

**Social Support Related to Survivors Who Remain With Their Partners  
After Couple Violence Has Ceased**

by

**Claire Fleet**

A Thesis submitted to the Faculty of Graduate Studies of  
The University of Manitoba  
in partial fulfilment of the requirements of the degree of

**MASTER OF SOCIAL WORK**

Department of Social Work  
University of Manitoba  
Winnipeg, Manitoba

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**Claire Fleet @ 2008**

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## Table of Contents

List of Tables .....	iv
Acknowledgements .....	v
Abstract .....	vi
Literature review .....	1
Overview of couple violence .....	1
Defining intimate partner violence in heterosexual relationships .....	1
Types of couple violence.....	3
Impact of couple violence .....	5
Theories of couple violence.....	9
Risk factors .....	14
Interventions with violent couples .....	15
Summary of couple violence .....	23
Protective factors - social support .....	23
Defining social support .....	24
Theoretical foundations and the role of social support .....	25
Evidence of the importance of social support .....	27
The present study.....	30
Survivors and social support .....	30
Hypotheses-women and positive social support .....	30
Hypotheses-women and negative social support .....	31
Hypotheses-men and positive social support .....	31
Hypotheses-men and negative social support .....	32

Hypotheses--gender, experiences of violence, and social support .....	33
Method .....	34
Overview of the database .....	34
The current sub-sample .....	34
Measures.....	35
Independent variable-violence .....	35
Dependent variable-social support .....	36
Demographic data .....	39
Results.....	40
Data analyses.....	40
Sub-sample description .....	40
Preliminary covariate analyses.....	44
Results for women’s preliminary covariate analyses .....	45
Results for women and positive social support-hypotheses one, two, and three .....	45
Results for women and negative social support-hypotheses four, five, and six .....	48
Summarizing significant findings for women and social support .....	50
Results for men’s preliminary covariate analyses .....	51
Results for men and positive social support-hypotheses seven, eight, and nine .....	51
Results for men and negative social support-hypotheses ten, eleven, and twelve .....	54
Summarizing significant findings for men and social support .....	56
Results of exploratory covariate analyses for gender .....	57
Results of exploratory analyses for gender, violence, and positive social support.....	57
Results of exploratory analyses for gender, violence, and negative social support .....	60

Summarizing significant findings for gender and social support .....	62
Summarizing five significant findings in current study .....	63
Discussion .....	64
Prevalence rate .....	64
Women and positive social support .....	66
Men and positive social support .....	67
Social support - protective factor .....	67
Women's negative social support .....	69
Men's negative social support .....	70
Gender and social support .....	71
Alternative explanations .....	72
Limitations, implication of findings, and future research .....	73
References .....	78

## List of Tables

1. Exploratory factor analysis for NCS-R social support .....	38
2. Descriptive statistics for no violence/violence groups .....	42
3. Intercorrelations between social support and covariates for women .....	46
4. Analysis of covariance for women and positive social support from relatives and friends .....	47
5. Analysis of covariance for women and negative social support .....	49
6. Intercorrelations between social support and covariates for men .....	52
7. Analysis of covariance for men and positive social support from relatives and friends .....	53
8. Analysis of covariance for men and negative social support .....	55
9. Intercorrelations between social support and covariates for gender .....	58
10. Analysis of covariance for gender and positive social support .....	59
11. Analysis of covariance for gender and negative social support .....	61

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## Abstract

Research has established that couple violence has a significant and dire impact on women, their families, and all of society (Statistics Canada, 2006). Numerous studies have outlined the risk factors, the consequences, and interventions associated with couple violence (Hiebert-Murphy, 2002; Kyriacou et al., 1999), however, there is a paucity of evidence when it comes to couple violence and protective factors. The current research examines social support among survivors who remain with their partners after couple violence has ceased in a nationally representative sample (National Comorbidity Survey; NCS-R, Kessler et al., 2004). Results show social support differences for women and men who remained with their partners after the violence had ceased compared to survivors who continued to experience violence, and individuals who had not experienced any abuse with their current partner. These differences suggest that social support may be an important variable to explore as a possible protective factor in this population. It is conceivable that positive social support contributed to the reduction of couple violence. More research is needed to explore social support among couples who have experienced violence and the role that it plays in the reduction of violence. Clinical implications for social workers and other practitioners are discussed.



## Literature Review

### *Overview of Couple Violence*

Depending on the population sampled, 25% to 54% of women report at least one occurrence of couple violence (intimate partner violence) in their lifetime (Thompson, 2006). According to victimization data, in 2004, over half a million women (out of a total population of 15 million Canadian women) experienced intimate partner violence (Statistics Canada, 2006). Even more disturbing, is that Indigenous women in Canada are more than 3 times as likely to experience intimate partner violence compared to non-Indigenous women (Brownridge, 2003). A similar trend is seen in the United States; approximately 4 to 6 million American women (out of a total population of 151 million American women; American Census Bureau, 2006) experience couple violence every year (Mazur Abel, 2000).

### *Defining Intimate Partner Violence in Heterosexual Relationships*

Although intimate partner violence does occur in gay and lesbian couples, and some heterosexual women do injure their male partners, battering is primarily an issue of male control of women partners (Johnson & Ferraro, 2000). As noted by Statistics Canada (2006), the United Nations' (1993) Declaration on the Elimination of Violence against Women that was signed by Canada defined violence against women as any violence that results in or is likely to result in physical, sexual, or psychological harm, or suffering to women, including threats and deprivation of liberty whether it occurs publicly or privately.

There is much confusion when it comes to the definition of violence against women (what type of violence to include in the definition) because there is no universal agreement when it comes to defining intimate partner violence (DeKerseredy, 2000). Some researchers and clinicians believe that intimate partner violence should be defined exclusively in terms of

physical assault and rape (DeKerseredy, 2000). Others who have been accused of extending the definitional boundaries characterize intimate partner violence as any physical assault, rape, psychological, verbal, spiritual, or economic abuse (DeKerseredy, 2000). On one hand, the concern is that a narrow definition of intimate partner violence is likely to underestimate the instances of violence against women but on the other, too broad a definition is controversial because it is combining what is arguably abusive (such as spiritual abuse) and what everyone agrees is seriously abusive (such as physical or sexual assault; DeKerseredy, 2000).

Another issue stems from how the data on partner violence is gathered. In particular, if the data is obtained from police reports then intimate partner violence will likely reflect a legal definition and be described in terms of physical violence and rape (DeKerseredy, 2000). If the data is gathered from community social surveys it is frequently defined in broader terms and often includes psychological and verbal abuse (DeKerseredy, 2000).

In the current paper, the definition of intimate partner violence is limited by the questionnaire that was developed by the designers of the National Comorbidity Survey-Replication (NCS-R, Kessler, 2004). Although the survey's main focus was the prevalence and correlates of mental health issues, intimate partner violence and social support were examined. In the NCS-R, couple violence is described in terms of physical violence such as pushing, grabbing, slapping, throwing something, hitting (violence variable named as List A), and may be as severe as kicking, biting, hitting with a fist, beating, choking, burning, scalding or threatening with a knife or gun (violence variable named as List B). In the NCS-R, violence variables are listed under List A or List B, but are not categorized into more specific types (i.e., intimate terrorism, common couple violence; Johnson, 1995).

### *Types of Couple Violence*

When it comes to couple violence, there is growing support for two types of violence: Patriarchal or intimate terrorism and common couple violence (Johnson, 1995; Johnson & Ferraro, 2000). Johnson (1995) suggests that the differences between the two types lie in the patterns of violence and are not necessarily associated with the severity of violence. Patriarchal violence involves a pattern of violence, isolation, and control, and almost all perpetrators are male (Stark, 2006). Common couple violence that is typically measured in population surveys is more reciprocal and involves minor assaults such as pushes or shoves (Stark, 2006; Johnson, 1995). Johnson (1995) concludes that common couple violence is not usually associated with control but occurs within the context of a specific argument, may involve less severe forms of violence, and is less likely to escalate over time. The most common forms of violence include slapping, grabbing, pushing or shoving, while intimate terrorism is more controlling, severe (results in serious injuries and threats), and usually escalates (Johnson, 1995; Simpson, Doss, Wheeler, & Christensen, 2007). Those distinctions are congruent with the previous work of Holtzworth-Munroe and Stuart (1994) who referred to three types of intimate partner violence: family-only batterers (similar to common couple violence), and violent/antisocial batterer or the dysphoric/borderline batterer (similar to patriarchal terrorism).

Recently, Frye, Maganello, Campbell, Walton-Moss, and Wilt (2006) maintained that violence may exist on a mild to severe continuum but more evidence is required in order to confirm this finding. These same authors along with Simpson et al. (2007) found that there is likely an overlap between types of behaviours and escalating violence. In other words, even though there is a distinction that is frequently made between mild and moderate to severe violence, the behaviors associated with those specific violence categories may overlap. This is an

indication that severe violence may include milder forms of violent behaviors such as slapping, grabbing, pushing, and throwing things.

Another intimate partner violence study by Holtzworth-Munroe and Stuart (1994) focused on the male perpetrator and used three dimensions to describe the violence: the first was the severity of the violence, the second was whether the violence could be generalized to situations outside of the partners' relationship, and the third was the batterer's personality or psychopathology. What is more, Rosenbaum and O'Leary (1981) identified differences between groups of violent men (were less assertive than their partners, perceived to have more negative stressors) in comparison to groups of non-violent men, but they failed to find any differences between women who had experienced violence and those who had not. This finding brings into question other models that have placed the responsibility for the violence perpetrated by men onto the shoulders of women (Rosenbaum & O'Leary, 1981).

There is an ongoing debate concerning the violence perpetrated by men versus the violence inflicted by women (Hamberger & Guse, 2002). Some researchers have concluded that there is little difference between the violence that is committed by men and women (Fiebert, 2004; McNeeley & Robinson-Simpson, 1987; Robertson & Murachver, 2007). McNeeley and Robinson-Simpson (1987) argued that women are just as likely as men to be aggressive in intimate relationships. Fiebert (2004) conducted an investigation of 155 journal articles and reported that women were in fact more likely to initiate violence than their male counterparts. Although Robertson and Murachver (2007) found similar occurrences of intimate partner violence for both men and women, men were more likely than women to choke their partners, and women were more likely than men to use less fatal acts such as kicking their partner. Although these same authors maintained that their use of non-matched samples was not an issue

in their study, they acknowledged Archer's (1999) finding that men in non-matched samples (as oppose to couple data) are more likely than women to under-report their use of violence.

Despite this evidence, Hamberger and Guse (2002) highlighted the importance of unraveling the qualitative differences when it comes to the violence experienced by women. They made a distinction between ongoing fear, domination, and control that is frequently imposed on women by men and isolated incidents of violence (Hamberger & Guse, 2002). In addition, they questioned gender-neutral studies such as National Family Violence surveys that have not considered the context of violence (Gondolf, 2007; Kimmel, 2002; Hamberger & Guse, 2002). After all, victimization surveys have shown that women are six times more likely to be the victims of violence than men (Gondolf, 2007). More importantly, Hamberger and Guse (2002) suggested that future research and interventions should take into consideration the motivation for violence in intimate relationships, keeping in mind that the majority of women use violence as a means of self-defense, even fewer use it to retaliate against past violence and very rarely in first-strike situations (Hamberger & Guse, 2002).

### *Impact of Couple Violence*

Controversies aside, intimate partner violence has physical, psychological, social, and economic impact for individuals, their families, and society as a whole (Statistics Canada, 2006). For example, children exposed to couple violence may be more likely to be rejected by peers, they may have fewer social interests, they may demonstrate more conduct disorders, and they may be more likely to engage in criminal activities compared to children from non-violent homes (Fantuzzo & Fusco, 2007). Not to mention that children in those volatile situations are at risk of injury because they tend to be disproportionately exposed to dangerous weapon use and

substance abuse (Fantuzzo & Fusco, 2007). A one-year study by police revealed that 81% of children from violent homes had been present during partner assaults (Fantuzzo & Fusco, 2007).

In addition, research on the economic costs of violence against women estimate that expenditures on health, criminal justice, social services, and lost productivity range in the billions of dollars (Statistics Canada, 2006). The consequences of violence against women are far reaching and have been linked to physical injuries, poorer mental health, depression, anxiety, posttraumatic stress disorder (PTSD), isolation, and numerous other adverse health conditions (Hegadoren, Lasiuk, & Coupland, 2006). A random sample of 2,876 women from a Washington health care insurer who completed a telephone health outcome survey showed that women who had experienced ongoing partner violence were more likely to report fair/to poor health, and had more physical and depressive symptoms than women with no experience of intimate partner violence (Bonomi, Anderson, Rivara, & Thompson, 2007). Those results suggest that for women, the consequences of ongoing partner violence may include adverse health effects.

Saunders (2002) reported that both psychological and physical consequences of partner violence are generally greater for women than for men. Women are two-and-a-half times more likely to experience severe injuries (beaten, choked, threatened with knife or gun, sexually assaulted) during intimate partner violence than males and, on average, 72 Canadian women per year are killed at the hands of their partner (Statistics Canada, 2006). Although these data offer a glimpse into partner violence, they are not necessarily representative because they were obtained from crime reports and do not take into account partner violence that is not reported (Statistics Canada, 2006). According to a 2004 self-report victimization survey, only 36% of women reported partner violence to police compared to 17% of men (Statistics Canada, 2006). Despite this fact, the effects of partner violence often emerge in other settings.

