

PERCEPTIONS OF VIOLENCE AND MARITAL ADJUSTMENT WITHIN  
COUPLES WHO HAVE EXPERIENCED VIOLENCE IN THEIR RELATIONSHIP:  
AN EXPLORATORY STUDY

BY

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A Thesis submitted to  
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In Partial Fulfillment of the Requirements for the Degree of

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## **ABSTRACT**

Perceptions of violence and marital adjustment within couples seeking treatment for issues related to intimate partner violence were examined. Whereas men and women appeared similar in reported acts of perpetrating and being victimized by physical violence, there was a significant difference between women's victimization by non-physical violence and men's perpetration of non-physical violence. Women reported being victimized by non-physical violence to a significantly greater extent than men reported perpetrating. As well, women reported that their partners perpetrated more non-physical acts of violence than they did. Women reported significantly lower rates of dyadic adjustment than their partners did. Significant correlation was found between dyadic adjustment and men's physical and non-physical victimization and men's perpetrated non-physical violence. As well, the relationship between dyadic adjustment and violence was significant for women when they experienced non-physical violence at the hands of their partner and when they perpetrated physical and non-physical violence.

**Perceptions of violence and marital adjustment within couples who have experienced violence in their relationship: An exploratory study**

**INTRODUCTION**

Despite the limited research on gender differences in the domestic violence field, there are some indications that men and women differ in their perceptions of violence in their relationships. Recent studies focus primarily on male-to-female violence and tend to report on either abused women (Coker et al., 2000; Haj-Yahia, 2000; Hamby & Gray-Little, 2000; Smith et al., 2002) or their abusive partners (Gondolf et al., 2002; Hanson et al., 1997; Heckert & Gondolf, 2000). Studies on female-to-male or mutual partner violence are not as common in the literature although they are receiving and gaining more interest (Bowman & Morgan, 1998; Grandin & Lupri, 1997; Jacobson et al., 1994; Malone et al., 1989; Meredith, et al., 1986; Sugihara & Warner, 2002). Information about who perpetrates the violence and distinctions between physical and non-physical violence in empirical studies remain limited and controversial. Research suggests that men and women perpetrate violence and that men tend to engage in acts that are more severe (Dobash et al., 1992; Grandin & Lupri, 1997). As well, individuals who experience violence in their relationships tend to have lower marital satisfaction than non-abusive couples (Haj-Yahia, 2002; Hanson et al., 1997; Meredith et al., 1986). Unfortunately, there are very few studies on how intact violent couples perceive their marital satisfaction.

Overall, research on intact couples with a history of violence is extremely limited (Brannen & Rubin, 1996; Jacobson et al., 1996; O'Leary et al., 1999). Several



studies examine how individuals perceive or rate the violence in their relationships (Coker et al., 2000; Hamby & Gray-Little, 2000; Ptacek, 1997; Saunders, 1988; Sugihara & Warner, 2002), however, very few have gathered information from both partners in a dyad (Cavanagh et al., 2001; Dobash et al., 1998). Many studies determine whether violence has occurred based on proxy reports provided by only one partner. This study examined whether men and women who have experienced violence in their relationships report differences in type (non-physical and physical) and rates of violence. It also explored the extent to which the partners differ in their reports of marital satisfaction and whether there is a correlation between violence and satisfaction.

## LITERATURE REVIEW

### **Overview of Intimate Partner Violence**

#### *Prevalence*

The field of domestic violence is vast and complex with differing viewpoints on the nature, causes, and best interventions to deal with the issue. Domestic or intimate partner violence (IPV) is a major social concern that affects victims, perpetrators, families, and society. Controversy among family violence researchers and practitioners has an impact on the ideological and methodological issues discussed throughout this paper. For example, it is sometimes difficult to determine prevalence rates of IPV because of the variability of the populations/participants, definitions of violence, measures and questions, and survey methods. That diversity can influence how results are interpreted. Tjaden and Thoennes (2000) argue the prevalence estimates generated by the different types of studies vary dramatically. Studies from community or population-based samples generally find low levels of violence perpetrated by both men and women whereas clinical samples find more severe violence primarily perpetrated by men (Archer, 2002; Greene & Bogo, 2002).

Participants from clinical studies often represent populations who may be struggling with more severe forms of violence (Tjaden & Thoennes, 2000). Some researchers have estimated that 50-60% of couples who seek counselling report at least one incident of violence at some point in their relationship (Holtzworth-Munroe, Beatty, & Anglin, 1995; Lawson, 2003). In his study on women seeking restraining orders, Ptacek (1997) found that 70% of women alleged to have experienced some form of physical assault, 44% had received threats of harm, 46% were intimidated,

16% were economically abused, and 11% were sexually abused. Valente (2002) found that as many as 35% of women and 23% of men who visited emergency departments had suffered some form of IPV. Coker, Smith, McKeown, and King (2000) conducted a survey to estimate the frequency of IPV by type (physical, sexual, battering or emotional abuse) among women aged 18 to 65 seeking primary health care. They found that 55% had experienced some form of violence by a current or former partner. The prevalence of physical intimate partner violence was 9.8%; the authors felt this was consistent with other reports from similar clinical populations.

In another population-based study on the prevalence of battering, physical, and sexual violence among women, Smith, Thornton, DeVellis, Earp, and Coker (2002) defined physical assault as the intentional use of physical force with the potential to harm. Sexual assault occurred when one partner forced the other to engage in sexual activities against her will. Battering was defined as “a process whereby one member of an intimate relationship experiences vulnerability, loss of power and control, and entrapment as a consequence of the other member’s exercise of power through the patterned use of physical, sexual, psychological, and/or moral force” (p. 1210). The authors found that 18.4% of women had experienced some form of violence, 13.5% were battered, 8.6% were physically assaulted, 8.2% were sexually assaulted, and 6.0% were psychologically battered (battered without physical or sexual abuse).

Data from nationally representative samples also vary considerably. During the five years prior to the Canadian 1999 General Social Survey (GSS), 8% of women and 7% of men reported they had experienced violence at the hands of their partners (Patterson, 2003). As part of the GSS, spousal violence included aggressive acts

ranging from threats to more serious physical and sexual assaults. In 2001, intimate partner violence accounted for two-thirds of all family violence cases reported to police. The rate of IPV increased slightly between 1995 and 2001 for both men and women (Patterson, 2003). Statistics indicate that in 2001, 2% of both female and male victims of violence either died or experienced a major injury requiring medical attention. In the U.S., statistics suggest that one in eight women is assaulted by her partner in a given year and that 30% of couples experience physical violence at least once during the course of their relationship (Straus & Gelles, 1990). In a study using data from the National Violence Against Women Survey, Tjaden and Thoennes (2000) found that 7% of men and 20.4% of women reported being physically assaulted by a current or former partner at some point in their lifetimes. The 1996 British Crime Survey measured physical violence or frightening threats by current or former partners. The results indicated that 4.2% of men and women reported they had experienced violence during the previous year (Mirrlees-Black & Byron, 1999).

Despite the variability of prevalence rates, the data suggests that intimate partner violence continues to be a social concern. According to Canadian statistics, the rates of IPV have increased for both men and women (Patterson, 2003). Women and men are being victimized by and/or are perpetrating intimate partner violence at rates that are likely higher than those reported in studies. Many studies rely on individual self-reports, or statistics from police, health care, or social service records. Therefore, it becomes impossible to predict actual prevalence when incidents of IPV go unreported. Based on available statistics and estimates, intimate partner violence should be of concern to those involved, whether directly or indirectly.

*Consequences and effects*

Research indicates that once violence is present in a relationship, it is likely to continue without some type of intervention (Lawson, 2003; O'Leary, 1999). The earlier the presence of physical violence in a relationship, the greater the risk for repeated violence and ongoing relationship problems (Holtzworth-Munroe, Meehan, Rehman, & Marshall, 2002). If violence does continue, it may increase in frequency and intensity over time and could result in serious injury including death (Campbell & Lewandowski, 1997; Holtzworth-Munroe et al., 1995; Johnson, 2003; Walker, 1979). The physical and emotional impacts of intimate partner violence, regardless of type, can be far-reaching and devastating. Physical and mental health consequences are associated with physical and non-physical intimate partner violence for both female and male victims (Coker, Davis, Arias, Desai, Sanderson, Brandt, & Smith, 2002).

Coker et al. (2002) suggest that the risk for chronic diseases or injury may increase in situations of repeated physical (direct) or non-physical (indirect) abuse. Riger, Raja, and Camacho (2002) distinguish between first- (i.e., direct), second- (i.e., work, go to school, or maintain relationships), and third-order (i.e., effects on others in the victim's social world) effects on women victims of IPV. They state that it is important to consider all levels of effects in order to gain a better understanding of the full impact of the violence. For abused women, the violence may affect their mental health, ability to function socially and emotionally, self esteem, physical performance, quality of life, and general health (McFarlane, Willson, Malecha, & Lemmey, 2000; Sackett & Saunders, 1999). Women in abusive relationships report high rates of self-blame and often become persuaded by their abusers that they are incompetent and

hysterical (Andrews & Brewin, 1990). Depression, post-traumatic stress disorder, psychosomatic symptoms, and substance abuse often follow violent trauma (Cascardi, Langhenrichsen, & Vivian, 1992). These symptoms can cause functional impairment (Valente, 2002) and can persist even after the violent relationship has ended (Andrews & Brewin 1990). Women may exhibit more elevated levels of fear of their partners than men (Cantos, Neidig, & O'Leary, 1994). Women are also at greater risk for physical injury and are more likely to be victims of repeated and long-lasting violence at the hands of their partners (McFarlane et al., 2000; Tjaden & Thoennes, 2000). Overall, research suggests women are more negatively affected by IPV than men, both physically and mentally (Malloy, McCloskey, Grigsby, & Gardner, 2003).

For abused men, the consequences associated with female-to-male violence have often been neglected in research. Men may be affected mentally, socially, and physically. Some of the symptoms experienced by male victims can include fear and anxiety, depression, stress, helplessness, and psychosomatic symptoms. Although men are at lower risk of physical injury from their female partners, it does occur. For example, Cascardi et al. (1992) found that 2% of men reported being injured to the point of requiring medical attention. Psychological effects of female perpetrated violence on males are very similar to those experienced by female victims (Hines & Malley-Morrison, 2001).

Relationship functioning can also be affected by intimate partner violence regardless of who perpetrates. Research suggests that IPV is correlated with marital dissatisfaction (Haj-Yahia, 2002) and relationship dissolution (Rogge & Bradbury, 1999). Some of the negative effects of violence on marital relationships can include

overall dissatisfaction, anger and contempt towards partners, lack of commitment to the relationship, and thoughts of separation or divorce, which could lead to dissolution, deterioration of marital stability, negative reciprocation, communication breakdown, and sexual dissatisfaction (Bradbury, Fincham, & Beach, 2000; Haj-Yahia, 2002).

