling everything is an effort.	0	1	2	3	4
13.	Feelings of worthlessness.	0	1	2	3	4
14.	Nervousness or shakiness inside.	0	1	2	3	4
15.	Trembling.	0	1	2	3	4
16.	Suddenly scared for no reason.	0	1	2	3	4
17.	Feeling fearful.	0	1	2	3	4
18.	Heart pounding or racing.	0	1	2	3	4
19.	Feeling tense or keyed up.	0	1	2	3	4
20.	Spells of terror or panic.	0	1	2	3	4
21.	Feeling so restless you couldn't sit still.	0	1	2	3	4
22.	The feeling that something bad is going to happen to you.	0	1	2	3	4
23.	Thoughts and images of a frightening nature.	0	1	2	3	4

(PLEASE CIRCLE ANSWER)

1. How jealous do you get of your partner's relationship with members of the opposite sex?

not at all jealous 1 2 3 4 5 6 7 very jealous

2. In general, how jealous of a person do you think you are?

not at all 1 2 3 4 5 6 7 very jealous

3. Have you ever seriously thought about breaking up with your partner because of his/her attraction to someone else of the opposite sex?

never rarely sometimes occasionally often
 1 2 3 4 5

4. My relationship with my partner has made me (much less to much more) jealous than I usually am.

much less 1 2 3 4 5 6 7 much more

5. How often do you get jealous of your partner's relationships with members of the opposite sex?

never rarely sometimes occasionally often
 1 2 3 4 5

6. How much is your jealousy of your partner a problem in your relationship?

not at all 1 2 3 4 5 6 7 much more

The following is a list of things that couples do not always agree on. For each of them, please tell how often you and your partner agreed during the past year.

(PLEASE CIRCLE YOUR ANSWER)

Always = 1

Almost Always = 2

Usually = 3

Sometimes = 4

Never = 5

1. Managing the money.	1	2	3	4	5
------------------------	---	---	---	---	---

2. Cooking, cleaning, or repairing the house.	1	2	3	4	5
---	---	---	---	---	---

3. Social activities and entertaining.	1	2	3	4	5
--	---	---	---	---	---

4. Affection and sex relations.	1	2	3	4	5
---------------------------------	---	---	---	---	---

5. If applicable, things about the children.	1	2	3	4	5
--	---	---	---	---	---

Instructions: Following are a number of statements about violence toward husbands which some people agree with and others disagree with. There are no right or wrong answers.

(PLEASE CIRCLE ANSWERS)

PLEASE USE THE FOLLOWING SCALE TO RATE YOUR ANSWERS:

Strongly Agree = 1

Agree = 2

Slightly Agree = 3

Neither Agree Nor Disagree = 4

Slightly Disagree = 5

Disagree = 6

Strongly Disagree = 7

1. There is no excuse for a woman hitting her husband. 1 2 3 4 5 6 7

- | | | | | | | | | |
|-----|---|---|---|---|---|---|---|---|
| 2. | A man who constantly insults his wife is asking to be slapped. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. | Husbands could avoid being slapped by their wives if they knew when to stop talking. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. | Episodes of a woman hitting her husband are the husband's fault. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. | Even when men lie to their wives they do not deserve to get hit. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. | Sometimes it is OK for a woman to beat her husband. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. | A sexually unfaithful husband deserves to be hit. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. | If a husband is beaten by his wife, he should divorce her immediately. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. | A husband should move out of the house if his wife hits him. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. | Husbands who are hit are responsible for the abuse because they should have foreseen it would happen. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. | A wife has no right to hit her husband even if he breaks agreements he has made with her. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. | It would do some husbands some good to be slapped by their wives. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

INSTRUCTIONS: Please answer the questions on the following page in as much detail as you can. On the multiple choice questions, please circle all of the appropriate choices.

1. Do you or your partner have any children from this or previous relationships? _____ (if no, please skip this section)

2. How many children? _____

a) Name: _____ Age: _____ Sex: _____

b) Name: _____ Age: _____ Sex: _____

c) Name: _____ Age: _____ Sex: _____

d) Name: _____ Age: _____ Sex: _____

3. Are any of your children having any problems? _____ What sort of problems?

(Please circle **ALL** of the appropriate answers)

a) Lack of concentration (not paying attention)

b) Misbehaving in class

c) Getting into fights

d) Skipping classes

e) Smoking

f) Suspected use of alcohol

g) Suspected drug use

h) Verbal abuse of another student

i) Sleeping problems

j) Eating problems

k) Bed wetting

l) Other problems (please specify) _____

4. What impact has your relationship had on your children? _____

INSTRUCTIONS: Please answer the questions on the following page in as much detail as you can. If you need more space, please draw an arrow and continue your thoughts on this sheet.