For example, clinical studies in primary health care settings have shown that battered women typically have more physical symptoms than non-battered women (Plichta, 2004). Physical symptoms may be immediate and direct as a result of an injury, longer term as in the case of a disability, and indirect as in the case of somatic symptoms (Plichta, 2004). For instance, there is evidence to support an association between headaches, gastrointestinal problems, immune system functioning, and intimate partner violence (Coker, Smith, Bethea, King, & McKeown, 2000).

A similar finding by Nixon, Resick, and Nishith (2004) suggests that depression is significantly related to women who have experienced intimate partner violence. Their results are consistent with previous research given that there was a correlation between the aggression in the relationship and the survivor's self-worth (Nixon et al., 2004). The 1985 National Family Violence Survey found that the proportion of women with severe psychosomatic symptoms, stress, and depression was nearly double the proportion of men with the same symptoms who received similar types of violence (Saunders, 2002).

An additional study by Hegadoren et al. (2006) confirmed that women who have experienced intimate partner violence may be twice as likely as men to suffer from posttraumatic stress disorder (PTSD), the reason being that women experience more trauma as a result of interpersonal violence in comparison to men (Hegadoren et al., 2006). PTSD is described as a construct that affects emotion regulation, attention, self-perception, and the ability to trust (Hegadoren et al., 2006).

Rokach (2007) proposed that women who have experienced partner violence usually have to cope with social isolation and alienation. Even though loneliness is not typically mentioned as a consequence of intimate partner violence, it is reasonable that women who are abused by their

partners are likely to be isolated from their friends and family and end up with feelings of loneliness (Rokach, 2007). Short et al. (2000) identified social isolation as one of the potentially early warning signs of partner violence. Rokach (2007) noted that the same characteristics that bring about loneliness are found in intimate partner violence. Given that fact, it is possible that feelings of isolation and loneliness are an indication that perceived social support has been eroded or is lacking; after all, researchers have suggested that improving social support may help to heal women who have been abused (Rokach, 2007).

However, less is known about abused men. Mills, Avegno, and Haydel (2006) found several explanations for the lack of research when it comes to abused men. Male victims of female aggression may be reluctant to discuss or report their violence experience because of stress related to the acknowledgment of female dominance (Mills et al., 2006). The social stigma associated with male victimization may be even greater than that of abused women (Mills et al., 2006). And finally, there is no widely accepted definition of what constitutes intimate partner violence in men, and the non-aggressive “battered spouse” may not easily be applied to men (Mills et al., 2006). Despite the relative scarcity of research on men as victims of intimate partner violence, the National Crime Victimization Survey collected from 1993 to 2001 found that over 103,000 men had reported being abused by their current or past partner and 4% of men were victims of domestic homicides (Mills et al., 2006).

A recent phenomenological study by Flinck, Astedt-Kurki and Paavilainen (2008) explored men’s experience of partner violence. They found that men who were interviewed defined violence inflicted by women as infidelity on the part of the woman, as being deprived of their parenthood, or their personal freedom (Flinck et al., 2008). Men denied their violence in the



relationship and sought to justify their violent behaviors as self-defense, or as a consequence of stress, and panic (Flinck et al., 2008).

To summarize, research has established that couple violence has a significant and dire impact on women, their families, and all of society. Women's experiences of violence (less for men's experiences of violence) have been linked to physical injuries, poorer mental health, depression, anxiety, posttraumatic stress disorder (PTSD), isolation, and numerous other adverse health conditions (Hegadoren et al., 2006). For those reasons, politicians, policy analysts, community workers, researchers, and especially social workers should continue to do their part, to abolish spousal violence.

### *Theories of Couple Violence*

In order to reduce partner violence and to provide appropriate interventions, there is a need to further understand the concept of couple violence and its correlates. Several theories purport to explain the mechanisms that underlie intimate partner violence.

Gelles (1983) described couple violence by using a theory of social control. He specified that violence in relationships is more likely when the perpetrator perceives the rewards of his actions (power) to be greater than the cost (rejection by society and punishment; Gelles, 1983). Consequently, Gelles (1983) advocated for public deterrence (incarceration) as a means of increasing the consequences of partner violence and reducing rewards. In other words, if the batterer is exposed, rejected by society, and punished for his actions, Gelles (1983) believed that the violence in the relationship would cease or at least be diminished.

However, there is evidence that deterrence does not always mean that perpetrators will not re-offend (Ventura & Davis, 2005). A study of recidivism looked at random samples of convicted and dismissed cases ( $n = 519$ ; Ventura & Davis, 2005). Researchers found that incarceration had

only a modest reduction in recidivism rates of domestic violence and that other sanctions such as suspended sentences did very little to reduce the likelihood that the perpetrator would re-offend (Ventura & Davis, 2005). Therefore, it appears that a theory of social control is inadequate to fully account for the complexities of partner violence.

Strauss, Gelles, and Steinmentz (1980) described violence in terms of an intergenerational theory. They reported that children who were physically punished and saw their parents hit each other were more likely to become violent towards their spouses. One in four men who had witnessed violence in their family of origin, and had been punished physically had been violent towards their partner in the past year (Strauss et al., 1980).

Intergenerational learning is best understood by referring to Bandura's 1973 theory of social learning and aggression (Mihalic & Elliot, 1997). Mihalic and Elliot (1997) noted that one of the main findings concerning social learning is generalizability. Ehrensaft et al. (2003) agreed that coercive punishment as a child could be generalized to romantic relationships as a way to resolve conflict. However, empirical investigations have not conclusively established a link between witnessing or experiencing childhood violence and re-enacting this violence as an adult (Mihalic & Elliot, 1997; Sellers, Cochrane, & Branch, 2005). Instead, marital discord, life stressors, substance abuse, and psychological factors were found to interact with the intergenerational transmission of violence (Delsol & Margolin, 2004). Hence, there is evidence that multiple determinants of partner violence operate at the psychological, interpersonal, societal, and cultural levels (Lawson, 2003).

Another salient model was put forth by feminists (Lenton, 1995). This theory emphasizes the influence of patriarchy in intimate partner relationships (Lenton, 1995). It recognizes the structured gender inequality that disadvantages women in our society and the dominance that

males may exert when they are challenged or become anxious (Lenton, 1995). More precisely, it implies that men use their patriarchal advantage to control and oppress women when they become stressed.

Bograd (1999) elaborated on various aspects of oppression by introducing the notion of intersectionality. This same author noticed that other oppressive social forces such as class, race, and sexual orientation intersect and shape the experiences of those who live with couple violence. What is more, she noted that those forces can operate simultaneously, independently and compound the consequences related to intimate partner violence (Bograd, 1999). That is to say, the experience of intimate partner violence is uniquely modified by intersecting with other systems of power (Bograd, 1999).

An alternative paradigm uses Bowlby's (1973) theory of attachment to describe different interaction styles in partner violence (Babcock, Jacobson, Gottman, & Yerington, 2000). Attachment is a way to organize thoughts, and regulate emotions and behaviors in relationships (Babcock et al., 2000). Babcock et al. found that insecurely attached men have difficulty regulating their emotions. This instability results in dysfunctional ways of handling conflicts in their close relationships (Babcock et al., 2000). For instance, securely attached individuals use negative emotions to promote appropriate behaviors from others while insecurely attached individuals are ineffective at eliciting proper responses in others and as a result learn to inhibit or exaggerate their negative affect and become violent (Babcock et al., 2000).

Similarly, research has found that men who behave violently tend to lack social skills that are required to resolve relationship issues, they are more likely to interpret negative behaviors by their partners as having a hostile intent, they are less assertive with their partners, they have more

positive attitudes towards violence, and they have more conservative sex role attitudes than non-violent men (Holtzworth-Munroe & Stuart, 1994; Rosenbaum & O'Leary, 1981).

A comprehensive model was advanced by Kernsmith (2005) when he discussed Ajzen and Fishbein's (1970) theory of planned behavior that integrates norms, attitudes toward behavior, and perceived behavioral control. This premise takes into account the perpetrator's motivation to comply with social norms, the perceived rewards, the consequences associated with his behavior, and the opportunity to commit the behavior (Kernsmith, 2005). Even though this theory may have some merit because it has been used to predict future occurrences of violence, it is important to keep in mind that other mechanisms are likely to be involved because only 37% of recidivists were successfully identified (Kernsmith, 2005).

Recent findings have revealed an association between the male partner's personality and incidents of aggression (Dutton, 2002). Dutton argued that the manifestation of a borderline personality may be underlying the violent tendencies. He referred to an ego problem on a continuum of severity as being responsible for the cycles of violence (Dutton, 2002). Kernberg (as cited in Dutton, 2002) described a borderline personality as primitive defense mechanisms such as violence and anger, as having intense unstable relationships, and as exhibiting impulsivity. Key components are a strong fearful attachment style, anger, and a propensity to attribute blame to their partners (Dutton, 2002). Tendency to blame others comes from a need to reduce a sense of shame that stems from situations that are perceived as attacking the global self (Dutton, 2002). This means that the perpetrator's attempt to reduce his perceived inadequacies in a relationship involves the building of anger, a violent release of tension, followed by a period of making up and by the cycle eventually repeating itself (Dutton, 2002). Dutton (2002) pointed out that this personality theory resembles Walker's (1979) influential theory on the cycle of violence.

The cycle of violence is described by a phase of escalating anger and tension building, followed by a violent phase that serves to release the tension and ends by a period of regret and promise of reform (Dutton, 2002).

Finally, a Nested Ecological theory based on Bronfenbrenner's (1977) seminal work was used to investigate the lower prevalence of couple violence in immigrant women from developed countries, compared to immigrant women from developing countries, and Canadian-born women (Brownridge & Halli, 2003). By examining intimate partner violence at the macrosystem, the exosystem, the microsystem, and the ontogenic level, researchers were able to tease out factors associated with lower couple violence in immigrant women from developed countries (Brownridge & Halli, 2003). In their study they found that immigrant women from developed countries had been married longer, had fewer children at home, and had a partner with a higher education (Brownridge & Halli, 2003). Simply put, by using a multi-leveled theory, Brownridge and Halli (2003) noted that immigrant women from developed nations have characteristics that put them at a lower risk for couple violence.

Various theories frame our understanding of intimate partner violence. Depending on our focus, couple violence may be explicated by a perpetrator's behavioral or psychological motivation, by intergenerational experiences, by a combination of personal, societal, and stressful factors, by patriarchal attitudes, by intersecting oppressing factors, or by examining this phenomenon at various levels. Causal theories have helped to identify a myriad of factors that are associated with the risk of intimate partner violence. Risk factors that contribute to intimate partner violence may be related to the perpetrator, the survivor, or both (Hiebert-Murphy, 2002; Kyriacou et al., 1999; Riggs, Caulfield, & Street, 2000; Vest, Catlin, Chen, & Brownson, 2002; Walton-Moss, Manganello, Frye, & Campbell, 2005).

### *Risk Factors*

Certain risk factors are correlated with partner violence. Partner abuse is more likely when the perpetrator of violence has an education that is at the high school level or less, has interrupted employment, has alcohol or drug dependence, has fair to low mental health, and/or when the survivor is living common law, has many children, and has experienced past conflict or violence (Brownridge & Halli, 2002; Hiebert-Murphy, 2002; Kyriacou et al., 1999; Riggs et al., 2000; Vest et al., 2002; Walton-Moss et al., 2005).

According to Casardi and Vivian (1995), triggers that incite arguments and lead to violence include money issues, jealousy or fear of abandonment on the part of the male partner, a recent move, pregnancy, the birth of a child, or the loss of job. While those categories are not exclusive, because in some instances there was no obvious trigger, this suggests that the context of violence should be considered when identifying and intervening with couples who may be at risk for violence (Casardi & Vivian, 1995).

Put another way, Cano and Vivian (2003) stated that life stressors may be a risk factor when it comes to partner violence. They found that couples who experienced violence were experiencing more life stressors when compared to non-violent couples (Cano & Vivian, 2003). Men who were experiencing work stress or had a perceived loss along with minimal coping mechanisms were more apt to see the situation as negative and become violent towards their partners compared to men who were not in a similar context (Cano & Vivian, 2003). Perhaps these findings imply that couple violence may be reduced by improving coping skills, and by offering interventions that focus on ways of dealing with life's stressors.

### *Interventions with Violent Couples*

Prior to the 1980s, relationship violence was viewed as a private matter and little attention was paid to domestic intervention (Babcock, Greene, & Robie, 2004). Subsequent criminalization of domestic violence consigned perpetrators to rehabilitation or incarceration (Babcock et al., 2004). Over the years, increased attention towards the prevention and reduction of couple violence has resulted in the application of diverse interventions (Gerlock, 1997; Gondolf, 2007; Stith, Rosen, & McCollum, 2002; Wathen, & McMillan, 2003). Depending on the level of violence that is perpetrated, the majority of interventions have centered on identifying, reeducating, and counselling perpetrators (Gondolf, 2007).