Children who are exposed to interparental violence may also experience harmful consequences. There is often an overlap between children witnessing domestic violence and children being abused themselves (Campbell & Lewandowski, 1997). Some children are also injured physically in situations where they try to intervene to protect the abused parent. In general, the more intense and frequent the conflict is between parents, the more negative the consequences for children (Holtzworth-Munroe et al., 2002). The effects on children vary and manifest themselves in different ways. Dutton (2000) believes that witnessing parental violence can have traumatic effects on children and is a risk factor for using severe violence later in life. Research also suggests that children from abusive situations may have an increased risk for behavioural (aggressiveness, hyperactivity, oppositional), as well as emotional (anxiety, depression, self-blame), social (withdrawal, isolation), cognitive (thought suppression, suicidal ideation) and physical (headaches, sleep problems, vomiting) symptoms (Campbell & Lewandowski, 1997; Levendosky and Graham-Bermann 2000; Valente, 2002). Parents modelling poor communication and problem-solving patterns may influence how children develop those skills (Anderson & Cramer-Benjamin, 1999).

Violence against intimate partners has consequences for all involved whether they are directly impacted or not. In response to the consequences associated with

IPV, social systems are providing services for victims, perpetrators, and families. These services play an integral role in the prevention, intervention, safety, deterrence, and rehabilitation associated with violence. As part of that response, couples counselling has been introduced as a viable intervention for couples who want to remain in their relationships. This intervention will be discussed later in this chapter.

### *Definitional issues*

Controversy exists about how to define and classify intimate partner violence. The literature is replete with theories and discourses to make sense of what it is. The terms domestic violence, intimate partner violence, and wife abuse have often been used interchangeably. These terms remain somewhat vague and have different meanings amongst professionals and the general public (Geffner, 1997; Gelles, 1990). Some define violence as simply an act of physical aggression that includes hitting, grabbing, biting, or threatening with a weapon. Ashcraft (2000) states that physical aggression is not the only way to define domestic violence. She believes that violence is about one partner attempting to gain control over another and that focusing solely on physical aggression ignores the non-physical behaviours that are used to control intimate partners. Gelles (1990) believes violence and abuse are not equivalent. He states that initially, abuse was “focused on acts of damaging physical violence directed toward women by their spouses or partners... and was broadened to include sexual abuse, marital rape and pornography” (Gelles, 1990, pp. 20-21). This definition considers domestic violence as the intentional act of physically harming another person - predominantly men harming women.



According to Kurz (1997), there is an ongoing debate in defining violence between what she refers to as the “violence against women perspective” and the “family violence perspective” (p. 443). The violence against women researchers, supported by feminist tradition, argue that men use violence as a way to maintain dominance and control over women in a patriarchal society (Dobash, Dobash, Wilson, & Daly, 1992; Greene & Bogo, 2002; Holtzworth-Munroe et al., 1995; Saunders, 1988; Shepard, 1991; Yllö & Bograd, 1988). The term violence reflects the intentional, purposeful, aggressive, physical, or psychological acts used by men to impose their will on their partners (Abel, 2000; Cavanagh, Dobash, Dobash, & Lewis, 2001; Shepard, 1991). According to this view, society and the justice system have inadvertently promoted and condoned the subordination of women by men. The institutionalized structure of gender roles defining men as providers and women as caregivers contributes to the control of wives by husbands (Kurz, 1997). Men abuse because they are often allowed to abuse; many social environments promote a culture where dominance and aggression are accepted and sometimes encouraged. Dutton (1994) argues that patriarchy does not elicit violence against women in any direct fashion. Instead, it may provide the attitudes or values that men can use to justify their aggressive and controlling behaviours against women. It is estimated that during the course of marriage, approximately 50% of women will experience at least one episode of physical abuse (Golden & Frank, 1994). This estimate does not include the high incidence of other forms of abuse such as sexual, psychological, and emotional, as discussed earlier.

The family violence researchers use the less gender-based term of partner or spousal abuse in order to reflect that both partners are capable of being violent (Geffner, 1997; McNeely & Robinson-Simpson, 1987; Stets & Straus, 1989; Straus & Gelles, 1988). Geffner (1997) defines family violence as “those acts of physical, sexual, or psychological maltreatment, aggression, and violence that occur in a family unit whereby one family member with more power or authority attempts to gain control over another family member” (p. 2). He makes the distinction between violence and abuse by stating that, “to be maltreated, abused or battered implies that one person in the relationship uses physical or psychological coercion against the other person in order to gain control. This process usually involves a pattern of attempts at intimidation by the perpetrator and often produces fear in the victims” (p. 4). Fear induction is often the means through which violent partners gain control and compliance from their victims (Barnett, Miller-Perrin & Perrin, 1997; Hamberger & Guse, 2002; Jacobson, Gottman, Waltz, Rushe, Babcock, & Holtzworth-Munroe, 1994). Kurz (1997) argues that the assumption of the family violence researchers that men and women are equally violent in relationships is based on data that are misleading. Dobash et al. (1992) believe that the measures used to assess violent acts are flawed because they do not consider the context and meaning of the behaviours and they do not discriminate among the different types of violence. The argument for gender symmetry will be discussed further in the section on gender differences.

In the research literature, distinctions between types of abuse are often arbitrary and unclear. Johnson and Ferraro (2000) argue that it is important to acknowledge that there are distinctive patterns of intimate partner violence, namely, “intimate terrorism”

and “common couple violence” (p. 949). The authors believe that there is a need to distinguish between the perpetrator and the victim. Intimate terrorism is the use of violence as a way to exert control over one’s partner, whereas common couple violence occurs intermittently during an argument when one or both partners lash out physically at the other (Greene & Bogo, 2002; Johnson & Ferraro, 2000). Regardless of the type of violence, any conflict that escalates to physical aggression should be considered potentially dangerous for couples (Greene & Bogo, 2002). Johnson and Ferraro (2000) caution researchers to continue to make distinctions between types of violence “and to develop theories that take into account the different causes, dynamics, and consequences of the different forms of violence” (p. 959).

Begun (1999) defines the terms of intimate partner and violence separately. She describes intimate partner as any partnership (heterosexual, gay or lesbian) in a domestic/cohabitative or dating relationship. Violence refers to a broad continuum of behaviours directed at another person (Begun, 1999). The range of behaviours is extensive and includes such acts as threats, physical aggression, controlling choices or resources, humiliation, harassment, coercion, and so forth. Almeida and Durkin (1999) argue that a combination of tactics along this continuum (including physical, emotional, and sexual abuse) is used in tandem to gain power and control over victims of domestic violence. When the definitions of physical and non-physical abuse are more broad or inclusive (i.e., all forms of abuse fall on the continuum of violence) then the goal becomes to eliminate all forms of violence; this is the goal of most prevention or intervention strategies (Hamby & Gray-Little, 2000). However, if there is no differentiation between types (physical, non-physical, severe, non-severe), it could

trivialize the experiences of the victims who have suffered more severe acts of abuse (Hamby & Gray-Little, 2000).

Geffner (1997) states that we are in need of more research on the relationship between physical and non-physical violence. Many studies emphasize physical violence at the expense of non-physical and sexual violence (Gondolf, Heckert, & Kimmel, 2002; Haj-Yahia, 2002). However, non-physical abuse is gaining the attention of researchers and practitioners alike. According to Gondolf et al. (2002), the use of non-physical abuse is a means to control another by diminishing his/her sense of self and well-being. Shepard (1991) refers to the non-physical tactics that abusive men use to control their partners that include such acts as emotional abuse, isolation, intimidation, threats and economic abuse. These are all forms of non-physical violence that can be as, or more, detrimental than physical abuse (Coker et al., 2000; Gondolf et al., 2002; Sackett & Saunders 1999; Walker, 1979).

Some authors have found that the type of violence perpetrated may change over the course of the relationship (Gondolf et al., 2002; Meredith, Abbott, & Adams, 1986). Sackett and Saunders (1999) report that if non-physical abuse such as verbal aggression occurs early in the relationship, it is often a precursor to physical abuse. Gondolf et al. (2002) state that batterers who refrain from using physical violence may escalate their use of non-physical abuse to maintain their control. The methods of direct physical control and domination often revert to indirect non-physical methods (Trute, 1998). Meredith, Abbott, and Adams (1986) found that as physical violence increased in the relationship, non-physical (i.e., verbal aggression) increased as well.

Based on the literature, it appears that when doing research in the area of family violence attention should be given to two issues: (a) making distinctions between the type of violence (i.e., common couple vs intimate terrorism), and (b) clarifying definitions of what is being studied (i.e., physical vs non-physical violence).

### **Review of gender differences**

#### *Controversies over who perpetrates*

The focus of the literature on domestic violence has primarily been on physical assaults of women by their male partners (Nakhaie, 1998; O'Neill, 1998). Estimates indicate that one third of women will be assaulted by a male partner at some point in their lifetimes and that violence against women is more likely to be repeated and result in more injuries (Armstrong, Heideman, Corcoran, Fisher, Medina, & Schafer, 2001; Browne, 1997). Bograd (1992) would argue that by focusing on male-to-female violence, those from a feminist perspective are not male-blaming or disregarding that women are violent; rather, they are simply highlighting a "pervasive and undeniable social pattern" (p. 253). Kurz (1997) argues that despite the increased awareness about the problem of violence against women by male partners, the research on violence has shifted its focus to spouse or partner abuse. An increasing body of literature has surfaced with studies that claim that intimate partner violence is gender symmetric (Grandin & Lupri, 1997; Meredith et al., 1986; Straus, Gelles & Steinmetz, 1981; Sugihara & Warner, 2002). Gender symmetry implies that men and women in intimate relationships are equally abusive.

Bowman and Morgan (1998) found that although there is growing interest and literature on violence perpetrated by women, the issue has not become a societal concern or priority. The authors conducted a comparison on the rates of verbal and physical abuse by gender from a college campus in the United States and found that females reported higher rates of both perpetrating and of being victimized by violence. McNeely and Robinson-Simpson (1987) argue that if society fails to recognize males as victims then it is only addressing part of the phenomenon. Carlsten (2002) states that because there is no agreed upon method of defining or measuring domestic violence, the literature seems to be biased towards male-to-female violence. She espouses the importance of recognizing that domestic violence is a “bi-directional” and “bi-gender” issue (Carlsten, 2002, p. 44). Intimate partner violence is a serious and mutual problem for both sexes (McFarlane et al., 2000; Stets & Straus, 1989).

In one study by McFarlane et al. (2000), the authors found that the severity and extent of physical violence or behaviours that threaten physical violence did not differ by gender for women and men filing assault charges against their partners. They argue that IPV is equally serious for both men and women and that future research should consider the notion of gender symmetry. In a review of sex differences in aggressive acts between heterosexual couples, Archer (2002) found that women were slightly more likely to use physical violence in their intimate relationships. Among marital therapy clinical samples, some researchers found that over 80% of intimate partner aggression is reciprocal (Cantos et al., 1994; Cascardi et al., 1992). Women reported experiencing and engaging in more aggression toward their partners than men in a study by Malone, Tyree, and O’Leary (1989). Sugihara and Warner (2002) showed

that Mexican American women used aggressive behaviour as frequently as men although the men used more severe violence against their partners. Johnson (1995) states that the symmetry argument is sometimes derived from examining violence based on data from national surveys where mutual violence is more prevalent which differs from the violence examined in clinical or shelter studies where intimate terrorism may be more prevalent.