1. What do you hope will change about you, your partner, and your relationship as a result of your participation in couples counseling?

you: _____

your partner: _____

relationship: _____

2. What are your concerns or fears about beginning couples counseling?

1. _____

2. _____

3. _____

3. If you could give your therapist advice on how he/she could be most helpful to you, what would you advise your therapist to do?

1. _____

2. _____

3. _____

**PLEASE CIRCLE YOUR ANSWER FOR
EACH QUESTION
ON THE NEXT PAGE**

1. In general, how certain are you that YOUR PARTNER will **not** be physically violent (push, shove, hit or worse) toward you at some point in the future?

Not at all	A little bit	A moderate amount	A great deal
1	2	3	4

2. In general, how certain are you that YOUR PARTNER will **not** be psychologically abusive (put downs, name calling, threats of harm) to you at some point in the future?

Not at all	A little bit	A moderate amount	A great deal
1	2	3	4

3. In general, how certain are you that YOU will **not** be physically violent toward your partner at some point in the future?

Not at all	A little bit	A moderate amount	A great deal
1	2	3	4

4. In general, how certain are you that YOU will **not** be psychologically abusive (put downs, name calling, threats of harm) toward your partner at some point in the future?

Not at all	A little bit	A moderate amount	A great deal
1	2	3	4

5. In general, how confident are you that the counseling process will be helpful?

Very confident	Somewhat confident	Not very confident	Not at all confident
1	2	3	4

Appendix C

Virginia Tech Couples Conflict treatment program

INFORMED CONSENT FOR RESEARCH

What is it?

- The Virginia Tech Couples Conflict Treatment Program includes a research component designed to measure the effectiveness of the treatment program designed to help couples trying to end harmful psychological or physical conflict occurring in their relationships.

What Will I Have to Do?

- Fill out questionnaires at the first session, at the end of treatment, and three months after that. Filling out the questionnaires should take no more than an hour.
- Attend 18 weeks of treatment. The first six weeks will consist of separate sessions for males and females and will focus on anger management skills. The next 12 sessions will consist of couples therapy.
- Allow your couples therapy sessions to be videotaped for research and supervision purposes
- Complete a short questionnaire after each session

What are the Benefits and Risks?

- You will receive treatment targeted to the problems in your relationship
- You will be helping us further test a treatment that may help other people with some of the same problems you are having
- Like any therapy, you may be asked to talk about upsetting or difficult issues
- It is possible that working on problems as a couple may lead to angry or violent feelings. You will be asked to sign an agreement to control these feelings. Your counselor will help you follow through with the agreement
- There is no guarantee that by participating in this project the violence in your relationship will end or that you will stay together.

Is it Private?

- All information you give in treatment is confidential. However, there are times when your counselor may need to break that confidentiality.
 - If you threaten to hurt yourself or someone else, the counselor must take steps to protect you or others
 - If you reveal information that leads the counselor to think that a child or dependent adult has been abused, appropriate county officials must be notified

Can I quit if I want to?

- The couples conflict group is voluntary. You may withdraw from it at any time.

Approval of Research

- This research project has been approved, as required, by the Institutional Review Board for projects involving human subjects at Virginia Polytechnic Institute and State University, and by the Department of Human Development.

Participants' Agreement and Responsibilities

- I have read and understand what my participation in this project entails and I know of no reason that I cannot participate in this project. I have had all my questions answered and hereby give my voluntary consent for participation in this project.
- Should I have any questions about this project or its conduct, I can contact any of the following: Dr. Eric McCollum, Principal Investigator (703-538-8463); Dr. Angela Huebner, Human Development Department (703-538-8491) or Dr. David M. Moore, Chair of the Virginia Tech IRB (540-231-5281).

Signature

Date

Printed Name

Witness

Date

**VIRGINIA TECH COUPLES COUNSELING PROJECT
INFORMED CONSENT
PARTICIPANT'S INFORMATION**

Should you have any questions about this project or its conduct, you can contact any of the following people:

- Dr. Eric McCollum, Principal Investigator (703-538-8463)
- Dr. Angela Huebner, Department of Human Development (703-538-8491)
- Dr. David M. Moore, Chair of the Virginia Tech IRB (540-231-4991).