For obvious economic reasons and because it is believed that peer support or in some cases that peer pressure is advantageous in reducing the rate of recidivism, men's intervention groups have been mandated 90% of the time over individual or couple's counselling (Babcock et al., 2004). There also appears to be an ideological component that underlies this choice of interventions (Dutton & Corvo, 2006). More often than not, it is the belief that male perpetrators are solely responsible for the violence and therefore should be held accountable (Babcock et al., 2004). Some have argued that this line of thinking is driven by a radical form of feminism (Dutton & Corvo, 2006). Moreover, this perspective gives little consideration to the dynamics involved in couple violence even though theoretical approaches have increasingly recognized that there is an interpersonal/interactional context related to individual distress (Fruzzetti, 1996; Harris, 2006). For instance, cognitive theorists have concluded that there are many depressed individuals with primarily relational issues (Fruzzetti, 1996). They found that individual depression could affect relationships and relationship issues could depress or distress the

individual (Fruzzetti, 1996). In light of those findings, it is essential that researchers and practitioners acknowledge the relational aspect of couple violence.

However, the majority of men's groups do not contend with the reciprocal violence that may occur with some couples, but more importantly, they do not consider the fact that some couples want to remain together, and they do not address marital discord and relationship issues that may otherwise be resolved during couple intervention (Harris, 2006). For example, positive couple interactions may be modeled during interventions, and negative dynamics identified and corrected (Harris, 2006). Instead, these male groups are inclined to focus on the perceived causes of violence, and are expected to challenge the patriarchal attitudes, such as changing the male's beliefs about power or behaviors that support the violence (Stith et al., 2002). Again, this type of group intervention suggests that certain aspects of couple interaction are being overlooked.

An exhaustive review of the literature indicates that the two most prominent practice approaches have been psychoeducational models (such as the Duluth model from Minnesota; the Changing Ways and Directions from Ontario) and other cognitive behavioral men's groups (Augusta-Scott & Dankwort, 2002; Babcock et al., 2004).

The Duluth model was the first to incorporate several community solutions such as criminal sanctions and mandated counselling for the perpetrator as well as safety planning for the victim (Gondolf, 2007; Shepard, 1988). Based on feminist principles, and grounded in cognitive behavioral therapy (CBT), it exposes men's power in society and attempts to restructure thinking and behaviors in ways that are equitable to both genders (Babcock et al., 2004). The key differences between the Duluth model and other forms of CBT are holding the men accountable for the violence with mandated arrests (Gondolf, 2007).



Although it is not without its critics, the Duluth model has been successful in reducing violence in couples (Babcock et al., 2004). However, we should not celebrate yet, because the rate of recidivism after treatment is only 5% less when compared to no intervention (Babcock et al., 2004). This means that 35% as oppose to 40% of perpetrators are likely to continue to behave violently towards their partner (Babcock et al., 2004). Babcock et al. (2004) explained that this is not unexpected because the majority of men who take part are mandated by the courts and are not usually willing participants. On one hand, the biggest criticism is that the model's mandated arrest often results in violence escalation (Gondolf, 2007). On the other, Duluth supporters insist that safety planning for the victim is in place precisely to guard against possible escalation (Gondolf, 2007).

It is conceivable that the answer lies in identifying batterers who would be positively impacted by incarceration versus those who are likely to retaliate. Babcock and Steiner (1999) found that violent men who were employed and conformed to society's norms were more likely to cease being violent if they were sent to prison and that men who were unemployed and non-conformists would likely escalate the violence. Moreover, Levesque, Gelles, and Velicer (as cited in Sartin, Hanson, & Huss, 2006) suggested that perpetrators could conceivably be matched to treatment according to their readiness to change. For example, if they lack motivation to change, they could be assigned to specific groups that are geared towards enhancing their motivation to change and from there be introduced into partner violence groups that focus on behavioral change (Sartin et al., 2006).

Then again, similar recidivism rates have been reported with other cognitive behavioral group interventions (Babcock, et al., 2004). Lawson, Barnes, Madkins, and Francios-Lamonte (2006) examined behavioral changes in a group of violent men after using an integrated cognitive-

behavioral, feminist, and psychodynamic intervention. Cognitive behavioral group interventions place the responsibility for the violence on the perpetrator, on controlling the thoughts that lead to the behavior, and on changing the behavior (Hamberger, 1997). Lawson and his colleagues (2006) found that 39.4% of men in the cognitive-behavioral group went from an insecure attachment style to a secure attachment and were able to reduce violence in their relationships. However, the changes in violence should be interpreted with caution because this finding was not corroborated by their partners (Lawson et al., 2006).

Meanwhile, a propitious educational model has emerged. It embodies feminist principles as well as practice expertise from community workers and engages men's groups in effective narratives (Augusta-Scott & Dankwort, 2002). Central to narrative therapy are conversations that hold men responsible for their violent behaviors (Augusta-Scott & Dankwort, 2002). This perspective contends that it is important to challenge men who blame their abuses on external factors, minimize their behavior, or deny it altogether (Augusta-Scott & Dankwort, 2002). The purpose of narrative therapy is to motivate men to change themselves and formulate new identities that are free of violence (Augusta-Scott & Dankwort, 2002).

Thus far, parallel groups for survivors of intimate partner violence have reported mixed results, because many women who have participated remain in relationships and this does not offer the opportunity to address the issues that contribute to the violence (Harris, 2006). Even more alarming is that 35% to 45% of abused women do not seek assistance outside of their family or friends because their trust has been violated and this makes it more difficult to seek help and access services (Gordon, 1996). Services for abused women include safe environments such as shelters, transitional housing, psychoeducational groups, individual or supportive group counselling provided by social workers, and medical professionals (Gordon, 1996). McCann and

Pearlman (1990), and Walker (1991) (as cited in Hattendorf & Tollerud, 1997) emphasized supportive individual therapy as a means to empower abused women and help them recognize productive life options. Services that were rated as the most helpful by abused women were support groups and shelters (Hattendorf & Tollerud, 1997).

A promising approach used an existential-phenomenological methodology to investigate the experience of meditation for survivors of partner violence (Kane, 2006). Kane (2006) reported that concentrative meditation (directs thoughts towards object, sound, word) was an experiential intervention that facilitated awareness of feelings, fostered self-acceptance, and cultivated a sense of empowerment. The women reported feeling energized, hopeful that healing was possible, and had enhanced well-being (Kane, 2006).

At the same time, much work remains because most interventions do not take into account the added dimension of culture (Sharma, 2001). Sharma (2001) argued that feminist interventions primarily address gender inequalities when it comes to partner violence but fail to recognize other forms of oppression that abused women face. For instance, immigrant women must contend with the dominant cultural perspective that often denounces their beliefs, they may be limited because services may not be offered in their language, they may not be aware of their rights, or even what services are available, and they may fear being deported or losing their children (Sharma, 2001).

An exception is the Cultural Context Model (Almeida et al.; as cited in Almeida & Durkin, 1999) because it does recognize that intimate partner violence is shaped by the consequences of intersectionality of culture, gender, race, class, and sexual orientation. Two underlying tenets of this approach are the victim's personal narrative, and dismantling the structures of power and control that contribute to the violence (Almeida & Durkin, 1999). Almeida and Durkin (1999)

described the first phase of the model as accountability on the part of the perpetrator, the second phase as having separate culture circles for men and women, and the third phase as the beginning of conjoint, or couples' therapy. Noteworthy is that the third phase only takes place after the perpetrator has shown a change and commitment towards non-violence, while the last phase serves to address any substance abuse issues (Almeida & Durkin, 1999). Part of this framework is to establish links with particular cultural groups whereby men and women who are conscious of the interplay between culture, gender, race, class, and sexual orientation play a vital role in separating culture from violence (Almeida & Durkin, 1999).

Likewise, the higher prevalence rate of partner violence among Indigenous populations indicates that more insight into their unique experiences is required (Brownridge, 2003). In other words, space needs to be made whereby cultural values are restored, and colonization's impact on Indigenous societies is acknowledged (Brownridge, 2003). Bopp, Bopp, and Lane (2003) examined thirteen community-based Indigenous programs across Canada that are related to couple violence. They found that even though funding continues to be a major issue at the provincial and federal levels, programs included a wide range of services such as sentencing circles for the perpetrators, culturally-based healing programs for the victims and their families, and Indigenous shelters that provided Elder intervention and counselling.

Stith et al. (2002) posited that the interventions already mentioned may be effective for some but not all, therefore, considering other approaches that are less conventional may prove to be useful. One type of intervention that is somewhat controversial is *couples' counselling* with violent couples (Stith et al., 2002). Couples' counselling is based on a family systems/social learning perspective (Brannen & Rubin, 1996). Some practitioners are opposed to couples' counselling because they believe that an abused woman may be re-victimized by asking her to

discuss contentious issues in front of the perpetrator and because it may provide the abuser with an opportunity for self-justification (Goldner, 1998).

Other clinicians advocate for this mode of intervention because it tends to address the dynamics that occur in the relationship and does not disadvantage the female partner as male only treatment groups tend to do (Stith et al., 2002). Again, it takes into account couple issues that may not be regarded as part of group interventions (Harris, 2006). Pan, Neidig, and O'Leary (as cited in Harris, 2006) make a compelling argument for couple interventions given their statement that relationship issues and marital discord are the most accurate predictors of couple violence.

An example of couples' counselling is the Couples Project (Hiebert-Murphy, 1998) in Winnipeg, Manitoba. A male-female co-therapy team works with couples who have experienced past abuse to address the effect that violence has had on their relationship (Hiebert-Murphy, 1998). Therapists work with couples to reduce the risk of further abuse by increasing respectful communication, and by introducing effective problem solving, and conflict resolution (Hiebert-Murphy, 1998). Those processes help to rebuild the trust and promote the accountability of the perpetrator for the abuse (Hiebert-Murphy, 1998).

Another couples' counselling approach was put forth by Brannen and Rubin (1996); it incorporates a CBT component, anger management, problem solving techniques, contract for a commitment to change, time-outs, assertion training, stress management, and empathy training, and addressed sex role stereotyping, marital dependency, and social support. They found that the reduction of violence in couples' counselling was comparable to gender-specific groups except that it appeared to be more effective in reducing violence when individuals had a history of alcohol abuse (Brannen & Rubin, 1996). Using a solution-focused approach, Stith et al. (2002)

compared individual couple therapy to multi-couple therapy. Although both methods were effective in reducing the levels of couple violence, advantages that were identified by the multi-couple group were feelings of support, being able to hear various opinions, and suggestions from other couples (Stith et al., 2002).

Of interest was that female partners who participated in couples' counselling were no more likely to experience violence than their counterparts whose male partners were attending men's treatment groups (Brannen & Rubin, 1996; Stith et al., 2002). This suggests that couples' counselling should not be dismissed but considered as a viable option in addressing mild violence in couples (Stith et al., 2002).

Having said that, safety should be priority when assessing individuals for couples' counselling (Harris, 2006). In an effort to assess for violence, Goldner (1998) recommended a preliminary consultation with the couple to determine if couples' counselling is an appropriate intervention. This way, couples are not pressured to present a contradictory view of the relationship to workers and their goals for therapy can be adequately evaluated (Goldner, 1998). Harris's (2006) guidelines for assessment include no current substance abuse, no moderate or severe violence, contracting to stop the violence, both partners want to participate, and there is a safety plan in place. Harris (2006) reported that this intervention was as effective as individual approaches when the couples were carefully screened with the above criteria. Thus, there are convincing reasons why couple interventions offer a unique alternative to the dominant approaches; they provide an opportunity for couples to model positive interactions and talk about relationship issues that may be overlooked by individual or group interventions (Harris, 2006).

### *Summary of couple violence*

Numerous studies have outlined the risk factors, and effective interventions associated with couple violence (Hiebert-Murphy, 2002; Kyriacou et al., 1999; Vest et al., 2002; Walton-Moss et al., 2005). Furthermore, couple violence is more likely when the perpetrator of violence has an education that is at the high school level or less, has interrupted employment, has alcohol or drug dependence, has fair to low mental health, and/or when the victim is living common law, has many children, and has experienced past conflict or violence (Brownridge & Halli, 2002; Hiebert-Murphy, 2002; Kyriacou et al., 1999; Riggs et al., 2000; Vest et al., 2002; Walton-Moss et al., 2005).

Established interventions focused on reducing intimate partner violence tend to consign perpetrators to rehabilitation (i.e., anger management, group counselling) or incarceration and offer victims of couple violence individual or support group counselling. A unique alternative to those dominant approaches is couples' counselling; they provide an opportunity for couples to model positive interactions and talk about relationship issues that may be overlooked by individual or group interventions (Harris, 2006).

Yet, the same cannot be said about couples and protective factors. Indeed, there is empirical research that identifies the costs, the individual risks, and characteristics related to couple violence but relatively little known about the protective factors that keep couples together after violence has occurred.

### *Protective Factors - Social Support*

There is a paucity of research when it comes to protective factors and couples who have experienced violence. There is evidence that being married as opposed to living common-law affords some protection against couple violence (Brownridge & Halli, 2002). Brownridge and

Halli (2002) investigated a random sample of 8,418 Canadian women from Statistics Canada's 1994 Violence Against Women Survey. They found that for cohabitating women, violence is associated with being younger, unemployed, past partner violence, being childless, being depressed, and having a cohabitating partner who keeps tabs (Brownridge & Halli, 2002). In general, they concluded that women who are married experience less violence than women with prior or current experiences of cohabitation (Brownridge & Halli, 2002).