Those who argue gender asymmetry believe that the context and meaning of the violence is different when women perpetrate. For example, Jacobson et al. (1994) found that women most often used violence in response to their partners' violence. Malloy et al. (2003) state that to merely count incidents of IPV by gender "de-contextualizes and obscures the negative effects of violence against women, women's motivations for using IPV, and the meaning of recent increased arrests of women who resort to IPV" (p. 38). Saunders (1988) explored gender differences regarding the use of violence from the woman's frame of reference. He found that 75% engaged in some form of non-severe violence. Severe violence was engaged in by 50-60% of the women and 8% admitted to beating up their partners. The women reported that self-defense was the most common motive for both non-severe and severe violence. Only one woman reported that she initiated most of the violent encounters with severe violence, and four said they initiated the non-severe violence.

The age of the respondents may also have an influence on intimate partner violence. Nakhaie (1998) conducted a study on age-sex relationship of conjugal violence between married and co-habiting partners and found that younger males (18-24) were more likely to commit violence against their partners than their female

counterparts. Once men and women reach their fifties, the gender differences disappear. These findings were consistent with the general age-sex related patterns of crime (Nakhaie, 1998).

Some researchers believe that although males and females engage in aggression against their partners, the aggression should not be regarded as equivalent (Browne, 1997; Holtzworth-Munroe, Smutzler & Stuart, 1998; Malone et al., 1989). It is widely believed that men perpetrate more severe violence and inflict more injuries than do women (Archer, 2002; Armstrong et al., 2001; Straus & Gelles, 1988, 1990; Sugihara & Warner, 2002) and women often act aggressively in self-defence (Dobash et al., 1992; Saunders, 1988; Straus, 1980; Straus & Gelles, 1988). Tjaden and Thoennes (2000) argue that methodological differences may also influence the debate surrounding symmetry. They found that the studies supporting symmetry queried respondents about victimization and perpetration whereas studies supporting asymmetry queried only about victimization. Data on perpetration of and victimization by intimate partner violence are rarely studied simultaneously which may hinder the ability to resolve the issue of gender symmetry (Anderson, 2002). As mentioned earlier, Johnson and Ferraro (2000) caution readers to distinguish between types of violence before making generalizations about and debating whether IPV is gender symmetric or asymmetric. There appear to be three issues that challenge the gender symmetry hypothesis: motivation, outcome and underreporting.

Motivation. It would be negligent to make assumptions about gender symmetry without also exploring the notion of motivation for perpetrating intimate partner violence. Bograd (1999) suggests that the “use of violence, its meanings, and



its interactional and psychological consequences are gender specific” (p. 278). Men and women view intimate partner violence differently and use it for different reasons. Dobash et al. (1992) argue that sexual symmetry in marital violence is a myth. The authors discredit the notion of symmetry because it does not reflect motivation or action. “To adequately assess the ‘equality’ of violence, it is important to know the relative size and strength of the perpetrator and victim, the force with which an action was carried out, and the impact in terms of injury” (Browne, 1997, p. 51). Dobash et al. (1992) believe that asking research subjects to report acts of violence without elaborating on their meanings or consequences is negligent and misleading. “Enormous differences in meaning and consequences exist between a woman pummelling her laughing husband in an attempt to convey strong feelings and a man pummelling his weeping wife in an attempt to punish her for coming home late” (Dobash et al., 1992, p. 82). Grandin and Lupri (1997) advise that readers should be cautious when interpreting rates of violence by gender because most measures do not account for context, motivation, or outcome.

The research on motivations for IPV tends to support the idea of gender differences or asymmetry. Women tend to cite self-defense or retaliation for previous violence (Jacobson et al., 1994; Malloy et al., 2003; Saunders, 1988; Sugihara & Warner, 2002), whereas men cite punishment or control (Bowman & Morgan, 1998; Hamberger, Lohr, Bonge, & Tolin, 1997) for their use of violence against their partners. According to Gottman (1999), one of the most critical differences in the motivation for using violence is that men are more likely to systematically terrorize and victimize their partners. Men use violence as a calculated measure to dominate and

control their partners (Lawson, 2003). Hamberger et al. (1997) evaluated gender differences in self-reported motivation for use of violence. They found that female perpetrators reported “using violence to defend themselves from direct physical attack, escape from direct attack, or retaliate for prior physical and emotional abuse” (p. 418). In contrast, male perpetrators reported using violence to dominate, control and instill fear in their female partners. According to Byrne and Arias (1997), women are more likely to engage in physical aggression when they perceive their partners as engaging in negative (physical or non-physical) behaviour. In earlier studies, Saunders (1988) and Jacobson et al. (1994) found that the majority of women were violent only in reaction to their partner’s violence. Dasgupta (1999) interviewed women who were court-ordered or self-referred for treatment because of IPV toward a male partner. She found that women have various motivations for their aggressive behaviour: standing up for themselves, gaining control of the situation, getting their partners to pay attention or to take responsibility, gaining respect, seeking revenge, and hurting their partners because of threats. Overall, the most frequent response given by the women for becoming aggressive with their partners was to end their own victimization at the hands of their partners (Dasgupta, 1999).

*Outcome.* In terms of outcome, physical traits such as size and strength affect the consequences of intimate partner violence. Dobash et al. (1992) argue that “it is inappropriate to treat a slap (or other act) by one party as equivalent to a slap by the other, not only because there is an asymmetry in the damage the two slaps might inflict, but because the parties differ in the responses available to them and hence in their control over the denouement” (p. 83). O’Neill (1998) states that male and female

violence are qualitatively different and should be viewed as such. As discussed earlier, the consequences of violence may not be the same for men and women. Studies that compared physical and psychological consequences for men and women found that male-to-female violence generally had more negative results than female-to-male violence (Holtzworth-Munroe et al., 1998; Jacobson et al., 1994). Saunders (1988) found that husbands had higher rates of severe violent behaviour and were likely to do more damage because of their size. Tjaden and Thoennes (2000) found that men reported no sexual violence and only 7.6% reported a lifetime prevalence of physical assault and/or rape at the hands of their partners as compared to 25% of women.

*Underreporting.* In a study conducted by Ptacek (1988), he found that the respondents (male batterers) used a variety of strategies to minimize the level of violence they had perpetrated and often contradicted themselves. Dobash et al. (1998) argue that men not only underestimate the use of any particular type of violence, they also underreport the frequent use of violence. Although some men acknowledge that they have been violent to their partner, they often justify or redefine the behaviour as something non-violent (Cavanagh et al., 2001; Ptacek, 1988).

Heckert and Gondolf (2000) found that both men and women tend to underreport the incidence of violence. They used police reports for comparison and found that 19% of men underreported assault and 29% of women underreported victimization at intake. During the initial intake, self-reports indicated that only 6% of wives had experienced physical violence, however when prompted, 53% acknowledged male-to-female violence. According to Lawson (2003), women often don't report violence without prompting because they may be embarrassed or

frightened of retaliation. During follow-up, 22% of men underreported assault while 80% of the entire sample of men denied violence where the women reported violence. In a study by Armstrong, Wernke, Medina, and Schafer (2002) on whether partners agree about the occurrence of violence in their relationship, women were also more likely to report that violence had occurred. Ehrensaft and Vivian (1996) estimate that fewer than 10% of couples seeking marital therapy spontaneously report violence as a presenting problem.

Data collection methods may also influence how violence is reported. Many studies rely on one-partner data to assess intimate partner violence. Szinovacz and Egley (1995) argue that individuals cannot provide accurate information about their partner's attitudes, motivations, or perceptions. There can be significant discrepancies between how spouses perceive and attribute the violence in cases where they are reporting on such a highly sensitive issue. Bohannon, Dosser, and Lindley (1995) conducted a study measuring violence among 94 military couples and found that more couples reported violence when both spouses' reports were included. If only the women reported the violence, 37% of couples would be violent, whereas when asking men, 46% had some violent behaviours. Combining both spouses' reports, the rate of violence increased to 56%. In another study comparing one-partner and couple data on marital violence, the authors found that partners were more likely to deny violence when reporting face-to-face than if they submitted questionnaires (Szinovacz & Egley, 1995). Social desirability may account for disagreement among partners and underreporting of violence.

Geffner (1997) believes that who perpetrates or initiates the violence and what defines mutual partner violence have caused considerable controversy with respect to research, data interpretation, clinical interventions, and public policy. This controversy leads to several important implications for future research. Firstly, there is a need to make distinctions between types of violence (Geffner, 1997, Johnson & Ferraro, 2000). Kurz (1997) and Dobash et al. (1992) argue that the scales used to measure violence may be misleading because they sometimes fail to discriminate between different types of violence. Secondly, there is a need to go beyond simply what behaviours occurred when assessing violence. Consideration must be given to the severity, motivation, and context of the violence between partners. Lastly, the issue of underreporting could be improved by moving towards obtaining information from both members of the couple and assessing agreement between them. Szinovacz and Egley (1995) argue that couple data are essential to assess reporting bias and to obtain more accurate prevalence rates of IPV in the future.

#### *How women and men account for and perceive the violence*

How do partners who share the same experiences of violence perceive those experiences and view their relationship? Some researchers argue that those perceptions differ tremendously (Dobash et al., 1992; Jacobson, Gottman, Gortner, Berns, & Shortt, 1996; Meredith et al., 1986) while others disagree. For example, Shamai (1996) believes that spouses have similar views about what causes the violence and who is responsible for it. That argument is used to support the use of

couple therapy in cases of violence; if spouses hold similar perceptions then therapy should include both partners in order to stop it.

Nabi and Horner (2001) studied how women understand or account for the causes of partner abuse. They compared women who had suffered spousal abuse to men and women who had less direct or no experience with abuse and asked them to respond to how they conceptualized the problem of spousal abuse and how they believed it could be addressed. They found that abused women were more likely to understand spousal abuse as a serious issue that can impact psychologically on children. Abused women were also more likely to believe that violence against women is a social norm and that people's silence about the issue gives consent to abusive males to continue their controlling behaviours. In another study on how women victims of abuse label partner violence, Hamby and Gray-Little (2000) found that not all women who have experienced violence see themselves as victims, abused, or battered (the three labels used to define their experiences). They also found that women (a) who were more committed to their partners, (b) who were still in a relationship with their partners, or (c) whose partners were financially viable were less likely to label the violence. These women were also asked to read vignettes about women who had experienced similar violence to their own. Eighty-two percent of the women labelled a grab, 99% labelled a slap, and 100% labelled a punch as abuse. For their own experiences, 38% did not endorse any labels, 22% endorsed the abuse label, and 18% endorsed all three labels. Kelly (1988) would agree that although women may experience similar acts of force against them by men, they are often unsure of how to define or label those events. She also believes that women use coping

strategies such as forgetting or minimizing because they do not want to be labelled by self or by others as victims.