Other factors that are related to reduced experiences of violence are women who have access to resources, have a higher education, are employed, have fewer children at home, have good coping skills, and social support (Brownridge & Halli, 2002; Goodman, Dutton, Vankos, & Weinfurt, 2005; Meadows, Kaslow, Thompson, & Jurkovic, 2005). *Social support* is one variable that has been identified as a protective mechanism (Carlson, McNutt, Choi, & Rose, 2002).

### *Defining Social Support*

Social support is best understood as part of a three component metaconstruct: support network resources, supportive behaviors, and subjective appraisals of support (Vaux, 1990). *Support network resources* may be described as a collection of relationships that provide supportive assistance to the individual; these groups of relationships may vary in size, density, structure, composition, and in quality (Vaux, 1990).

According to Vaux (1990), *supportive behaviors* are the specific deeds that are generally recognized as helpful intentions while *subjective appraisals* are evaluations that individuals make about their support network and supportive behaviors. Subjective appraisals (may be global or specific, and positive or negative) are evaluations that individuals make about their support networks resources and the supportive behaviors that take place within those



relationships (Vaux, 1990). Put another way, perceived supports are the recipient's perceptions concerning the availability of support and satisfaction with the support provided (Haber, Cohen, Lucas, & Baltes, 2007). Received supports refer to specific behaviors rather than general perceptions and are believed to be more accurate than other types of supports (Haber et al., 2007). Received supports may only affect outcomes when they are modified by perceived support (Haber et al., 2007). That is to say, the recipient must be able to perceive that the social support received is beneficial in some way. Supportive behaviors include a wide range of acts that are viewed as helpful intentions (Vaux, 2007). This assistance may be categorized as everyday versus in time of crisis, as emotional, as guidance, as material/instrumental, or as social (Vaux, 2007).

#### *Theoretical Foundations and the Role of Social Support*

Durden, Hill, and Angel (2007) proposed that social support is the aid, the advice, and the affect that is needed in time of stress. Cohen and Wills (1985) concluded that perceived positive social support acts as a "buffer" against the influences of stressful events. Folkman and Moskowitz (2000) explained that social support appears to influence how we cope with stress. Farrington (1986) described a general model of stress using the following components: 1) a stressor, 2) perception of stress, 3) subjective demands, 4) coping behavior, 5) response in stress level, and 6) consequences related to the stress. According to this approach, an individual, couple, or family is said to be under stress whenever the response offered in the face of a stressor is insufficient to adequately reduce or resolve the demand generated by the stressor (Farrington, 1986). Responses to the stressor may be positive goal-oriented behaviors (communicate to resolve stressor), avoidance of the stressor, or negative as in the case of couple violence (Farrington, 1986).

Negative social support may augment psychological distress by increasing demands and may even interfere with the buffering effect of positive support (Durden et al., 2007). In particular, negative support may be the result of inequitable exchanges (Durden et al., 2007). This means that one individual is basically giving more support than s/he is receiving and the result is psychological distress (Durden et al., 2007). Resources used to cope with this stress response may be at the individual level (intelligence, resourcefulness, prior experience) and the familial or couple level (couple's cohesiveness, power structure, ability to communicate well, *positive social support*, combined resources; Farrington, 1986).

Hobfoll and Spielberger (1992) discussed a similar model when they referred to Hill's (1949) classic ABC-X family stress theory. Hill's ABC-X model consists of the A factor (stressor), the B factor (resources or strengths), the C factor (perception of event gives meaning), and the X factor (stress outcome or crisis; Hobfoll & Spielberger, 1992). These same authors described stress in the family as any instance in which the individual family members or family as a unit are challenged by the environment in a way that exceeds their current resources and threatens the well-being of the family. For example, Hobfoll and Spielberger (1992) argued that Hill viewed stress as any event that pressured the family system to change, however, they described it in terms of negative change or a loss that is likely to result in a stress response. Hobfoll and Spielberger (1992) outlined a few resources that families might use to better cope with stress: adaptation, flexibility, cohesiveness, communication, a sense of order, clear familial boundaries, and mastery. They also noted that it is the family's perception of stress and resources that they use to cope that is important (Hobfoll & Spielberger, 1992). One significant resource, social support is different from the rest of the family resources already mentioned because it largely comes from outside the family unit (Hobfoll & Spielberger, 1992).

### *Evidence of the Importance of Social Support*

Current research indicates that perceived positive support may contribute to better health, and less stress in women who have experienced violence in their intimate relationships (Coker, Watkins, Smith, & Brandt, 2003). Coker et al. (2003) conducted a cross-sectional survey and recruited 1152 women from family practice clinics between 1997 and 1999. They found that among women who were experiencing partner violence, women who had the greater number of positive social supports were at a significantly lower risk of poorer physical and mental health than women who had fewer positive social supports (Coker et al., 2003).

Jackson (2006) noted similar results in a community sample. Findings revealed that, in general, women who had more positive social support reported better physical health compared to women who reported less positive social support (Jackson, 2006). Jackson (2006) speculated that women who had more positive support were likely being encouraged by individuals in their social networks to embrace a healthier lifestyle. He remarked that for men, the perception of close social support was not necessarily related to better health practices (Jackson, 2006).

In the same community sample, Jackson (2006) found that women had more positive social support compared to men. This finding was not unique in that a study by Veiel, Crisand, Stroszeck-Somschor, and Herrle (1991) found that women had more overall social support, and had access to one and half times more individuals in their social networks during times of crisis compared to men.

Further evidence confirmed the importance of social support and described the role it played in preventing suicide among African women who had experienced partner violence (Meadows et al., 2005). Meadows et al. (2005) analyzed several protective factors (self-efficacy, coping skills, spiritual well-being, obtaining resources, hope, and social support) and found that only hope and

social support distinguished between women who had not made a suicide attempt from those who had made one or more. Positive social support from family and friends was a unique predictor of non-attempters. In a separate study, abused women who were provided with positive social support from an advocate experienced less violence over time compared to women who were assigned to a control group (Sullivan & Bybee, 1999). As mentioned, positive social support appears to moderate stress and contribute to the reduction of intimate partner violence (Coker et al., 2003).

Using the U.S. National Comorbidity Survey, researchers were able to show that individuals with past or current depression had more negative social support than those with non-affective disorders (Zlotnick, Kohn, Keitner, & Grotta, 2000). One possible explanation is that having fewer positive supports especially in the presence of stressors and having negative social interactions increases demands that contribute to stress and depressive states (Zlotnick et al., 2000).

Another study of 60 women living in abuse shelters showed that violence affected coping styles and availability of social support (Mitchell & Hodson, 1983). That is, the psychological consequences of violence were that women were more likely to use an avoidant coping style and had difficulty maintaining ties with family and friends (Mitchell & Hodson, 1983). Mitchell and Hodson (1983) suggested that women who are experiencing violence may be hesitant and embarrassed to approach family or friends and ask for support. Family and friends may not respond positively to her disclosure and may try to change the topic or minimize the severity of the problem (Mitchell & Hodson, 1983). Or, they may listen sympathetically at first but then become impatient if the woman does not take their advice to leave the relationship promptly;

when this happens, the support is not helpful but is likely to be perceived as stressful and negative (Mitchell & Hodson, 1983).

During times of stress, social support between intimate partners is crucial because it means that individuals can rely on each other (Saitzyk, Floyd, & Kroll, 1997). A partner's supportive behavior may improve the receiver's coping skills in the face of life's challenges (Saitzyk et al., 1997). Support that matches the recipient's needs leads to satisfaction with the partner's efforts or to dissatisfaction if the needs are not met (Saitzyk et al., 1997).

As discussed earlier, positive support acts as a buffer against stress responses by enhancing coping skills and may contribute to the reduction of couple violence. This line of reasoning validates the notion that positive social support could be a factor involved in survivors who remain with their partners once the couple violence has ceased. There is a need to focus on this subgroup of couples in order to uncover mechanism that may be associated to their resiliency because understanding potential protective factors may lead to solutions that reduce couple violence. That is, couples who have experienced violence but have stayed together after the violence has ceased are different than couples who continue to experience violence. It is reasonable to assume that their coping mechanisms may have been enhanced by positive support. More specifically, it is conceivable there is a difference in the perceived positive and negative social supports of couples who remain together after the violence has ceased compared to couples who continue to experience couple violence.

## The Present Study

### *Survivors and Social Support*

The current research examines social support among survivors who remain with their partners after couple violence has ceased vs. social support among survivors who continue to experience couple violence in a nationally representative sample (National Comorbidity Survey; NCS-R; Kessler et al., 2004). The NCS-R provides a unique opportunity to analyze nationally representative data on social support and violence that are not available in Canadian datasets such as the 1999 General Social Survey or the Violence Against Women Survey (Statistics Canada, 2006).

### *Hypotheses - Women and Positive Social Support*

As stated, some research suggests that the psychological consequences of violence are that women use an avoidant coping style and have difficulty maintaining ties (support) with family and friends (Mitchell & Hodson, 1983). However, other studies have found that women who experienced couple violence and receive positive support are physically and emotionally healthier and tend to experience reduced violence compared to women who do not receive the same positive support (Coker et al., 2003; Jackson, 2006; Mitchell & Hodson, 1983; Sullivan & Bybee, 1999). Building on this research, the first hypothesis is that women who have not experienced partner violence in their current relationship will have more positive social support (from relatives and friends) compared to women who have been abused in their current relationship during the past year. The second hypothesis is that women who have experienced partner violence in their current relationship but not in the past year will have more positive social support (from relatives and friends) compared to women who have been abused in their current relationship during the past year. The third hypothesis is that women who have not

experienced violence in their current relationship will have more positive social support (from relatives and friends) compared to women who have experienced violence in their current relationship but not in the past year.

#### *Hypotheses - Women and Negative Social Support*

Family and friends may not always respond positively to the disclosure of violence and may try to change the topic or minimize the severity of the problem (Mitchell & Hodson, 1983). Or, they may listen sympathetically at first but then become impatient if the woman does not take their advice to leave the relationship promptly; when this happens, the support is not helpful but is likely to be perceived as stressful and negative (Mitchell & Hodson, 1983). Conceivably, women who have experienced couple violence may have encountered negative support from friends and family. The fourth hypothesis of the current study is that women who have not experienced partner violence in their current relationship will have less negative social support compared to women who have been abused in their current relationship during the past year. The fifth hypothesis is that women who have experienced partner violence in their current relationship but not in the past year will have less negative social support compared to women who have been abused in their current relationship during the past year. The sixth hypothesis is that women who have not experienced violence in their current relationship will have less negative social support compared to women who have experienced violence in their current relationship but not in the past year.

#### *Hypotheses - Men and Positive Social Support*

Although studies have found that men in general tend to have less social support than women (Jackson, 2006; Veiel et al., 1991), to my knowledge there is no evidence to suggest that abused men are different than abused women when it comes to social support. It is reasonable that like

women, abused men will have less positive social support than men who have not experienced partner violence. That is, the psychological consequences of violence may be that men use an avoidant coping style and have difficulty maintaining ties (support) with family and friends (Mitchell & Hodson, 1983). Building on this research, the seventh hypothesis is that men who have not experienced partner violence in their current relationship will have more positive social support (from relatives and friends) compared to men who have been abused in their current relationship during the past year. The eighth hypothesis is that men who have experienced partner violence in their current relationship but not in the past year will have more positive social support (from relatives and friends) compared to men who have been abused in their current relationship during the past year. The ninth hypothesis is that men who have not experienced violence in their current relationship will have more positive social support (from relatives and friends) compared to men who have experienced violence in their current relationship but not in the past year.

#### *Hypotheses - Men and Negative Social Support*

Abused men may share some commonality with women who have experienced violence. That is, if men discuss their situation with family and friends, they may not receive a positive response to the disclosure of violence and friends or family may try to change the topic or minimize the severity of the problem (Mitchell & Hodson, 1983). Or, friends and family may listen sympathetically at first but then become impatient if their advice to leave the relationship promptly is not taken; if this happens, the support is not helpful but is likely to be perceived as stressful and negative (Mitchell & Hodson, 1983). It is reasonable that men who have experienced couple violence may have encountered negative support from friends and family. The tenth hypothesis is that men who have not experienced partner violence in their current



relationship will have less negative social support compared to men who have been abused in their current relationship during the past year. The eleventh hypothesis is that men who have experienced partner violence in their current relationship but not in the past year will have less negative social support compared to men who have been abused in their current relationship during the past year. The twelfth hypothesis is that men who have not experienced violence in their current relationship will have less negative social support compared to men who have experienced violence in their current relationship but not in the past year.

*Hypotheses - Gender, Experiences of Violence, and Social Support*

Although the within group comparison of men and women's social support may be similar, the between groups comparison of men and women's social support is likely to be different. For instance, a study by Veiel et al. (1991) found that women had more overall social support and had access to one and half times more individuals in their social networks during times of crisis compared to men. Furthermore, Jackson (2006) remarked that women had more positive social support than men in a community sample. Because women tend to have access to more social support than men and have more positive support than men, it is likely that women have more negative support than men. The last two hypotheses are as follows: Women in the various violence/no violence groups will have more positive and negative social support when compared to men in the various violence/no violence groups.

## Method

### *Overview of the Database*

The National Comorbidity Survey Replication (NCS-R) is a nationally representative sample of United States noninstitutionalized English-speaking respondents aged 18 years and older (Kessler et al., 2004). Respondents were selected from a four-stage probability sample using census data. Letters explaining the purpose of the survey were sent out in advance, followed by a face-to face first contact with the interviewer. The interviewer then made a household listing and a random respondent in the household was chosen from that listing. A second respondent was chosen in order to study within-household aggregation of mental health problems. This survey was undertaken ten years after the original NCS (NCS-1) and had a 70.9% response rate. Part I included core diagnostic assessment of all 9,282 respondents while Part II included questions about risk factors, violence, social support, and other mental health issues was administered to only 5,692 of the total respondents.

After receiving verbal informed consent, the NCS-R data was collected by trained interviewers in respondents' homes between February 2001 and April 2003, during the face to face administration of the World Health Organization (WHO) Composite Diagnostic Interview that was developed for the World Health Mental Health Survey (Kessler et al., 2004). The interview took an average of 90 minutes for individuals who did not report any mental health problems, two and a half hours for respondents who did, and as long as 6 hours for those with complex histories.

### *The Current Sub-Sample*

Participants in the current sub-sample are (heterosexual, gay, or lesbian) men and women aged 18 or older from Part II of the NCS-R who answered yes to the couple question "are you

currently living with a partner in a common-law or married relationship” (Kessler et al., 2007). Next, this same sub-sample was asked if they had experienced violence with their current partner. They were categorized into one of three groups: (a) Individuals who had never experienced violence in their current relationship said that their partner had *never* done List A (pushed, grabbed, shoved, threw something, slapped or hit) or List B (kicked, hit you with a fist, beat, choked, scalded or threatened you with knife or gun) to them (Kessler et al., 2007); (b) Individuals who had experienced violence in their current relationship but not in the past year said that their partner *had* done List A or List B (or both List A and List B) to them but answered 0 *occurrences* in the past year them (Kessler et al., 2007); and (c) Individuals who had experienced violence during the past year said that their partner *had* done List A or List B (or both List A and List B) to them and indicated the *number of occurrences* in the past year (Kessler et al., 2007).

### *Measures*

#### *Independent Variable - Violence*

Violence was measured in the NCS-R by asking respondents questions on a Likert-type scale: List A - over the course of your current relationship (married or living common-law), how often (1. often, 2. sometimes, 3. rarely, 4. never, 8. don't know, 9. refused) has your partner pushed, grabbed, shoved, threw something, slapped or hit you and List B - over the course of your relationship, how often (1. often, 2. sometimes, 3. rarely, 4. never, 8. don't know, 9. refused) has your partner kicked, hit you with a fist, beat, choked, scalded or threatened you with knife or gun (Kessler et al., 2007). The items were taken from the physical assault section of the Conflict Tactics Scales (CTS) an extensively used measure that is reliable and valid (Straus, 1979). A

separate question regarding the frequency of the violence (violence during the past year) was posed to the respondents.

*Dependent Variable - Social Support*

A global measure of social support in the NCS-R included 15 items (Kessler et al., 2007). Social support was measured by asking respondents questions on a Likert-type scale: (a) Not including your wife/husband/partner, how often do you talk on the phone or get together with relatives that do not live with you: 1. most every day, 2. a few times a week, 3. a few times a month, 4. about once a month, 5. less than once a month, 8. don't know. 9. refused; (b) How much can you rely on relatives who do not live with you for help if you have a serious problem: 1. a lot, 2. some, 3. a little, 4. not at all; and (c) Not including your wife/husband/partner, and how often do your relatives argue with you: 1. often, 2. some, 3. rarely, 4. never, 5. refused, 8. don't know. 9. refused, (Kessler et al., 2007). Details about the nature of social support (i.e., emotional or tangible, perceived or received) were not obtained in the NCS-R.

Zlotnick et al. (2000) performed a factor analysis using social support items that were in the original National Comorbidity Survey (NCS) and two factors (positive and negative) for relatives, friends, and partner were derived from the analysis. Although not identical, NCS social support items were similar to the ones in the National Comorbidity Survey-Replication.

In the current research, an exploratory factor analysis was performed to determine if the social support items would cluster into particular components (i.e., positive and negative social support). Once the factor analysis was run, a separate parallel analysis was conducted and the results from both analyses were compared to determine how many components should be retained. Horn (as cited in Zwick & Velicer, 1986) said that the premise of parallel analysis is that the mean of eigenvalues of random uncorrelated variables (from the parallel analysis) are

compared to the eigenvalue of variables in the dataset in question (from the factor analysis) based on the same sample size. In other words, the parallel analysis serves as a type of “control”. Eigenvalues from the dataset in question (from the factor analysis) that are over 1.00 and greater than those from the random uncorrelated variables (from the parallel analysis) should be retained and determine the number of factors (Zwick & Velicer, 1986).

In this study, each social support item was entered separately in SPSS to generate the exploratory factor analysis (using a principle component method to *extract* the factors) and the parallel analysis was then run in SASS to determine the *number of factors* that should be retained. Any NCS-R items with eigenvalues from the factor analysis that were over 1.00 and greater than those in the parallel analysis were retained. Out of 15 social support items, the first factor included three items that measured positive support from relatives, the second factor included four items that measured positive support from friends, and the third factor included four items that measured non-specific negative support (Table 1).

Once the number of factors was determined, the items were examined according to their loadings or parameter estimates. Comrey and Lee’s (as cited in DiStefano & Hess, 2005) suggested parameter estimates of .70 as excellent, .63 very good, .55 good, .45 fair, and .32 poor were used. Any item that returned a parameter of .32 or less was removed and considered a poor fit with the rest of the items. In the current analysis, rotated factor loadings for most of the items were greater than .65 or “very good”, half of the items were .70 or greater indicating “excellent” parameter estimates, and only 4 items were .32 or below indicating “poor” parameter estimates and were not included in the final analysis. A separate reliability analysis was run to assess the consistency of the scales. Reynaldo and Santos (1999) noted that a reliability analysis relies on

Table 1

## Exploratory Factor Analysis for NCS-R (Kessler, 2004) Social Support

Subscales and total	<i>M</i>	<i>SD</i>	*Factor loadings
<i>1. Positive support relatives</i>			
Talk relatives	2.64	1.26	.68
Rely on relatives	1.58	.93	.79
Open to relatives	1.83	1.00	.77
<i>2. Positive support friends</i>			
Get together friends	2.81	1.26	.66
Rely on friends	1.89	.99	.84
Open to friends	1.93	.99	.84
Tell about worry	3.15	1.07	.67
<i>3. Negative support</i>			
Relatives demand	3.09	.89	.73
Relatives argue	3.29	.78	.74
Friends demand	3.39	.71	.70
Friends argue	3.53	.62	.67

\*Factor loadings are significant at  $p < .001$ .

Cronbach's alpha (between 0 to 1) to determine the consistency of the scale in question. Although an alpha of .70 on a 14-item scale is considered to be the rule of thumb when determining scale consistency, other researchers are more lenient and have suggested that alphas between .50 (fair) to .90 (excellent) are reasonable (Helms, Henze, Sass, & Mifsud, 2006). Reliability analyses in the current study returned a Cronbach's alpha of .67 for positive support of relatives, an alpha of .72 for positive support of friends, and an alpha of .67 for negative support.

#### *Demographic Data*

Respondents were asked a series of demographic questions such as their gender, age, household income, education, employment status, sexual orientation, and race (Kessler et al., 2007).

## Results

### *Data Analyses*

The NCS-R data are weighted to adjust for differential probabilities of selection of respondents and differential non-responses as well as to adjust for residual differences between the sample and the population of the United States on the cross-classification of sociodemographics (Kessler et al., 2007). In other words, applying weights means that some respondents count for more than one in order to assure that differences in the selection of respondents are accounted for. Part I weights are used with Part I data and Part II weights are used with Part II data or when a combination of Part I and Part II data are used (Kessler et al., 2007).

Because of the complex sample design and weighting of the NCS-R, data estimates of standard errors based on the usual assumptions of simple random sampling are biased (Zlotnick et al., 2000). Therefore statistical analyses were performed using SUDAAN Taylor series linearization method (Shah & Hirshfeld, 1996) to correct the standard error for the stratified sampling design and the weights. Appropriate statistical weights for Part II were applied to adjust for differential probabilities of selection and non-response. Please refer to Kessler et al. (2004) for the NCS-R's overall sample description and demographics.

### *Sub-Sample Description*

The current sub-sample was drawn from Part II of the NCS-R dataset, ( $N = 5692$ ; Kessler et al., 2007) and is comprised of 1596 individuals who were living with a partner (married or common-law) and answered questions about their violence experience in relation to their current partner. They include 781 (48.9%) women, and 815 (51.1%) men. This sub-sample includes individuals who reported mild violence (i.e., behaviors from List A,  $n = 218$ , 13.7%), severe



violence with or without mild violence (i.e., behaviors from List B  $n = 50$ , 3.1%), and no violence with current partner ( $n = 1328$ , 83.2%). Of those who had experienced mild violence only, 91 (41.7%) were women, and 127 (58.3%) were men. Of those who had experienced severe violence with or without mild violence, 17 (35%) were women, and 32 (65%) were men. A total of 268 individuals experienced some *violence* with their current partner (i.e. List A or List B, or both List A and List B); 108 (40.4%) were women, and 159 (59.6%) were men. Of those who experienced any violence, the majority of both women and men identified as Caucasian, with 12 to 15 years of education. Of interest was that 64 (33.2%) women were employed compared to 129 (66.8%) men, 7 (46.7%) women were unemployed compared to 8 (53.3%) men, and 37 (63.8%) women were not in the labor force compared to 21 (36.2%) men. Further categorization into past year violence and not past year violence, could not be established without combining List A and List B (any violence) because the cell sizes were too small.

Table 2 presents the distribution of demographic variables for the violence groups by gender. For both women and men, violence groups were comprised of a majority of individuals who identified as Caucasian with 12 to 15 years of education, were likely to be employed, and were represented relatively evenly across all household income categories. This sub-sample consisted of individuals who were living with a current partner (married or living common law), however, it could not be determined how many years they had been together, or how many individuals were gay/lesbian because of too many missing values (the majority of respondents did not answer those two questions).

Table 2

Descriptive Statistics for Violence Groups (*n* [%])

Variables	No violence		Violence not past year		Violence past year	
	Women ( <i>n</i> = 672)	Men ( <i>n</i> = 656)	Women ( <i>n</i> = 72)	Men ( <i>n</i> = 97)	Women ( <i>n</i> = 36)	Men ( <i>n</i> = 61)
<b><u>Age categories</u></b>						
<b>18-25</b>	44 (6.5)	26 (4.0)	5 (7.0)	2 (2.1)	11 (30.6)	4 (6.6)
<b>26-33</b>	88 (13.1)	67 (10.2)	8 (11.3)	14 (14.4)	9 (25.0)	10 (16.4)
<b>34-41</b>	146 (21.7)	93 (14.2)	7 (9.9)	25 (25.8)	10 (27.7)	16 (26.2)
<b>42-49</b>	141 (21.0)	119 (18.1)	28 (39.4)	22 (22.7)	3 (8.3)	16 (26.2)
<b>50-57</b>	90 (13.4)	109 (16.6)	13 (18.3)	19 (19.6)	2 (5.6)	8 (13.1)
<b>58-65</b>	79 (11.8)	60 (9.2)	8 (11.3)	6 (6.2)	1 (2.8)	3 (4.9)
<b>over 65</b>	84 (12.5)	182 (27.7)	2 (2.8)	9 (9.3)	-	4 (6.6)
<b><u>Race</u></b>						
<b>Caucasian</b>	554 (82.3)	517 (78.9)	61 (84.7)	92 (94.8)	24 (66.7)	42 (68.9)
<b>Africans</b>	51 (7.6)	60 (9.2)	6 (8.3)	3 (3.1)	3 (8.3)	8 (13.2)
<b>Caribbean</b>	4 (0.6)	-	-	-	-	1 (1.6)
<b>Mexican</b>	30 (4.5)	29 (4.4)	3 (4.2)	1 (1.0)	6 (16.7)	6 (9.8)
<b>Hispanics</b>	19 (2.8)	24 (3.7)	-	-	-	3 (4.9)
<b>Asian</b>	4 (0.6)	18 (2.7)	1 (1.4)	-	-	-
<b>Other</b>	11 (1.6)	7 (1.1)	1 (1.4)	1 (1.1)	3 (8.3)	1 (1.6)

Table 2 (continued)

Descriptive Statistics for Violence Groups (*n* [%])