Numerous studies have demonstrated that partners often do not agree about the occurrence of IPV (Arias & Beach, 1987; Armstrong et al., 2001, 2002; Schafer et al., 1998; Szinovacz & Egley, 1995). Schafer et al. (1998) studied partner agreement on IPV and found that partners disagreed considerably about the violence. Overall, women were more likely to report the occurrence of violence in their relationships. In a qualitative study conducted by Armstrong et al. (2001), partners disagreed significantly about the occurrence and frequency of specific acts of violence in their relationships. Participants reported that they believe women and men have different memories of the violence and assign different definitions and interpretations to the violent acts. According to Cavanagh et al. (2001), the way men and women define violence has an impact on how they respond to it. For example, whereas a woman may consider a push to be physically violent, a man may not. Armstrong et al. (2001) found that women tend to remember more than men do because they are more likely the victims; both partners choose what they want to remember and both remember being right (Armstrong et al., 2001). As well, women tend to focus on emotional issues and pay more attention to the interactions in the relationship than do their partners. Cavanagh et al. (2001) found that denial, minimization, and blame were significant in how men accounted for the violence. The men often blamed their partners for the violence as a way of admitting to the violence while shifting responsibility for their behaviour onto their partners. Although men acknowledged that they had been violent, many downplayed aggressive behaviours as non-violent because they believed

they were provoked or their partners deserved it. Andrews and Brewin (1990) studied 70 women who had experienced IPV to assess the degree to which they placed blame for the violence on themselves or on their partners. The authors found that women who were currently living with a violent partner reported the highest rate of self-blame. Once out of the relationship, women were more likely to blame their partners.

Dobash, Dobash, Cavanagh, and Lewis (1998) conducted a study that compared how women and men from the same relationship account for violence, injuries, and controlling behaviours when men are the perpetrators. They found that 75% of the women reported a range of severe violence whereas less than 50% of men reported the same. One tenth of men reported kicking or punching their pregnant partners whereas 33% of the women felt they had been punched or kicked in the stomach when pregnant. The authors also found that there seemed to be greater congruence in reporting at the less severe end of the violence continuum (i.e., pushing or restraining). In order to avoid taking responsibility for their behaviour, violent men may attempt to rationalize or justify their violence and use a range of tactics to minimize, deny and blame others, particularly their partners (Cavanagh et al., 2001; Ptacek, 1988; Shepard, 1991; Straus & Gelles, 1990).

As noted, men and women may give different meanings to the violence they have experienced which may influence how they respond to questions about it. Studies are often misleading because they only account for how one partner responds. Proxy reports providing information from only one partner may not be the best approach for assessing whether violence has occurred and should not be generalized to the dyad or couple. Based on research, couples with a history of violence appear to



report differences. In order to understand those differences, it is important to gather information from both partners. The question remains whether couples who have decided to stay together report differences and to what degree.

### *Marital adjustment*

Marital adjustment is defined as the functioning and quality of the dyadic relationship and includes concepts of marital satisfaction and happiness (Crane, Allgood, Larson, & Griffin, 1990; Spanier, 1976). The terms marital adjustment and satisfaction are often used interchangeably. Although the present study examined adjustment specifically, research on relationship satisfaction was included because of its prominence in determining relationship quality. Do couples with a history of violence view the quality of their relationship differently and what is the relationship between their perceptions of adjustment and the perpetrated violence? Although violence often has a negative impact on family relationships, there are few studies that document the adverse effects of IPV on the marital relationship (Meredith et al., 1986). We know that it impacts negatively on marital satisfaction, but we do not have a clear understanding of gender differences.

Bradbury et al. (2000) state that the rationale for studying marital satisfaction stems from its centrality in individual and family well-being, from the benefits that accrue to society when strong marriages are formed and maintained, and from the need to develop empirically defensible interventions for couples that prevent or alleviate marital distress and divorce (p. 964).

Kurz (1997) would argue that marriage condones men's control over women by virtue of the gender role structure of women as care-givers and men as providers.

The pressure to conform to the institutional norms of marriage sometimes influences the choices women make about maintaining or leaving their relationships which can have serious consequences (Magill & Werk, 1985). Socialization and cultural expectations continue to emphasize that women invest their identities in their relationships (Billinkoff, 1994).

It is often assumed that violence is associated with marital dissatisfaction, but this link has not been clearly established. The link between physical abuse and marital dissatisfaction is assumed rather than demonstrated (Bradbury et al., 2000; Holtzworth-Munroe et al, 1998; Meredith et al., 1986). The literature lists a number of reasons why women do not leave their relationships (e.g., Barnett et al., 1997; Dutton & Painter, 1981; Walker, 1979) and marital satisfaction is not usually prominent. Could couples experiencing marital violence be satisfied with the quality of their relationships? There has been limited research in this area and although common sense would tell us that there is probably a negative correlation (as violence escalates, marital satisfaction decreases), studies have been unable to consistently demonstrate this relationship. That said, it is important to look at some of the findings on marital satisfaction and marital violence.

In gender specific studies, it appears that marital adjustment is correlated to intimate partner violence. For instance, Hanson, Cadsky, Harris, and Lalonde (1997) found that abusive men reported starting more arguments and being less satisfied than men who were not abusive did. Haj-Yahia (2002) also found that women reported that the greater the extent of psychological, physical, sexual, and economic abuse against them, the lower their degree of marital commitment and marital satisfaction, including

affection, happiness, and harmony. Increasing marital dissatisfaction is significantly associated with a higher frequency of marital violence for both husbands and wives, according to Byrne and Arias (1997). Holtzworth-Munroe et al. (1998) found that distressed violent couples have higher levels of negative reciprocal interactions, anger, and contempt when compared to their distressed non-violent counterparts. The relationship between distress and violence is not fully understood (i.e., does distress cause negative interaction or does negative interaction cause distress?). Bradbury et al. (2000) state that there are interactional and behavioural differences between distressed and non-distressed couples, but it remains unclear why some couples are violent and others are not. Although many couples experiencing violence have lower levels of satisfaction than non-violent couples, the level of satisfaction may not differ greatly from non-violent distressed couples (Holtzworth-Munroe, 2002). In one study, Bauserman and Arias (1992) investigated dyadic adjustment for 30 women who reported physical abuse and 58 who did not report any abuse. They found that, although both groups reported being maritally satisfied, victimized women's scores were significantly lower than those of non-victimized women.

Do men and women perceive the quality of their relationship differently? Rosenbaum and O'Leary (1981) and O'Leary (2001) state that for men, marital distress is highly correlated to physical violence. Even among a number of other variables such as family of origin, alcohol abuse, and beliefs about sex-roles, marital discord was the most highly correlated with physical violence for all three groups (abusive, non-abusive but distressed, satisfactorily married). Meredith et al. (1986) hypothesized that marital satisfaction would decrease as the reported use of partner

violence increased. This was found to be true but when they separated the women's from the men's responses, there was a stronger negative correlation between the use of marital violence and marital satisfaction for men. In this study, 25% of the total sample reported that one or both spouses had used violence – of those, 55% stated the violence was mutual. Twenty-eight percent reported that only the husband was violent, and 13% reported that only the wife had been violent in the past year.

Taken together, these studies suggest a relationship between violence and marital adjustment. Despite the findings illustrated above, it remains unclear whether marital dissatisfaction precedes the violence or whether dissatisfaction occurs because of the violence. Meredith et al. (1986) argue that the relationship between the two may be circular: as violence increases, dissatisfaction increases, and as dissatisfaction increases, so does the violence.

The choice of a measurement tool for marital satisfaction can affect a study's results. Crane et al. (1990) examined the use of three adjustment scales, including the Marital Adjustment Test (MAT) (Locke & Wallace, 1959), the Dyadic Adjustment Scale (DAS) (Spanier, 1976), and the Revised Marital Adjustment Test (RMAT) (Kimmel and Van Der Veen, 1974). The three tests were found not to be equivalent and could not be compared directly. The authors suggested that marital quality is not universally defined and has been interpreted differently in these three measures. It is important to note that most of the studies described earlier have used either the MAT (Fincham, Bradbury, Arias, Byrne, & Karney, 1997; Jacobson et al., 2002; Rosenbaum & O'Leary, 1981) or the DAS (Bauserman & Arias, 1992; Byrne & Arias, 1997; Hanson et al., 1997; Meredith et al., 1986) and that the generalizability of their

findings may be limited because there is no empirical evidence to suggest that these measures are equivalent. Therefore, we need to be cautious when interpreting the results of different studies using different measures, because they may not be measuring the same construct. That is the reason that it is so important to be clear about what is being studied and how it is defined.

There are many unanswered questions about marital satisfaction for couples who experience violence but wish to maintain their union. For example, what is the level of marital satisfaction for men and women from violent dyads who continue to stay together? Do the partners agree? Are there differences depending on who is the perpetrator and how severe the violence is? This study begins to explore and address some of these issues.

### **Violent couples who want to remain together**

The importance of learning more about the link between marital violence and marital distress or dissatisfaction comes from the fact that many couples who have experienced IPV want to stay together. There are many reasons for maintaining the relationship and there are just as many hypotheses that attempt to explain why partners from violent relationships choose to stay together (Graham, Rawlings, & Rimini, 1988; Hotaling & Sugarman, 1986; Walker, 1979, 1991). For example, Shamaï (1996) argues that the lack of social supports (informal and formal) or the isolation of the family may influence whether couples remain together. Intergenerational beliefs and values around gender roles can also play a role in a partner's decision to continue the union. Couples often have a lot invested in their relationships such as mutual

possessions, friendships, and activities, and/or emotional effort and commitment (Bauserman & Arias, 1992). The longer the partners are together, the more difficult it becomes to separate from those investments. Couples from violent relationships often seek help as a means to improving their relationship. Unfortunately, no one hypothesis can explain the entire population and the more therapists discover about the relationship between marital violence and distress, the better equipped they will be to deal with the issues raised by their clients and to design effective treatment.