## Variables

	No violence		Violence not past year		Violence past year	
	Women	Men	Women	Men	Women	Men
<b><u>Education</u></b>						
<b>0-11 years</b>	82 (12.2)	139 (21.2)	5 (6.9)	7 (7.2)	5 (13.9)	6 (9.7)
<b>12 years</b>	205 (30.5)	195 (29.8)	25 (34.7)	25 (25.8)	9 (25.0)	23 (37.1)
<b>13-15 years</b>	192 (28.6)	159 (24.3)	25 (34.7)	38 (39.2)	18 (50.0)	17 (27.4)
<b>&lt;= 16 years</b>	193 (28.7)	162 (24.7)	17 (23.7)	27 (27.8)	4 (11.1)	16 (25.8)
<b><u>Work Status</u></b>						
<b>Employed</b>	384 (57.7)	449 (68.3)	43 (59.7)	77 (80.2)	22 (59.5)	52 (985.2)
<b>Not employed</b>	62 (9.4)	35 (5.3)	4 (5.6)	3 (3.1)	3 (8.1)	5 (8.2)
<b>Not in labor force</b>	219 (32.9)	173 (26.4)	25 (34.7)	16 (16.7)	12 (32.4)	4 (6.6)
<b><u>Household Income</u></b>						
<b>0-19,000</b>	73 (11.1)	58 (9.0)	4 (5.6)	7 (7.6)	6 (16.7)	3 (5.0)
<b>20,000-39,000</b>	119 (18.1)	118 (18.3)	13 (18.1)	8 (8.7)	8 (22.2)	9 (15.0)
<b>40,000-59,000</b>	113 (17.1)	106 (16.4)	13 (18.1)	8 (8.7)	11 (30.6)	11 (18.3)
<b>60,000-79,000</b>	101 (15.3)	131 (20.3)	14 (19.4)	28 (30.4)	4 (11.1)	19 (31.7)
<b>80,000-99,000</b>	104 (15.8)	75 (11.6)	9 (12.4)	18 (19.6)	2 (5.6)	9 (15.0)
<b>over 100,000</b>	149 (22.6)	158 (24.4)	19 (26.4)	23 (25.0)	5 (13.8)	9 (15.0)

### *Preliminary Covariate Analyses*

It is impossible to account for all of the variance, yet it is imperative that key factors that are evidenced to be associated with the dependent variable (social support) be included in the analyses. Evidence has shown that *age* affects the perception of social support (Schnittker, 2007). There is a notion that social support declines with age; according to this account, as people grow older they become more isolated because of retirement and the death of friends and family (Schnittker, 2007). However, another line of thinking suggests that as people grow older, they become more satisfied with life in general and with their remaining social support irrespective of changes in size of social networks (Schnittker, 2007). Although the nature of the relationship is not clear, age was considered as a possible social support covariate.

An additional factor that appears to be correlated with social support is *race*. Peek and O'Neill (2001) found that race was related to social support in a community sample. They remarked that older African American individuals were more likely to have larger networks and interact more frequently with family (but not necessarily friends) than older White Americans even after controlling for other sociodemographics variables (i.e., income and education; Peek & O'Neill, 2001). These findings are consistent with other research findings that have shown that race is frequently correlated with social support (Peek & O'Neill, 2001).

Next, Brummett, Barefoot, Vitaliano, and Siegler (2003) found that social support was inversely associated with depression in people who had lower *incomes*. The stronger association between social support and distress in persons with lower household income was partially explained by the lack of resources (Brummett et al., 2003). Still, in a group of spouse caregivers of persons with Alzheimer's disease and a separate group of individuals with hypertension, social and emotional support were more beneficial in lower household income groups (Brummett

et al., 2003). This evidence supports the need to explore household income as a possible social support covariate. Given this research, age, race and household income were explored as possible factors to control in the tests of the hypotheses.

#### *Results of Women's Preliminary Covariate Analyses*

Table 3 presents bivariate correlations for women. Bivariate correlations between age, race, and household income were significantly correlated with women's positive social support from friends and significantly correlated with positive social support from relatives. Bivariate correlations indicated that age, but not race or household income, were significantly correlated with women's negative support. This correlational analysis identified variables entered as covariates in the subsequent analyses of covariance (ANCOVA).

#### *Results for Women and Positive Social Support - Hypotheses One, Two, and Three*

Table 4 presents ANCOVA results for women's positive social support from relatives and friends. When significant results were found, post hoc tests were conducted to determine differences between violence groups. After adjusting for age, race, and household income, there was no significant difference for women's positive social support from *relatives* in relation to *violence*. After adjusting for age, race, and household income, there was a significant difference in women's positive social support from *friends in relation to violence*. Women who had no violence in their current relationship did not have significantly more positive social supports from *friends* ( $M = 12.06, SE = 0.13$ ) than women who were abused in their current relationship during the past year ( $M = 11.87, SE = .30$ )  $t(3019) = -0.58, p = 0.56$ . However, women who had experienced violence in their current relationship but not in the past year had significantly more positive support from *friends* ( $M = 12.87, SE = .18$ ) than women who had been abused in their current relationship during the past year ( $M = 11.87, SE = .30$ ),  $t(3019) = -2.70, p = 0.001$ .

Table 3

## Intercorrelations Between Social Support and Covariates for Women

Variables	Positive support friends	Positive support relatives	Negative support	Age	Race	Household Income
Positive support friends	-	.18**	-.01	-.13**	.10**	.17**
Positive support relatives		-	-.08**	.15**	.12**	.09**
Negative support			-	-.26**	.01	.02
Age				-	.19**	-.08**
Race					-	.04*
Household Income						-

Note: \* $p < .05$ . \*\* $p < .01$ .

Table 4

## Analyses of Covariance for Women and Positive Social Support from Relatives and Friends

Source	<i>df</i>	Relatives		Friends	
		<i>F</i>	<i>p</i>	<i>F</i>	<i>p</i>
Age	1	0.13	0.72	3.38	0.07
Race	1	3.58	0.06	13.81	0.00**
Household Income	1	0.20	0.65	4.44	0.04*
Violence	2	0.02	0.97	8.09	0.00**

Note: \* $p < .05$ . \*\* $p < .01$ .

Women who had experienced violence in their current relationship but not in the past year had significantly more positive support from friends ( $M = 12.87, SE = .18$ ) than women who had not experienced violence in their current relationship ( $M = 12.06, SE = .13$ ),  $t(3019) = 3.96, p = 0.001$ .

In summary, The first hypothesis that women who have not experienced violence in their current relationship would have more positive social support (from relatives and friends) compared to women who have been abused in their current relationship during the past year was not supported. The second hypothesis that women who have experienced violence in their current relationship but not in the past year would have more positive social support (from relatives and friends) compared to women who have been abused in their current relationship during the past year was partially supported. The third hypothesis that women who have not experienced violence in their current relationship would have more positive social support (from relatives and friends) compared to women who have experienced violence in their current relationship but not in the past year was not supported. The analyses revealed an unexpected finding namely, that women who had experienced violence but not in the past year had more positive social support from friends than women who had not experienced violence in their current relationship.

#### *Results for Women and Negative Social Support - Hypotheses Four, Five, and Six*

Table 5 presents ANCOVA results for women's negative social support. When significant results were found, post hoc tests were conducted to determine differences between violence groups. After adjusting for age, there was a significant difference in women's negative social support in relation to violence. Women who had not experienced violence in their current



Table 5

## Analysis of Covariance for Women's Negative Social Support

Source	<i>df</i>	<i>F</i>	<i>p</i>
Age	1	26.20	0.00**
Violence	2	3.69	0.03*

Note: \* $p < .05$ . \*\* $p < .01$ .

relationship had significantly less negative social support ( $M = 6.85$ ,  $SE = .10$ ) than women who had been abused in their current relationship during the past year ( $M = 7.54$ ,  $SE = .27$ ),  $t(3019) = 2.49$ ,  $p = 0.01$ . However, women who had experienced violence in their current relationship but not in the past year did not have significantly less negative social support ( $M = 7.21$ ,  $SE = .33$ ) than women who had been abused in their current relationship during the past year ( $M = 7.54$ ,  $SE = .27$ ),  $t(3019) = 0.74$ ,  $p = 0.46$ . Women who had not experienced violence in their current relationship did not have significantly less negative social support than ( $M = 6.85$ ,  $SE = .10$ ) women who had experienced violence in their current relationship but not in the past year ( $M = 7.21$ ,  $SE = .33$ ),  $t(3019) = 0.104$ ,  $p = 0.30$ .

These results indicate that the fourth hypothesis that women who have not experienced violence in their current relationship would have less negative social support compared to women who have been abused in their current relationship during the past year was supported. The fifth hypothesis that women who have experienced violence in their current relationship but not in the past year would have less negative social support compared to women who have been abused in their current relationship during the past year was not supported. The sixth hypothesis that women who have not experienced violence in their current relationship would have significantly less negative social support compared to women who have experienced violence in their current relationship but not in the past year was not supported.

#### *Summarizing Significant Findings for Women and Social Support*

Women who had experienced violence in their current relationship but not in the past year had significantly more positive support from friends (not relatives) than women who had not been abused in their current relationship and women who had been abused in their current relationship in the past year. Women who had not been abused in their current relationship had

significantly less negative social support than women who had experienced violence in their current relationship in the past year.

#### *Results of Men's Preliminary Covariate Analyses*

Table 6 presents bivariate correlations for men. Bivariate correlations between age, race, and household income were significantly correlated with men's positive social support from friends, positive social support from relatives, and negative support. This correlational analysis identified variables entered as covariates in the subsequent analyses of covariance (ANCOVA).

#### *Results for Men and Positive Social Support - Hypotheses Seven, Eight, and Nine*

Table 7 presents ANCOVA results for men's positive social support from relatives and friends. When significant results were found post hoc tests were conducted to determine differences between violence groups. After adjusting for age, race, and household income, there was a significant difference for men's positive social support from *relatives* in relation to *violence*. Men who had not experienced violence in their current relationship did not have significantly more positive social supports from relatives ( $M = 9.29, SE = .12$ ) than men who had been abused in their current relationship during the past year ( $M = 8.54, SE = .51$ ),  $t(2673) = -1.42, p = 0.16$ . However, men who had experienced violence in their current relationship but not in the past year did have significantly more positive social support from *relatives* ( $M = 9.91, SE = .30$ ) than men who had been abused in their current relationship during the past year ( $M = 8.54, SE = .51$ ),  $t(2673) = -2.28, p = 0.02$ . Men who had experienced violence in their current relationship but not in the past year had significantly more positive social support from *relatives* ( $M = 9.91, SE = .30$ ) than men who had not experienced violence in their current relationship ( $M = 9.29, SE = .12$ ),  $t(2673) = 1.95, p = 0.05$ .

Table 6

## Intercorrelations Between Social Support and Covariates for Men

Variables	Positive support friends	Positive support relatives	Negative support	Age	Race	Household Income
Positive support friends	-	.23**	.00	-.08**	.12**	.15**
Positive support relative		-	.08**	-.01**	.08**	.09**
Negative support			-	-.22**	-.05**	.04**
Age				-	.14**	-.01
Race					-	.02
Household Income						-

Note: \*\* $p < .01$ .

Table 7

## Analyses of Covariance for Men and Positive Social Support from Relatives and Friends

Source	<i>df</i>	Relatives		Friends	
		<i>F</i>	<i>p</i>	<i>F</i>	<i>p</i>
Age	1	0.30	0.58	15.83	0.00**
Race	1	0.91	0.34	0.36	0.55
Household Income	1	2.58	0.11	5.36	0.02*
Violence	2	3.08	0.05*	2.08	0.13

Note: \* $p < .05$ . \*\* $p < .01$ .

After adjusting for age, race, and household income, there was no significant difference for men's positive social support from friends in relation to *violence*.

Thus the seventh hypothesis that men who have not experienced violence in their current relationship would have more positive social support from (relatives and friends) compared to men who have been abused in their current relationship during the past year was not supported. The eighth hypothesis that men who have experienced violence in their current relationship but not in the past year would have more positive social support (from relatives and friends) compared to men who have been abused in their current relationship during the past year was partially supported. The ninth hypothesis that men who have not experienced violence in their current relationship would have more positive social support (from relatives and friends) compared to men who have experienced violence in their current relationship but not in the past year was not supported. The analyses revealed an unexpected finding namely, that men who had experienced violence in their current relationship but not in the past year had significantly more positive social support from relatives than men who had not experienced violence in their current relationship.

#### *Results for Men and Negative Social Support - Hypotheses Ten, Eleven, and Twelve*

Table 8 presents the ANCOVA results for men's negative social support. When significant results were found, post hoc tests were conducted to determine differences between violence groups. After adjusting for age, race, and household income, there was a significant difference in men's negative social support in relation to violence. Men who had not experienced violence in their current relationship did not have significantly less negative social support ( $M = 6.29$ ,  $SE = .12$ ) than men who had been abused in their current relationship during the past year ( $M = 6.55$ ,  $SE = .36$ ),  $t(2673) = 0.70$ ,  $p = 0.49$ .

Table 8

## Analysis of Covariance for Men's Negative Social Support

Source	<i>df</i>	<i>F</i>	<i>p</i>
Age	1	16.77	0.00**
Race	1	2.72	0.10
Household Income	1	0.04	0.84
Violence	2	4.26	0.02*

Note: \* $p < .05$ . \*\* $p < .01$ .

Men who had experienced violence in their current relationship but not in the past year did not have significantly less negative social support ( $M = 7.40, SE = .37$ ) than men who had been abused in their current relationship during the past year ( $M = 6.55, SE = .36$ ),  $t(2673) = -1.64, p = 0.10$ . However, men who had not experienced violence in their current relationship had significantly less negative social support ( $M = 6.29, SE = .12$ ) than men who had experienced violence in their current relationship but not in the past year ( $M = 7.40, SE = .37$ ),  $t(2673) = 2.88, p = 0.001$ .

Thus, the tenth hypothesis that men who have not experienced partner violence in their current relationship would have less negative social support compared to men who have been abused in their current relationship during the past year was not supported. The eleventh hypothesis that men who have experienced partner violence in their current relationship but not in the past year would have less negative social support compared to men who have been abused during the past year was not supported. The twelfth hypothesis that men who have not experienced violence in their current relationship would have less negative social support compared to men who have experienced violence in their current relationship but not in the past year was supported.

#### *Summarizing Significant Findings for Men and Social Support*

Men who had been abused in their current relationship but not in the past year had significantly more positive support from relatives (not friends) than men who had not been abused by their current partner and men who had been abused by their current partner in the past year. Men who had not been abused in their current relationship had significantly less negative social support than men who had been abused in their current relationship but not in the past year.



### *Results of Exploratory Covariate Analyses for Gender*

Table 9 presents bivariate correlations for samples of women and men. Bivariate correlations between age, race, and household income were significantly correlated with positive social support from friends, positive social support from relatives, and negative support. This correlational analysis identified variables entered as covariates in the subsequent analyses of covariance (ANCOVA).

### *Results of exploratory analyses for Gender, Violence, and Positive Social Support*

Table 10 presents ANCOVA results for the 2 (gender) X 3 (violence) ANCOVAs in relation to positive social support from friends and relatives. When significant results were found post hoc tests were conducted to determine differences between violence groups. After adjusting for age, race, and household income, there was a significant main effect for gender and positive social support of relatives, no main effect for violence, and no interaction effect for gender by violence in relation to positive social from relatives. Results indicate that women had significantly more positive social support from *relatives* ( $M = 9.92, SE = .06$ ) than men ( $M = 9.21, SE = .07$ ),  $t(5692) = 8.99, p = 0.001$ . There was a significant main effect for gender and positive social support of friends, no main effect for violence, and a significant interaction effect for gender by violence in relation to positive social from friends. Women had significantly more positive social support from *friends* ( $M = 12.01, SE = .06$ ) than men ( $M = 11.30, SE = .06$ ),  $t(5692) = 9.25, p = 0.001$ . Women who had not experienced couple violence in their current relationship did not have more positive social support from friends ( $M = 12.01, SE = .13$ ) than men ( $M = 11.64, SE = .12$ ),  $t(5692) = -1.85, p = 0.08$  who had not experienced couple violence in their current relationship.

Table 9

## Intercorrelations Between Social Support and Covariates for Gender

Variables	Positive support friends	Positive support relatives	Negative support	Age	Race	Household income
Positive support friends	-	.22*	.00	-.10**	.11**	.14**
Positive support relatives		-	.00	.07**	.10**	.07**
Negative support			-	-.24**	-.02**	.02**
Age				-	.17**	-.05**
Race					-	-.02
Household income						-

Note: \* $p < .05$ . \*\* $p < .01$ .

Table 10

## Analyses of Covariance for Gender and Positive Social Support

Source	<i>df</i>	<i>F</i> <i>p</i>		<i>F</i> <i>p</i>	
		Relatives		Friends	
Age	1	0.43	0.51	16.49	0.00**
Race	1	2.02	0.16	4.16	0.04*
Household income	1	0.43	0.51	9.73	0.00**
Gender	1	41.28	0.00**	6.43	0.01*
Violence	2	2.61	0.08	1.03	0.36
Gender x violence	1	1.55	0.22	6.46	0.00***

Note: \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

However, women who had experienced couple violence in their current relationship but not in the past year had significantly more positive social support from friends ( $M = 13.03, SE = .17$ ) than men ( $M = 11.64, SE = .33$ ),  $t(5692) = -4.07, p = 0.001$  who had experienced couple violence in their current relationship but not in the past year. Women who had experienced couple violence in their current relationship in the past year did not have more positive social support from friends ( $M = 11.76, SE = .32$ ) than men ( $M = 12.14, SE = .18, .33$ ),  $t(5692) = 0.98, p = 0.33$  who had experienced couple violence in their current relationship in the past year.

Thus the hypothesis that women would have more positive social support (relatives/friends) when compared to men was supported.

#### *Results of exploratory analyses for Gender, Violence, and Negative Social Support*

Table 11 presents ANCOVA results for the 2 (gender) X 3 (violence) ANCOVA in relation to negative social support. When significant results were found post hoc tests were conducted to determine differences between violence groups. After adjusting for age, race, and household income, there was a significant main effect for gender and a significant main effect for violence but no interaction effect between gender and violence in relation to negative social support. Women had significantly more negative social support ( $M = 6.88, SE = .10$ ) than men ( $M = 6.47, SE = .11$ ),  $t(5692) = -2.28, p = 0.02$ . Individuals who had not experienced couple violence in their current relationship had significantly less negative social support ( $M = 6.57, SE = .06$ ) than individuals who had experienced couple violence in their current relationship but not in the past year ( $M = 7.32, SE = .23$ ),  $t(5692) = 2.99, p = 0.001$ . Individuals who had not experienced couple violence in their current relationship did not have significantly less negative social support ( $M = 6.57, SE = .06$ ) than individuals who had experienced couple violence in their

Table 11

## Analysis of Covariance for Gender and Negative Social Support

Source	<i>df</i>	<i>F</i>	<i>p</i>
Age	1	40.39	0.00**
Race	1	2.04	0.16
Household Income	1	0.57	0.45
Gender	1	5.20	0.02*
Violence	2	4.58	0.01**
Gender x violence	2	1.07	0.35

Note: \* $p < .05$ . \*\* $p < .01$ .

current relationship in the past year ( $M = 6.96$ ,  $SE = .27$ ),  $t(5692) = 1.41$ ,  $p = 0.16$ . Individuals who had experienced couple violence in their current relationship but not in the past year negative did not have significantly less negative social support ( $M = 7.32$ ,  $SE = .23$ ) than individuals who had experienced couple violence in their current relationship in the past year ( $M = 6.96$ ,  $SE = .27$ ),  $t(5692) = -1.17$ ,  $p = 0.24$ .

The hypothesis that women would have more negative social support when compared to men was supported.

#### *Summarizing Significant Findings for Gender and Social Support*

Overall, women had significantly more positive social support from relatives and friends than men. There was a significant interaction between gender and violence experiences in relation to positive social support from friends. Women who had experienced couple violence in their current relationship but not in the past year had significantly more positive social support from friends, than men who had experienced couple violence in their current relationship but not in the past year.

Regarding negative social support, overall, women had more negative social support than men. There was a significant difference between experiences of violence and negative social support. Individuals who had not experienced couple violence in their current relationship had less negative social support than individuals who had experienced couple violence in their current relationship but not in the past year.

#### *Summarizing Five Significant Findings in Current Study*

The following summarizes the current study's significant findings for women and men's social support:

- Women had more positive social support from relatives when compared men.

- Women had more positive social support from friends when compared to men.
- Women had more negative social support when compared to men.
- Women who had experienced violence but not in the past year had more positive support from friends than women who had experienced no violence and women who had been abused in the past year.
- Men who had experienced violence but not in the past year had more positive social support from relatives than men who had experienced no violence and men who had been abused in the past year.

## Discussion

### *Prevalence Rate*

The purpose of the current investigation was to examine the social support of survivors who have remained with their partners after couple violence has ceased in a nationally representative sample (NCS-R; Kessler et al., 2004). The NCS-R rate of *any violence with current partner, in the past year*, was 6.8%. Plichta and Weisman along with other researchers (as cited in Kessler, Molnar, Feurer, & Applebaum, 2001) found that general population surveys using the CTS have estimated that the annual couple violence prevalence rate is between 8.4% to 18.2%. Although the overall NCS-R's prevalence rate falls below this range, it is nearly impossible to compare these findings to other nationally representative samples because the definition of intimate partner violence and the method that determines incidence and prevalence rates varies across samples (Brownridge & Halli, 1999; DeKerseredy, 2000). Some researchers and clinicians believe that intimate partner violence should be defined exclusively in terms of physical assault and rape while others include emotional and spiritual abuse (DeKerseredy, 2000).

Other reasons for the lower rate of violence in the NCS-R could be due to the fact that respondents who answered the violence questions had to be married or living common-law; this excluded individuals who were separated or divorced. Furthermore, the violence questions were specific to current partners, and did not include psychological violence and sexual assault. This excluded individuals who may have experienced violence with previous partners, and individuals who experienced psychological violence and sexual assault.

What is more, Brownridge and Halli (1999) remarked that there is a great deal of confusion and inconsistency when it comes to reporting incidence and prevalence rates. The conceptualization of those terms, in particular, the time frame (12-months vs. lifetime), the



frequency of occurrences (incidence) vs. the number of cases of intimate partner violence (prevalence), and whether the violence occurred with the current partner or any partner affects how intimate partner violence is analyzed and reported (Brownridge & Halli, 1999). Despite this fact, what appears to be congruent with previous population studies that have used the CTS is that men in the NCS-R report being abused by their partners at a greater rate than women (Fiebert, 2004; McNeeley & Robinson-Simpson, 1987).

However, these findings should be interpreted with caution because they tend to lack context. For example, a simple reporting of abusive behavior does not take into account who initiated the violence, what motivated the violence, and the size and strength of each individual (Kimmel, 2002). The answers to those questions provide a framework that expands our understanding of intimate partner violence. For instance, Kimmel (2002) pointed out that when a woman pushes her partner after being beaten to protect herself or her children, it is considered an act of aggression on her part on the CTS. Even worse, if she pushes him after being sexually assaulted it counts as one for her, and none for him because the CTS does not include sexual assaults (Kimmel, 2002). Kimmel (2002) argued that the CTS used in representative surveys does not necessarily capture the whole picture because it does not examine the ongoing abuse that frequently occurs between partners (Kimmel, 2002).

Another reason for the disproportion is that women may overestimate their own violence while excusing their partner's violent behavior and men may overestimate women's violence as a result of male norms (Kimmel, 2002). According to societal norms, women are not supposed to be violent therefore any aggressive act of self-defense is remembered while societal norms expect men to be more aggressive, therefore violence is more likely to be downplayed (Kimmel, 2002). In response to those who suggest that men would be too ashamed to report being abused,

Kimmel (2002) stated that men who are assaulted are actually more likely to call police, and press charges and less likely to drop charges as compared to women. And finally, Kimmel (2002) draws attention to the fact that victimization studies report that 90% of intimate partner violence is perpetrated by men and that women suffer more serious injuries as a result of couple violence when compared to men. Seventy percent of all intimate partner homicides are women compared to 4% of men (Kimmel, 2002). Although we should work to end all violence, this dramatic difference in homicide rates calls for continued emphasis on finding solutions that reduce violence that is perpetrated by men towards women.

#### *Women and Positive Support*

In this present study, women who experienced violence in their current relationship but not in the past year had significantly more positive social support from friends than women who had not experienced violence in their current relationship, and women who had been abused by their current partner in the past year. Perhaps women who experienced violence in their current relationship but not in the past year had used the support they received from friends as a buffer against the stress, and to enhance their coping skills. The positive support from friends may have enabled the women to make competent decisions regarding their needs and community resources (Sullivan & Bybee, 1999). It is possible that positive support is one of the mechanisms that contributed to the reduction of couple violence. Women in the NCS-R may have been able to reduce the violence by calling on friends to babysit or by talking about issues that concerned them. They may have been able to stay with friends in times of crisis, therefore, reducing their experience of partner violence. In a review that examined family violence deterrence and dissuasion, Fagan (as cited in Short et al., 2000) concluded that women who had experienced

reduced couple violence had employed a variety of tactics, one of which was telling their supports about the violence.

### *Men and Positive Social Support*

A similar trend was found for abused men in the NCS-R sample. Men who had experienced violence in their current relationship but not in the past year had more positive support from relatives than men who had not experienced partner violence and men who had been abused in the past year. It is feasible that men who experienced reduced violence in their current relationship had used the support they received from relatives as a buffer against the stress, and to enhance their coping skills. Men may have discussed their concerns with a family member, and may have stayed with them in times of crisis, therefore reducing their experience of partner violence.

In the NCS-R, the source for men's positive support in relation to violence was more likely from family. Men in the NCS-R may have lacked friends or may not have perceived the support they received from friends as positive. These findings are in line with Antonucci and Akiyama's (1987) gender and social support study of women ( $n = 166$ ) and men ( $n = 214$ ) aged 50 to 95. They found that women reported having more social supports than men, and women's source of support was more likely from their children or friends compared to men (Antonucci & Akiyama, 1987). In this particular study, men reported receiving their social support exclusively from their wives (Antonucci & Akiyama, 1987).

### *Social Support- Protective Factor*

Although the source of the positive social support (friends or relatives) varied by gender in the NCS-R, increased positive support was found for both women and men who had experienced couple violence but not in the past year. Coker et al. (2003) explained that support is central to

improve coping in survivors who experience couple violence. The consequences of couple violence may include isolation and a reduced sense of self-esteem, however, increased support may counter both of these characteristics by ameliorating psychological well-being and by enhancing coping (Coker et al., 2003). Coker et al. (2003) explained that positive support increases the inventory of skills that a person uses to construct alternatives to the abusive relationship.