*Rationale for working with couples with a history of violence.* The issue of conjoint therapy with couples with a history of violence continues to be controversial. The concern surrounding this issue has gradually shifted from whether or not conjoint work is an appropriate intervention to when and how it should be used. Hansen and Goldenberg (1993) recognize that women often return to abusive situations after brief absences from them. An estimated 50% of abused women choose to stay with their abusive partners (Cox & Stoltenberg, 1991; O'Leary, Barling, Arias, Rosenbaum, Malone, & Tyree, 1989; Shamai, 1996; Sullivan, 1991). Women often leave the relationship because they want the abuse to stop; they are not looking at ending their relationship. If women feel pressure to leave their abusive relationships, they may feel shamed and unsupported if they decide not to (Goldner, 1992; Magill & Werk, 1985). Regardless of the reasons clients choose to continue their relationships, it is important to recognize the need for services to help couples keep their relationships safe. Even if the decision is to end the relationship, both partners should be provided with support to help them separate in safety. Conjoint therapy may offer an incentive to the perpetrators of domestic violence who are resistant to individual counselling (Hansen

& Goldenberg, 1993). If they are afraid that their relationships could end, abusive partners may be motivated to seek treatment in order to keep the marriage/relationship intact (Trute, 1998). If the perpetrators can be encouraged to do individual or group counselling before initiating conjoint treatment, couples therapy becomes a “carrot” for taking responsibility for their abusive actions and working at changing their behaviours and attitudes. Conjoint work is contraindicated if the violence continues or if safety cannot be assessed. The perpetrators must be able to contract for non-violence, take responsibility for their violent behaviours, and show willingness to change. Under those pre-conditions, couples therapy can be beneficial. O’Leary et al. (1989) and Trute (1998) suggest that focusing on group or individual interventions alone may be inadequate to address complex patterns of relationship interaction that have supported the violence. Although models for intervening with couples in violent relationships have appeared in the literature (Goldner, 1992; Hansen & Goldenberg, 1993; Lipchik, 1991), few have research on treatment outcome.

*Research.* An interesting study on whether violent couples remain together investigated the longitudinal course of battering over two years for batterers and their spouses. Jacobson et al. (1996) assessed 45 couples for the battering and stability of their relationship. These couples were recruited through public service announcements, media advertising, and random telephone dialing. Eighteen percent of men and 36% of their partners were in some form of therapy. Half of the men in treatment were being seen conjointly. After a two-year follow-up, 62% of the batterers and their spouses were still married and living together and 46% of those batterers had not reduced their use of severe violence, whereas 54% had decreased the frequency of

physical abuse. An interesting point is that although physical abuse decreased for 54% of the batterers, the emotional or non-physical abuse did not decrease. Of the 38% of couples who separated or divorced, the women reported that they were more likely to leave partners who were more emotionally abusive, especially if they were socially isolated. Jacobson et al. (1996) argue that emotional abuse contributes more to the victim's marital dissatisfaction and dissolution of the relationship than physical violence.

There are very few studies that have been undertaken to evaluate the different therapeutic approaches, especially conjoint therapy. After reviewing the literature, Hamberger and Hastings (1993) were unable to conclude whether conjoint therapy was effective in the treatment of domestic violence. O'Leary, Heyman, and Neidig (1999) compared gender specific and group conjoint treatment for couples who chose to remain together. They recruited couples experiencing low levels of physical aggression. They found both treatments helped reduce physical and psychological violence, but that neither was deemed more effective. Marital satisfaction was significantly improved regardless of treatment method. Brannen and Rubin (1996) compared gender specific and couples interventions for batterers mandated to treatment and found that both treatments reduced physical aggression. They also found that the conjoint approach was more effective for couples with a history of alcohol problems and in terms of reducing dropout prior to treatment. The reader should be cautious in generalizing the results of these studies however, because of methodological limitations. Both studies involved couples seeking treatment for male violence, and the sample sizes were relatively small, with no control groups. Future



efforts should strive to include a sufficient number and variety of subjects to increase generalizability of the findings.

It is important to emphasize that many couples with a history of violence want to remain together. Despite the lack of research in this area, therapy is an option and knowledge about this subgroup is imperative in understanding couples and designing effective treatment strategies.

### **Purpose of the present study**

The purpose of this study was to examine whether dyadic partners who have experienced violence and who wish to remain together differed in their perceptions of experienced and perpetrated violence, as well as marital satisfaction. In particular, the study explored the extent to which men and women reported non-physical and physical violence, their degree of marital satisfaction, and whether there was a relationship between violence and satisfaction. Data were gathered from both partners and distinguished between physical and non-physical violence. The intent of the study was to study victimization and perpetration of intimate partner violence simultaneously. The measures for violence did not make assumptions about who perpetrated the violence. Making a distinction between who perpetrates what types of violence based on reports by both partners addresses important gaps identified in the literature. First, Johnson and Ferraro (2000) argue that there is a need to distinguish between common couple violence and intimate terrorism. To make this distinction, it is necessary to assess the abusive behaviours of both partners. Furthermore, previous research with both partners has demonstrated that partners often do not agree about the

occurrence of intimate partner violence (Armstrong et al., 2001, 2002; Dobash et al., 1998; Schafer et al., 1998). The present study examined whether this finding can be generalized to couples seeking treatment. The knowledge gained from this study will provide insight into gender differences for couples who have experienced violence, based on their perceptions about who perpetrates what type of violence, and how they perceive their marital satisfaction.

Based on the issues outlined in the literature review, the following research questions were explored among a sample of couples with a history of violence seeking conjoint treatment:

1. To what extent do the partners agree on who perpetrates the violence, the type of violence, and the severity of violence?
2. Do women perceive that their partners engage in more acts of violence (physical, non-physical) than they do?
3. Do partners agree on the degree of marital satisfaction in their relationships?
4. Is there a relationship between the reported violence and marital satisfaction?

Specific hypotheses examined in this study were as follows:

*Hypothesis 1.* Men and women within a marital dyad will differ in their reports of the physical and non-physical violence in the relationship. Specifically, men will report perpetrating less violence than their female partners report experiencing from their partners.

*Hypothesis 2.* Women will report that their partners engage in more physical and non-physical acts of violence than they do.

*Hypothesis 3.* The dyads will differ in their ratings of marital adjustment. Women will report a greater degree of marital distress than their male partners.

*Hypothesis 4.* The degree of marital adjustment will decrease as the severity of violence increases for both men and women.

## METHODOLOGY

### **Overview of research design**

The study is a cross-sectional design of a clinical sample of couples who have a history of violence and who wish to keep their relationship intact. This study includes secondary analysis of data collected from a larger ongoing study evaluating the effectiveness of treatment and outcome of conjoint therapy in the Couples Project. Pre-test data from the Couples Project database were included for a sample of heterosexual couples ( $N = 44$ ) entering treatment between November 1998 and October 2003.

Given that that the Couples Project treats couples from a variety of different relationships with a range of experiences, IPV was defined to reflect those relationships and experiences. For the purpose of this study, IPV was defined as the use of coercive and controlling physical or non-physical violence by one partner in order to limit, direct, or shape the feelings, thoughts, and actions of the other partner (Almeida & Durkin, 1999).

The Couples Project was developed in 1998 in Manitoba to address the gap in service for intimate partners experiencing violence who wish to remain in their relationships. It emerged as a response to one of the recommendations put forth in the Lavoie Commission of Inquiry (Schulman, 1997) that identified the need for conjoint therapy for victims and perpetrators of domestic violence (Hiebert-Murphy & Trute, 1998). The Couples Project is a second stage treatment program with a focus on structured conjoint treatment for couples with a history of violence. Couples enter the project voluntarily and many are either self-referred or referred through first stage,

gender specific treatment programs. The assessment criteria used to accept clients to the Couples Project remain the same regardless of who perpetrates the violence or what type of dyad it is. The assumptions of the program are as follows: (a) the violence has stopped for an extended period of time, (b) the perpetrator takes responsibility for the violence and can contract for continued non-violence, (c) the victim is committed to developing a safety plan and implementing it, if needed, and (d) the couple is committed to a non-violent relationship. The Couples Project deals with all types of conjoint violence (physical and non-physical) in a broad range of couple relationships including marital, cohabiting, and dating of opposite- and same-gender couples. Although this study is limited to couples in heterosexual relationships, it is not intended to minimize the prevalence or importance of lesbian and gay violence. Rather, it recognizes that violence in same-sex relationships may have different dynamics than those experienced in heterosexual unions.

Agency therapists solicited participation from all couples who entered the project for treatment. Prior to starting treatment, clients were provided with information about the research component of the Couples Project, including how and when data would be gathered. Data are collected pre- and post-treatment to determine the presence, type, and severity of violence and the quality of the dyadic relationship. Couples are also tracked for one year after termination of treatment and are asked to complete questionnaires to assess whether the violence has recurred.

A number of standardized and non-standardized measures (detailed description to follow) are completed at intake, termination, and at approximately three, six, and twelve month follow-up periods. For the purposes of this study, only pre-test data

were used. Each partner completed the questionnaires separately to ensure confidentiality and to maximize candid self-reporting. All data obtained were kept confidential; the database did not include identifying information.

## **Measures**

*Demographics.* Data were gathered through a structured clinical referral/background form completed by the therapists and clients during the assessment phase of treatment. The collected data related to demographic characteristics such as age, length of relationship, marital status, education, and income, as well as a number of aspects of the participants' histories of partner violence including current and past relationships and prior services received.

*Violence.* The following Walmyr Assessment Scales (WAS) were used to assess physical and non-physical violence in the relationship: (a) Partner Abuse Scale: Non-Physical (PASNP), (b) Partner Abuse Scale: Physical (PASPH), (c) Non-Physical Abuse of Partner Scale (NPAPS), and (d) Physical Abuse of Partner Scale (PAPS). These assessment scales were designed by Hudson (1997) to measure physical and non-physical violence in partner relationships. The Partner Abuse Scale: Non-Physical (PASNP) and Partner Abuse Scale: Physical (PASPH) measure the degree or severity of perceived violence received from a spouse or partner. The Non-Physical Abuse of Partner Scale (NPAPS) and the Physical Abuse of Partner Scale (PAPS) measure the severity of perceived abuse perpetrated on a spouse or partner. Each partner in this study was asked to complete all four of the questionnaires in order to determine who perpetrated the violence and to what degree. Clients rated each item (25 items per

scale) using a 7-point Likert-type scale that measures physical or non-physical abuse on a graduating scale of severity ranging from 1 (none of the time or never) to 7 (all of the time). The higher the reported score, the greater the degree of the problem. In scoring the measure, each of the four questionnaires is re-scaled to convert the actual raw scores to scaled scores, which have a theoretical range from 0 (never abused) to a maximum of 100 (Hudson, 1997). Unfortunately, Hudson (1997) does not report any confirmed clinical cutting scores for the four scales. Although many of the Walmyr Assessment Scales have known cutting scores of 30, Hudson (1997) suggests that the cutting scores for the partner abuse scales are probably considerably lower than 30, and that clinical evidence indicates they could be as low as 15. Preliminary studies from Attala, Hudson, and McSweeney (1994) indicate that the cutting scores should be over 2 for the Partner Abuse Scale: Physical (PASPH) and between 15-17 for the Partner Abuse Scale: Non-Physical (PASNP).

Although there are competing definitions about what constitutes physical and non-physical violence, the following definitions are intended to clarify what the scales measure. The two physical abuse scales (PASPH & PAPS) include acts such as pushing, shoving, hitting, slapping, biting, suffocating, kicking, throwing dangerous objects, and forcing their partners to have sex. Smith et al. (2002) define physical violence as occurring when one partner (a) uses physical force against the other with the potential to cause harm, or (b) forces the other partner to engage in sexual activities against their will. This definition is consistent with the items listed in the WAS physical abuse scales. O'Leary (1999) and Gondolf et al. (2002) suggest that non-physical violence occurs when one partner (a) uses controlling behaviours, verbal

abuse, and threats of violence (b) intended to diminish self-esteem and mental well-being of the other partner. This type of abuse is often identified as 'psychological abuse' (O'Leary, 1999). The non-physical abuse scales (NPAPS, PASNP) reflect that definition and include such acts as belittling, demanding obedience or sex, shouting, screaming, scaring, shaming, insulting, and ordering.

The scales are limited because they measure occurrence, type, and severity of violence at the exclusion of motivation, meaning, and context. They also do not account for the impact of the violence on the respondents. However, the measures have strengths that are considered useful to this study. Firstly, the scales have some demonstrated psychometric properties such as content, construct, and factorial validity (Hudson, 1997). According to Hudson (1997), all four scales consistently achieve alpha coefficients of .90 or larger. For example, Attala et al. (1994) found that the internal consistency reliability coefficients of the Partner Abuse Scales, based on Cronbach's alpha, were .97 (PASPH) and .98 (PASNP) for a combined group of abused and non-abused women. Secondly, as demonstrated in the literature, it is important to make distinctions between types of violence and who perpetrates. When taken as a group, these scales are designed to measure both physical and non-physical violence and to remain gender neutral on assumptions about who perpetrates the violence. The measures are designed to allow for the individual's perception of his/her as well as her/his partner's abusive behaviour. This potentially addresses some of the concern about underreporting or proxy reports of violence and allows for comparisons between men and women. Finally, the measures are brief and easy to complete making their inclusion in a battery of measures reasonable.



*Marital Satisfaction.* The Dyadic Adjustment Scale (DAS) (Spanier, 1976) was used to measure marital satisfaction. The DAS assesses global marital (or other dyadic relationship) adjustment and was designed to improve upon the Locke-Wallace Marital Adjustment Test (1959), a scale often used in studies on domestic violence (Bauserman & Arias, 1992). The DAS is a 32-item inventory rated on a Likert-type scale designed to assess four areas of marital adjustment, including dyadic satisfaction, dyadic consensus, affectional expression, and dyadic cohesion. The level of measurement is considered interval. The theoretical range of scores is from 0-151. Scores of 100 and higher indicate adjustment and satisfaction while scores below 100 indicate marital distress. Spanier (1989) defines the four areas of marital adjustment as follows:

1. Dyadic satisfaction measures the amount of tension in the relationship and the extent to which the individual has considered ending the relationship.
2. Dyadic consensus assesses the extent of agreement between partners on matters such as money, religion, recreation, friends, household tasks, and time spent together.
3. Affectional expression measures the individual's satisfaction with the expression of affection and sex.
4. Dyadic cohesion assesses the common interests and activities shared by the couple.

Questions representing the four subscales above are interspersed throughout the questionnaire. Spanier (1976) provided evidence of the content validity, criterion-

related validity, and construct validity of the measure. He also reported on its total scale reliability ( $\alpha = .96$ ) and the reliability of the dyadic satisfaction ( $\alpha = .94$ ), dyadic consensus ( $\alpha = .90$ ), dyadic cohesion ( $\alpha = .86$ ), and affectional expression ( $\alpha = .73$ ) subscales.

The DAS is a widely used scale and other research has determined the scale to be valid in terms of content, concurrent, and predictive validity (Prouty, Markowski, & Barnes, 2000). Internal consistency reliability, measured using Cronbach's coefficient alpha, has been shown to be sufficiently high to justify the use of the DAS (Carey, Spector, Lantinga, & Krauss, 1993), with alpha coefficients ranging from .84 to .96. The test-retest reliability correlations have also been high. Inter-rater reliability has been tested in a number of studies to examine how spouses' scores agree with each other and there seems to be acceptable agreement between spouses. The scale is able to discriminate between well-adjusted and distressed couples (Eddy, Heyman, & Weiss, 1991). The DAS has been used in studies where IPV was a factor (Bauserman & Arias, 1992; Hanson et al., 1997), and the instrument was found to discriminate between non-abusive and abusive individuals.

## **RESULTS**

### *Data screening*

Prior to the analysis of the data, variables were checked for accuracy of data entry and missing values. There were no missing values for the demographic variables and, since there were minimal missing data from the measures (DAS, PASPH, PAPS, NPAPS), the missing values were replaced with the series mean by gender. As well, the number of outliers found was minimal and therefore all cases were retained for analyses and no transformations were performed (Tabachnick & Fidell, 1989).

### *Internal consistency of the measures*

The internal consistency of each scale was considered by examining Cronbach's alpha. Scale means, standard deviations, and internal consistency reliability coefficients are reported in Table 1.

Hudson Scales (PASNP, PASPH, NPAPS, PAPS). Four scales were used to measure the degree or magnitude of perceived physical and non-physical abuse that clients reported receiving from or perpetrating on a spouse or partner. As noted earlier, Hudson (1997) and Attala et al. (1994) reported alpha coefficients greater than .90 for the scales. As shown in Table 1, the internal consistency of the measures in the current sample ranged from .83 to .94, which is comparable to the normative studies.

Dyadic Adjustment Scale (DAS). The Dyadic Adjustment Scale was used to measure overall quality of the dyadic relationship. The raw test scores were converted to T-scores so that each subscale would have the same mean (50) and standard deviation (10). The alpha coefficient for the DAS total score was .91. The alpha coefficients for the four subscales

**Table 1**  
Statistics of Measures

Variables	Women			Men		
	Mean	SD	Alpha	Mean	SD	Alpha
<u>Hudson Scales</u>						
Partner Abuse Scale: Non-Physical (PASNP)	56.64	21.6	.92	51.95	21.5	.94
Partner Abuse Scale: Physical (PASPH)	26.68	8.8	.92	28.39	10.8	.94
Non-Physical Abuse of Partner Scale (NPAPS)	46.81	14.5	.88	46.43	13.6	.88
Physical Abuse of Partner Scale (PAPS)	23.25	7.8	.86	24.48	5.1	.83
<u>Dyadic Adjustment Scales</u>						
Dyadic Consensus	41.45	8.9	.87	43.37	7.5	.84
Dyadic Satisfaction	28.38	6.6	.79	31.43	5.9	.77
Affectional Expression	7.85	2.0	.41	7.7	2.2	.56
Dyadic Cohesion	12.25	4.9	.87	13.82	3.9	.75
Dyadic Adjustment	89.93	18.5	.91	96.33	16.6	.91

*Note.*  $N = 44$

ranged from .41 to .87 (see Table 1). Most of these coefficients compare favourably to previous research on the subscales, which reported alphas between .73 and .96 (Carey et al., 1993; Spanier, 1997). However, the alpha coefficients for Affectional Expression in this sample were lower than those reported by Spanier (1997, alpha = .73) and Carey et al. (1993, alpha = .70). Due to the lower alpha coefficients for the Affectional Expression subscale, only total scores for the Dyadic Adjustment Scale were used for analyses in this study.

## **Descriptive Data**

### *Participants*

Participants were obtained from a clinical sample of heterosexual couples ( $N = 44$ ) who entered counselling at the Couples Project between November 1998 and October 2003. The average age of the women in the study was 33.16 years, with a range from 20 to 70 years. The men's ages ranged from 20 to 67 years, with an average age of 35.86 years. The majority of men (77.3%) and women (68.2%) identified themselves as Caucasian, while 25% of women and 15.9% of men identified themselves as Aboriginal. The remaining participants (6.8% of women and 6.9% of men) were from other racial backgrounds, including East Indian, Chilean, and Portuguese. Although the largest percentage of couples in the study were married (45.5%), a substantial number were living as married (36.4%). Other couples lived apart (9.1%), were separated (4.5%), or were divorced (4.5%). The length of the relationship for the couples ranged between one year and 42 years with the average length of the relationship being 8.54 years ( $SD = 9.38$ ). The couples had an average of

1.98 children (ranging between 0 and 6 children) with an average of 1.11 children living with them (ranging from 0 to 3 children).

While the greatest percentage of men and women from the sample (43.2%) had graduated from high school, the highest level of education reached for the remainder included 2.3% of men and 4.6% women with some junior high schooling, 13.6% of men and 20.5% of women with some high school, 25% of men and 9.1% of women with some post-secondary education, 13.6% of men and 22.6% of women with a bachelor's degree or technical diploma, and 2.3% of men with a graduate degree. Thirty-six percent of the women were involved in full-time employment, 13.6% were employed part-time, 45.5% were not employed, and 4.5% were retired. Of the men, 70.5% were employed full-time, 6.8% were employed part-time, 18.2% were not employed, and 4.5% were retired. Although 25% of the couples did not disclose income, for the remainder of the sample, the distribution of family income was as follows: \$9999 (6%); \$15,000-\$19,999 (15.2%); \$20,000-\$24,999 (6.0%); \$25,000-\$29,999 (9.1%); \$30,000-\$34,999 (9.1%); \$35,000-\$39,999 (12.1%); \$40,000-\$44,999 (6.0%); \$45,000-\$49,999 (3.1%); \$50,000-\$54,999 (26.2%); and over \$60,000 (12.1%).

Based on the clinicians' assessments, the following data were gathered from the participants during the initial intake interviews. In terms of childhood history of sexual, physical, and non-physical abuse, 25% of women and 13.6% of men said that they had experienced childhood sexual abuse, 27.3% of women and 43.2% of men disclosed physical abuse as children, and 47.7% of women and 70.5% of men disclosed that they had been abused emotionally as children. Forty-one percent of

women disclosed experiences of non-physical abuse in past relationships and 36.4% reported they had experienced prior physical abuse. While 29.5% of men identified that they had perpetrated physical abuse in past relationships, 40.9% of the men reported that they had perpetrated non-physical abuse on past partners. Seventy-seven percent of women identified themselves to be victims of physical abuse and 100% claimed non-physical abuse at the hands of their current partners. Twenty-seven percent of men disclosed physical abuse, and 56.8% reported non-physical abuse from their current partners. As perpetrators of abuse, 36.4% of women said they were physically abusive and 47.8% claimed to be non-physically abusive towards their partners, whereas 77.3% of men said that they were physically abusive and 100% reported that they were non-physically abusive.

While 13.6% of women and 36.4% of men reported past issues with substance abuse, only 6.8% of women and 22.7% of men currently had issues of substance abuse. Two percent of the women and 11.4% of men had charges related to partner violence. Forty-three percent of the women and 27.3% of the men had not received any services prior to entering treatment at the Couples Project. For the women, 6.8% had been to a shelter, 4.5% had received treatment related to domestic violence, 4.5% had received addictions treatment, 29.5% had sought treatment through private counselling, and 11.4% had received treatment from more than one service listed above. For the men, 27.3% had voluntarily entered treatment related to domestic violence, 4.5% were mandated to attend domestic violence treatment, 6.8% had attended addictions counselling, 15.9% had sought private counselling, and 18.1% were treated through more than one of the services described above.