Conceptually, the positive social support reported by the women and men who had experienced violence but not in the past year (but not reported by women and men who continued to experience violence) may have contributed to the reduced experiences of violence. Perhaps women and men in the NCS-R were able to connect with relatives and friends in ways that reduced their isolation and improved their sense of well-being. Prior research found that abused women who had positive social support from an advocate experienced less violence over time compared to women who were assigned to a control group (Sullivan & Bybee, 1999). Sullivan and Bybee, 1999 explained that social support helped women believe in themselves, and enabled them to make competent decisions that led to a reduction in partner violence. Sullivan and Bybee (1999) noted that unlike other interventions that appear to demonstrate immediate effects and deteriorate over time, the experimental and control group continued to diverge over a two-year period indicating that social support that is provided by an advocate may have a continuing effect. Moreover, it appears that positive social support moderates stress and contributes to the reduction of consequences related to intimate partner violence (Coker et al., 2003). Cohen and Wills (1985) claimed that positive social support acts as a “buffer” against the influences of stressful events. Abused women who had a greater number of positive social supports had a significantly lower risk of poorer physical and mental health than women who

had fewer positive social supports (Coker et al., 2003). Coker et al. (2003) posited that intimate partner violence affected women's mental health indirectly by increasing chronic stress. When women were able to talk about their experiences of partner violence with their friends or family, and received support, it reduced stress, and they were more likely to experience better psychological and physical health.

Considerable evidence links social support with better physical and psychological help, as well as reduced couple violence when it comes to women however; results are less clear for men (Jackson, 2006). Allgower et al. (as cited in Jackson, 2006) found a similar association between social support and better health for men. Meanwhile, Allen et al. along with other researchers (as cited in Jackson, 2006) reported that health practices were not necessarily improved for men who had increased social support although they were for women. An inquiry into social support and gender by Nagurney, Reich, and Newsom (2004) revealed that older men responded differently to social support, depending on their level of desired independence. Older men but not older women who desired to remain independent reacted negatively to perceived social support (Nagurney et al., 2004). Even though there is a paucity of research when it comes to men who have experienced violence and social support, as mentioned, there is ample evidence to suggest that there is an important link between social support and the reduction of intimate partner violence in women.

#### *Women and Negative Social Support*

Another key finding was that women who had not experienced violence had significantly less negative social support than women who had experienced intimate violence with their current partner in the past year. Abused women may have had more negative social support as a result of sharing their intimate partner violence experiences with family or friends. Research indicates that

family or friends may not always respond positively to the disclosure of violence and may try to change the topic or minimize the severity of the problem (Mitchell & Hodson, 1983). Or, they may listen sympathetically at first but then become impatient if the woman does not take their advice to leave the relationship promptly; when this happens, the support is not helpful but is likely to be perceived as stressful and negative (Mitchell & Hodson, 1983). This could explain why women who had experienced violence had more negative support than women who had not experienced violence in their current relationship.

#### *Men and Negative Social Support*

Similarly, men who had not experienced violence had less negative support than men who had experienced intimate violence with their current partner but not in the past year. Contrary to expectations, there was no significant difference between the negative social support of men who had experienced partner violence but not in the past year and men who had experienced violence during the past year. This finding may be an indication that the negative social support items in the NCS-R were not specific enough to reveal any significant differences or that the magnitude of negative social support did not vary significantly between men's violence groups. Being able to determine the structural characteristics of negative interactions such as criticism, tensions, arguments, or demands from family vs. friends (Schuster, Kessler & Aseltine, 1990) might have improved our understanding of their effect on men who have experienced couple violence.

Of interest was that men who were abused but not in the past year had more positive support from relatives and also more negative support. Having *more* positive social support or a *higher quality* of positive support may take precedence over the effects of negative support (Schuster et al., 1990). Schuster et al. (1990) stated that positive support may buffer negative interactions. However, Schuster et al. (1990) maintained that positive and negative interactions are not always

exclusive and that a synergy may exist between the two types of support. For instance, a friend may provide positive support but at the same time argue or become demanding. Depending on the quality of positive support that is provided by the friend, the impact of the negative interactions may be lessened, but if the nature of the relationship is more ambivalent, then the negative interactions may interfere with the supportive communications (Uno, Uchino, & Smith, 2002). Uno et al. (2002) argued that it is the unpredictability of ambivalent relationships that may be a source of stress in and of itself. In the current investigation, it was not possible to tease out the effect of the positive support in relation to negative support. Untangling the synergy between various social supports and couple violence requires additional research utilizing more complex analysis such as structural equation modeling.

#### *Gender and Social Support*

Other significant findings were differences in social support according to gender. Main effects for gender in relation to positive support and negative support were found. These results are consistent with previous research that found that in general, women tend to have more social support than men (Veiel et al., 1991). There was an interaction effect between gender and violence in relative to positive social support of friends. Perhaps the increased positive social support of friends found for women contributed to their reduced experiences of violence. More specifically, women in the NCS-R who had been abused but not in the past year reported having more positive social supports from friends compared to men who had been abused but not in the past year. Jackson (2006) found that a community sample of women had more positive social support compared to men. This result was not unique, in that Antonucci and Akiyama (1987) noted that women and men may have different expectations, criteria, experiences, and consequently evaluations of their social support system. In a social network survey of 718

participants, they found that men were more likely to name their wives as their confidants (women named friends as confidants) and became isolated when their traditional roles were disrupted (Anonucci & Akiyama, 1987). Men appeared to be satisfied more easily than women with their perceived social support, and did not necessarily want to increase the size of their social networks (Anonucci & Akiyama, 1987).

#### *Alternative Explanations*

Although current findings suggest that survivors who have experienced violence but not in the past year have more positive support, causation cannot be inferred because the NCS-R is a cross-sectional study, and alternative explanations cannot be ruled out. For instance, it was not possible to determine if positive social support reduced the violence or if the reduced violence provided the women and men with the opportunity to reconnect and maintain ties with family and friends. As discussed, psychological consequences of violence include isolation, avoidance, and difficulty maintaining ties with family and friends (Mitchell & Hodson, 1983). Perhaps women and men in the NCS-R were able to reconnect or maintain ties with friends or family once the violence was reduced.

Other mechanisms that may have contributed to the reduction of violence include participation in counselling (couple or individual) or support groups. Even though the NCS-R did include questions about counseling and support groups for mental health and addiction issues, none were specifically related to intimate partner violence; therefore this particular explanation cannot be excluded.

Conceivably, the reduction in couple violence could have been due to not only the quality or composition of the support but the size of the network. Although it was not possible to measure the precise size of the social support networks in the NCS-R, it is likely that a larger supportive



network with high quality relationships (positive) would be advantageous compared to a smaller network (less friends or family) with lower quality relationships (negative and less supportive). Evidence has shown that a larger network is favored because it means that network members should be more accessible, as a group would provide a broader range of information, and members are less vulnerable to exhaustion from chronic demands (Vaux, 1990).

A further explanation may be the density or closeness of members in the social network. Although the NCS-R dataset did not assess closeness, research has shown that the degree of closeness between the members of a network affects support quality (Vaux, 1990). Close relationships increase the motivation to provide support and result in a more refined type of social support that is based on intimate knowledge of the person in need (Vaux, 1990).

#### *Limitations, Implication of Findings, and Future Research*

As discussed, the cross-sectional design of the NCS-R survey prevents any investigation of the causal relationship between survivors' experiences of partner violence and social support. Furthermore, it cannot be determined if the lack of social support led to the violence or the violence led to the lack of social support in survivors of any violence. The analyses of social support was limited and does not include a complete investigation of social networks (density, frequency, quality, type) because it was based on the NCS-R social support questions that did not include those aspects. The less than ideal psychometric properties of the NCS-R's social support measures suggest that additional items should have been included. Adding social support items that measured a more specific dimension of social support (tangible vs emotional) and items that clarified negative social support (relatives and friends) might have increased the relative reliability of the measures.

While differences between the social support of men and women were identified, due to the limitation of the dataset, it was not possible to examine the dynamic interaction between a couple's social support that may have contributed to the reduction in intimate partner violence. For example, it could be that individual partners were providing social support for each other, or that a combination of the couples' social support system (women's and men's supports) interacted in a way to minimize stress.

With this study, violence could not be categorized and analyzed by separate mild or severe types because of small cell size, and as mentioned, severe violence includes a psychological component of control that was not measured in the NCS-R survey. Analyzing the types of violence (mild vs. severe) and patterns of violence (such as mutual violence) separately might have revealed a different association between the type of violence and social support. For example, the severity of violence likely increases the consequences of violence such as isolation, therefore it is reasonable that less positive social support would be associated with severe violence. Another possibility is that severe violence could be related to increased negative social support. Perhaps friends and family become more critical of those who remain with their partners when the violence is severe compared to those who are experiencing mild violence.

Other limitations were that couples in the NCS-R were asked if they had experienced violence with their current partner, however, no distinction was made between couples who were married vs. those who lived common-law and those who had children vs. no children. As mentioned, married couples tend to experience less violence compared to couples who live common-law and married couples with more children, and common-law couples with less children tend to experience less partner violence (Brownridge & Halli, 2002). This means that the respondents' marital status or number of children could be related to couples' experience of violence.

Because the NCS-R survey is an American database, findings cannot necessarily be generalized to a Canadian population. American laws, values, and population demographics are different than in Canada and this may have shaped respondents' experiences of intimate partner violence and how they responded to the NCS-R questionnaire. In particular, is the fact that colonization continues to oppress the Indigenous population in Canada and how this has likely influenced Indigenous survivors' experiences of couple violence in a way that is quite different than the typical American NCS-R respondent. After all, Indigenous women are more than three times as likely to experience intimate partner violence compared to non-Indigenous women (Brownridge, 2003).

Findings from the current research indicate that women and men who have experienced violence in their current relationship but not in the past year are likely to have more positive social support than women and men who continue to experience violence in their current relationship. Women said that they received more positive support from friends while men received more positive support from family.

The current study is population-based; with most of the violence likely occurring at the mild end of the continuum, therefore, caution must be exercised in generalizing the findings to clinical samples. Additional research is recommended as this would add to previous findings that suggest an association between clinical samples and a reduction in partner violence (Sullivan & Bybee, 1999). Having said that, the Couples Project at the Elizabeth Hill Counselling Centre (Hiebert-Murphy, 1998), in Winnipeg might consider including a component that focuses on strengthening current positive ties, decreasing negative ties, and increasing social networks of women and men who experience partner violence. Particular attention could be centered on the differences between the positive social support of women and men. Women could be encouraged

to maintain and increase ties with friends while men could be motivated to seek positive support from family members. What is more, social support in survivors who experience couple violence could be viewed in terms of assessment and prevention. Survivors could be assessed for a lack of social support and appropriate prevention applied. Part of this prevention could include safety planning and increasing the survivor's positive social support.

The findings are consistent with family stress theory as applied to survivors of couple violence. The current evidence fits with stress theory in that positive social support likely reduces stress that is associated with couple violence. Farrington (1986) noted that an accumulation of life stressors are likely to result in violence in families that are at risk. This same author described families who are experiencing financial, work, or alcohol issues as being at risk and he pressed the importance of discovering alternative ways to deal with the stress in order to minimize the violence. Perhaps this finding not only sheds light on what might be needed for survivors to experience reduced couple violence but what to look for in survivors who continue to experience violence. In other words, survivors who lack positive social support and have increased negative social support may be at risk for continued violence.

This investigation makes a notable contribution to the existing body of research because it examined a rarely studied population and mechanisms that may mitigate the recurrence of couple violence. It informs social workers and other practitioners about the possible role of social support in couple violence in their practice.

This foundational work may lead to a more in-depth investigation of the types or quality of social support (emotional, tangible etc.) that are required to reduce couple violence. Social support was not differentiated in the NCS-R questionnaire; it would have been interesting to be able to identify the type of positive social support (emotional, instrumental) that was provided by

friends and family. Further questioning would have been required in order to determine how the respondents perceived the social support they received. When participants were asked if they talked on the phone with friends, it would have been worthwhile to find out if this conversation was perceived as support in and of itself (emotional support) or if the goal of the conversation with friends was to obtain tangible support. Identifying the type of support would have facilitated future interventions with survivors who have experienced couple violence. For example, if emotional support was found to be valued over tangible support, social support that satisfies the survivor's emotional needs could become part of couple or individual interventions.

As stated earlier, social support is conceptualized in terms of network resources, supportive behaviors, and subjective appraisals of support (Vaux, 1990). *Support network resources* may be described as a collection of relationships that provide supportive assistance to the individual; these groups of relationships may vary in composition, quality, size, and density (Vaux, 1990). Although positive social support in the NCS-R was comprised of family or friends, a more comprehensive social support measure might have included spouse and more formal support (physicians, counsellors etc.), as well as an analysis of the social support dynamics (give and take).

The current investigation has shown that there are differences in the social support of survivors who have experienced couple violence but not in the past year, in a nationally representative sample. Perhaps future research could explore the impact of ameliorating the social support of survivors on their coping abilities, their stress, and the violence that they experience.

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