*Abuse in current relationship*

Tables 2-5 show the frequency of endorsement of the individual abuse items from each of the four Hudson scales for both women and men. All participants who responded affirmatively to any of the questions were included in the percentages regardless of perceived severity.

With respect to non-physical abuse, it is interesting to note that the most highly endorsed item overall was screaming and yelling at their partners; 93.2% of men and women reported perpetrating this behaviour. For non-physical victimization, women reported that their partners had no respect for their feelings (86.4%) and men reported that their partners become angry when they disagree with their points of view (86.4%) and that their partners scream and yell at them (86.4%). The least endorsed items for non-physical victimization for women were that their partners demanded unenjoyable sex acts from them (13.6%) and that their partners did not want them to work or go to school (13.6%). For men, the least endorsed item for non-physical victimization was that women demanded unenjoyable sex acts (9.1%). The least endorsed item for non-physical perpetration for women was demanding unenjoyable sex acts (2.3%) and for men was not wanting their partners to go to work or school (9.1%).

For physical victimization, the most highly endorsed item for women was that their partners pushed and shoved them around violently (42.3%), which was also the most highly endorsed item for physical perpetration for men (40.9%). As well, 56.8% of men reported that their partners hit and punched their arms and body, while 50% of women concurred that they hit and punched their partners. No women reported that their partners (a) threatened them with a weapon, (b) threatened to cut or stab them



**Table 2****Partner Abuse Scale: Non-Physical (PASNP)<sup>a</sup> - Frequency of Item Endorsement**

Items	Women <sup>b</sup>		Men <sup>b</sup>	
	<i>n</i>	%	<i>n</i>	%
My partner belittles me.	35	79.5	37	84.1
My partner demands obedience to his or her whims.	24	54.5	33	75.0
My partner becomes surly and angry if I say he or she is drinking too much.	19	43.2	10	22.7
My partner demands that I perform sex acts that I do not enjoy or like.	6	13.6	4	9.1
My partner becomes very upset if my work is not done when he or she thinks it should be.	18	40.9	32	72.7
My partner does not want me to have any male friends.	25	56.8	21	47.7
My partner tells me I am ugly or unattractive.	13	29.5	11	25.0
My partner tells me I couldn't manage or take care of myself without him or her.	12	27.3	16	36.4
My partner acts like I am his or her personal servant.	21	47.7	20	45.5
My partner insults or shames me in front of others.	30	68.2	23	52.3
My partner becomes very angry if I disagree with his or her point of view.	33	75.0	38	86.4
My partner is stingy in giving me money.	20	45.5	13	29.5
My partner belittles me intellectually.	28	63.6	22	50.0
My partner demands that I stay home.	13	29.5	22	50.0
My partner feels that I should not work or go to school.	6	13.6	7	15.9
My partner does not want me to socialize with my female friends.	19	43.2	24	54.5
My partner demands sex whether I want it or not.	10	22.7	11	25.0
My partner screams and yells at me.	37	84.1	38	86.4
My partner shouts and screams at me when he or she drinks.	21	47.7	13	29.5
My partner orders me around.	25	56.8	30	68.2
My partner has no respect for my feelings.	38	86.4	30	68.2
My partner acts like a bully towards me.	24	54.5	18	40.9
My partner frightens me.	32	72.7	15	34.1
My partner treats me like a dunce.	26	59.1	19	43.2
My partner is surly and rude to me.	36	81.8	24	54.5

*Note.*

<sup>a</sup>This scale is designed to measure non-physical abuse experienced by the participants.

<sup>b</sup>*N* = 44

**Table 3****Partner Abuse Scale: Physical (PASPH)<sup>a</sup> - Frequency of Item Endorsement**

Items	Women <sup>b</sup>		Men <sup>b</sup>	
	<i>n</i>	%	<i>n</i>	%
My partner physically forces me to have sex.	3	6.8	3	6.8
My partner pushes and shoves me around violently.	19	43.2	12	27.3
My partner hits and punches my arms and body.	13	29.5	25	56.8
My partner threatens me with a weapon.	0	0.0	9	20.5
My partner beats me so hard I must seek medical help.	5	11.4	3	6.8
My partner slaps me around my face and head.	10	22.7	15	34.1
My partner beats me when he or she drinks.	7	15.9	3	6.8
My partner makes me afraid for my life.	13	29.5	4	9.1
My partner physically throws me around the room.	13	29.5	3	6.8
My partner hits and punches my face and head.	9	20.5	10	29.7
My partner beats me in the face so badly that I am ashamed to be seen in public.	5	11.4	3	6.8
My partner acts like he or she would like to kill me.	13	29.5	10	22.7
My partner threatens to cut or stab me with a knife or other sharp object.	0	0.0	7	15.9
My partner tries to choke or strangle me.	9	20.5	3	6.8
My partner knocks me down and then kicks and stomps me.	4	9.1	0	0.0
My partner twists my fingers, arms or legs.	6	13.6	6	13.6
My partner throws dangerous objects at me.	10	22.7	11	25.0
My partner bites or scratches me so badly that I bleed or have bruises.	3	6.8	14	31.8
My partner violently pinches or twists my skin.	5	11.4	11	25.0
My partner badly hurts me while we are having sex.	0	0.0	0	0.0
My partner injures my breasts or genitals.	0	0.0	6	13.6
My partner tries to suffocate me with pillows, towels, or other objects.	2	4.5	0	0.0
My partner pokes and jabs me with pointed objects.	1	2.3	2	4.5
My partner has broken one or more of my bones.	1	2.3	2	4.5
My partner kicks my face and head.	2	4.5	1	2.3

*Note.*

<sup>a</sup> This scale is designed to measure physical abuse experienced by the participants.

<sup>b</sup> *N* = 44

**Table 4****Non-Physical Abuse of Partner Scale (NPAPS)<sup>a</sup> - Frequency of Item Endorsement**

Items	Women <sup>b</sup>		Men <sup>b</sup>	
	<i>n</i>	%	<i>n</i>	%
I make fun of my partner's ability to do things.	29	65.9	32	72.7
I expect my partner to obey.	21	47.7	23	52.3
I become very upset and angry if my partner says that I have been drinking too much.	11	25.0	15	34.1
I demand my partner to perform sex acts that he or she does not enjoy or like.	1	2.3	9	20.5
I become very upset if my partner's work is not done when I think it should be.	30	68.2	27	61.4
I don't want my partner to have any male friends.	6	13.6	19	43.2
I tell my partner he or she is ugly and unattractive.	10	22.7	7	15.9
I tell my partner that he or she really couldn't manage without me.	13	29.5	13	29.5
I expect my partner to hop to it when I give him or her an order.	22	50.0	19	43.2
I insult or shame my partner in front of others.	23	52.3	24	54.5
I become angry if my partner disagrees with my point of view.	35	79.5	38	86.4
I carefully control the money I give my partner.	17	38.6	19	43.2
I tell my partner that he or she is dumb or stupid.	23	52.3	20	45.5
I demand my partner stay home.	12	27.3	10	22.7
I don't want my partner to go to work or school.	4	9.1	4	9.1
I don't want my partner socializing with his or her female friends.	20	45.5	14	31.8
I demand sex whether my partner wants it or not.	2	4.5	8	18.2
I scream and yell at my partner.	41	93.2	41	93.2
I shout and scream at my partner when I am drinking.	15	34.1	14	31.8
I order my partner around.	23	52.3	19	43.2
I have no respect for my partner's feelings.	26	59.1	22	50.0
I act like a bully towards my partner.	16	36.4	19	43.2
I frighten my partner.	18	40.9	29	65.9
I treat my partner like he or she is a dimwit.	20	45.5	20	45.5
I'm rude to my partner.	31	70.5	38	86.4

*Note.*

<sup>a</sup>This scale is designed to measure non-physical abuse perpetrated by the participants.

<sup>b</sup>*N* = 44

**Table 5****Physical Abuse of Partner Scale (PAPS)<sup>a</sup> - Frequency of Item Endorsement**

Items	Women <sup>b</sup>		Men <sup>b</sup>	
	<i>n</i>	%	<i>n</i>	%
I physically force my partner to have sex.	0	0.0	3	6.8
I push and shove my partner around violently.	15	34.1	18	40.9
I hit and punch my partner's arms and body.	22	50.0	11	25.0
I threaten my partner with a weapon.	9	20.5	1	2.3
I beat my partner so hard he or she must seek medical help.	3	6.8	3	6.8
I slap my partner around his or her face and head.	14	31.8	9	20.5
I beat my partner when I'm drinking.	4	9.1	4	9.1
I make my partner afraid for his or her life.	1	2.3	12	27.3
I physically throw my partner around the room.	2	4.5	8	18.2
I hit and punch my partner's face and head.	11	25.0	7	15.9
I beat my partner in the face so that he or she is ashamed to be seen in public.	2	4.5	5	11.4
I act like I would like to kill my partner.	9	20.5	8	18.2
I threaten to cut or stab my partner with a knife or other sharp object.	5	11.4	0	0.0
I try to choke or strangle my partner.	0	0.0	4	9.1
I knock my partner down and then kick or stomp him or her.	0	0.0	1	2.3
I twist my partner's fingers, arms or legs.	3	6.8	6	13.6
I throw dangerous objects at my partner.	10	22.7	3	6.8
I bite or scratch my partner so badly that he or she bleeds or has bruises.	11	25.0	2	4.5
I violently pinch or twist my partner's skin.	7	15.9	3	6.8
I hurt my partner while we are having sex.	0	0.0	5	11.4
I injure my partner's breasts or genitals.	1	2.3	3	6.8
I try to suffocate my partner with pillows, towels, or other objects.	0	0.0	0	0.0
I poke or jab my partner with pointed objects.	0	0.0	0	0.0
I have broken one or more of partner's bones.	1	2.3	1	2.3
I kick my partner's face and head.	0	0.0	0	0.0

*Note.*

<sup>a</sup> This scale is designed to measure physical abuse perpetrated by the participants.

<sup>b</sup> *N* = 44

with a knife or other sharp object, (c) badly hurt them while having sex, or (d) injured their breasts or genitals. The least endorsed items for physical victimization for women included acts such as their partners poking or jabbing them with pointed objects and breaking one or more of their bones (2.3%). For physical victimization, no men reported that their partners had (a) knocked them down, then kicked and stomped them, (b) badly hurt them while having sex, or (c) tried to suffocate them with pillows, towels, or other objects. The least endorsed item for physical victimization for men was that their partners kicked their faces and heads (2.3%).

For physical perpetration, no women reported (a) physically forcing their partners to have sex, (b) choking or strangling their partners, (c) knocking their partners down then kicking or stomping on them, (d) hurting their partners during sex, (e) suffocating their partners with pillows, towels or other objects, (f) jabbing their partners with pointed objects, or (g) kicking their partners' faces and heads. The least endorsed items for physical perpetration for women included injuring their partners genitals (2.3%) and breaking one or more of their partners' bones (2.3%). No men reported perpetrating acts such as (a) threatening to cut or stab their partners with a knife or other sharp object, (b) suffocating their partners with pillows, towels or other objects, (c) jabbing or poking their partners with pointed objects, or (d) kicking their partners' faces and heads. The least endorsed perpetrated physical acts for men included threatening their partners with a weapon, knocking their partners down and then kicking and stomping on them, and breaking one or more of their partners' bones (2.3%).

Using Attala et al.'s (1994) clinical cut-off score of 15 for interpreting perceived perpetration of non-physical abuse by partner, 50.0% of men and 65.9% of women reported to be within the abusive range. For perceived perpetration of physical violence by partner where the clinical cut-off score was 2, 40.9% of men and 36.4% of women reported within the abusive range. Using the Walmyr Assessment Scale cut-off scores of 30 for victimization (Hudson, 1997), 25% of women and 15.9% of men reported within the abusive range for non-physical violence, and 2.3% of men and 0.0% of women reported within the abusive range for physical violence. Caution should be taken when interpreting these results because no clinical cut-offs have been confirmed to date through research. Hudson (1997) suggests that the cutting scores on all four scales are probably lower than 30 and should not be presumed.

### *Dyadic Adjustment*

When compared to normative data (Crane et al., 1990; Jacobson et al., 1987; Spanier, 1997) for Dyadic Adjustment, the majority of men and women were considered to be within the distressed range (20 to 44) for the total Dyadic Adjustment Scale score. Spanier (1997) provides the following guideline for interpreting T-scores on the DAS: above 70 very much above average, 66 to 70 much above average, 61 to 65 above average, 56 to 60 slightly above average, 45 to 55 average, 40 to 44 slightly below average, 35 to 39 below average, 30 to 34 much below average, below 30 very much below average. Based on these guidelines, Table 6 identifies the number of participants in each of the ranges. As the table indicates, 81.1% of women and 63.6% of men reported below average for dyadic adjustment.

**Table 6****Dyadic Adjustment – Number (Percentage) Participants by Range**

Range ( <i>T</i> scores)	Women		Men	
	<i>n</i>	%	<i>n</i>	%
Very much above average ( <i>T</i> > 70)	0	0.0	0	0.0
Much above average ( <i>T</i> = 66-70)	0	0.0	0	0.0
Above average ( <i>T</i> = 61-65)	0	0.0	0	0.0
Slightly above average ( <i>T</i> = 56-60)	0	0.0	1	2.3
Average ( <i>T</i> = 45-55)	8	18.2	15	34.1
Slightly below average ( <i>T</i> = 40-44)	8	18.2	7	15.9
Below average ( <i>T</i> = 35-39)	8	18.2	10	22.7
Much below average ( <i>T</i> = 30-34)	12	27.3	7	15.9
Very much below average ( <i>T</i> < 30)	8	18.2	4	9.1

*Note.* *N* = 44

## Tests of Hypotheses

### *Overview*

Given the exploratory nature of the present study and the fact that the data were of an interval level, parametric statistical techniques were used (Hicks, 1996). Paired-sample *t* tests were used to test the primary hypotheses. Given the robust nature of the test (Tabachnick & Fidell, 1989), this parametric test was considered appropriate despite the relatively small sample size and the fact that this was an opportunity sample. Although only parametric analyses are reported, the results from non-parametric comparisons were identical.

*Hypothesis 1* predicted that there would be a difference in how women and men report experienced and perpetrated non-physical and physical violence. It also predicted that men would report lower ratings of perpetrating violence than their female partners. Paired-sample *t* tests were used to determine whether there was a difference in how men and women report their experienced and perpetrated physical and non-physical violence on the four Hudson scales. The results are shown in Table 7. A significant difference was found between women's reports of their victimization by non-physical violence (PASNP) and men's reports of their perpetrated non-physical violence (NPAPS),  $t(43) = 3.2, p = .003$ . Women rated their experience of non-physical abuse as greater than men rated their perpetration of non-physical violence. There were no differences in perceptions of male perpetrated physical violence; women did not report more physical abuse from their partners than men reported perpetrating. As well, there were no differences between the amount of physical and



**Table 7**Comparisons of Mean Scores for Victimization and Perpetration of Violence

Items	Women	Men
	<i>M (SD)</i>	<i>M (SD)</i>
Female victim non-physical abuse (PASNP) and Male perpetrator non-physical abuse (NPAPS)	21.1 (14.4)	14.3 (9.1) *
Female victim physical abuse (PASPH) and Male perpetrator physical abuse (PAPS)	3.8 (5.9)	2.3 (3.4)
Female perpetrator non-physical abuse (NPAPS) and Male victim non-physical abuse (PASNP)	14.5 (9.7)	18.0 (14.3)
Female perpetrator physical abuse (PAPS) and Male victim physical abuse (PASPH)	3.5 (5.2)	4.2 (7.2)

Note.  $N = 44$

\*  $p = .003$

non-physical violence that women reported perpetrating and that men reported experiencing from their female partners.

*Hypothesis 2* predicted that women would report that their partners perpetrate more physical and non-physical acts of violence than they do. As expected, a significant difference was found between women's reports of their experienced (PASNP) ( $M = 21.1, SD = 14.4$ ) and perpetrated (NPAPS) ( $M = 14.5, SD = 9.7$ ) non-physical abuse,  $t(43) = 3.1, p = .004$ . However, when exploring physical violence, no significant difference was found between women's experience of abuse (PASPH) ( $M = 3.8, SD = 5.8$ ) and perpetration of abuse (PAPS) ( $M = 3.5, SD = 5.1$ ).

Although this hypothesis did not have a specific prediction for the male partners, no significant difference was found between men's experience ( $M = 17.9, SD = 14.3$ ) and perpetration ( $M = 14.3, SD = 9.1$ ) of non-physical abuse nor in their experience ( $M = 4.3, SD = 7.2$ ) and perpetration ( $M = 2.3, SD = 3.4$ ) of physical abuse.

*Hypothesis 3* predicted that the couples would differ in their ratings of marital adjustment, with women reporting a greater degree of marital distress than their partners. For the total score on the Dyadic Adjustment Scale, a significant difference was found,  $t(43) = -2.4, p = .023$  with women reporting more distress than men.

*Hypothesis 4* predicted that the degree of marital adjustment would decrease for both men and women as the extent of violence increased. Table 8 shows that significant correlation was found for women between marital adjustment and perpetrating non-physical violence,  $r = -.360, p = .016$ , perpetrating physical violence,  $r = -.443, p = .003$ , and experiencing non-physical violence,  $r = -.667, p = .000$ .

**Table 8**Correlations between Violence and Dyadic Adjustment for Men and Women

Variable	Dyadic Adjustment Scale	
	Women	Men
Perpetration of non-physical abuse (NPAPS)	-.360*	-.300*
Perpetration of physical abuse (PAPS)	-.443**	-.001
Victim of non-physical abuse (PASNP)	-.677**	-.616**
Victim of physical abuse (PASPH)	-.187	-.399**

*Note.*  $N = 44$

\*  $p = .05$ , \*\*  $p = .01$

These results indicate that dyadic adjustment is negatively correlated with perpetrated or experienced non-physical violence and with perpetrated physical violence for women, such that the greater the degree of physical/non-physical violence, the lower the degree of women's marital adjustment. For men, marital adjustment was related to experiencing non-physical,  $r = -.399$ ,  $p = .007$ , and physical violence,  $r = -.616$ ,  $p = .000$ , and to perpetrating non-physical violence,  $r = -.300$ ,  $p = .048$ . Again, as the rate of victimization by physical and non-physical violence and the rate of non-physical perpetration increased, marital adjustment declined.

## DISCUSSION

This study tested four hypotheses about differences in perceptions of experienced and perpetrated partner violence, and marital adjustment between men and women within couple relationships with a history of violence. The results indicate that there are gender differences that support some of the predictions. Furthermore, there appears to be a relationship between violence and marital adjustment. The specific results will be discussed, including a consideration of how the current findings fit with previous research. Strengths and limitations of the study, as well as the implications of the findings for research and practice will also be discussed.

In discussing the findings, it is important to reiterate that the participants in the study were recruited from a clinical population of couples with a history of violence where the physical violence should have ceased for an extended period of time. Despite the fact that the physical violence has abated, there is evidence that non-physical violence remains. This is consistent with previous research where Jacobson et al. (1996) found that even when the physical violence has decreased or ceased, non-physical violence does not. As well, men are less likely than women to recognize non-physical violence as a problem (Jacobson et al., 1996). Gender differences in reports of non-physical violence have important implications for clinical practice. For instance, it is critical that non-physical as well as physical violence be considered in conducting clinical assessments for treatment. According to Gondolf et al. (2002), perpetrators who reduce their use of physical violence often increase their use of non-physical tactics of control. Once control over a partner is established through physical

violence, non-physical tactics rather than physical acts may be used to maintain that control (Jacobson et al., 1996). Research also suggests that non-physical forms of violence can often be more detrimental than physical violence (Coker et al., 2000; Gondolf et al., 2002).

The type of violence experienced by the subjects in the sample is more consistent with what Johnson and Ferraro (2000) refer to as common couple violence where both partners intermittently lash out at the other during an argument. The pattern of violence reported appears to be bi-directional. Cantos et al. (1994) suggest that 80% of men and women involved in violent relationships report perpetrating violence towards their partners. Couples with a history of severe violence or those experiencing intimate or patriarchal terrorism (Johnson & Ferraro, 2000) are not eligible for treatment at the Couples Project and, therefore, have been excluded from this study. The criteria for eligibility for treatment at the Couples Project that the violence has ended for an extended period of time prior to the couples entering therapy, and the fact that couples are reporting retrospective accounts of violence may influence the findings, especially for physical violence. This may account for the limited variability in the physical violence results and may, in turn, reduce the likelihood of finding significant differences. Dobash et al. (1998) report that agreement among couples is more likely when reporting violence at the less severe end of the continuum. As well, Ehrensaft and Vivian (1996) found that one of the reasons men and women did not report physical aggression as problematic was because it was mild rather than severe. This seems to be reflected in this study's findings for physical violence.

Hypothesis 1, that there would be differences in men's and women's reports of the violence in the relationship, was supported for non-physical violence. In particular, women were more likely to report experiencing non-physical violence than their partners were to report perpetrating non-physical violence. This finding is consistent with other studies that have investigated reports of partner violence. For example, studies have found that females reported higher rates of victimization by violence than males (Armstrong et al., 2002; Bowman & Morgan, 1998; Dobash et al., 1998). Others have found that a greater proportion of women than men spontaneously report their partner's aggression as well as their own aggression (Dasgupta, 1999; Ehrensaft & Vivian, 1996; Schafer et al., 1998). Men are less likely to report their own violence and are actually found to underreport (Dobash et al., 1998; Stets & Straus, 1989). Dobash et al. (1998) state that accounts of men's violence may be more reliable when women report. The gender difference in reporting violence may suggest that women experience their partner's aggression as more problematic than men view their perpetration (Armstrong et al., 2002; Cascardi et al., 1992; Ehrensaft & Vivian, 1996). Vivian and Langhinrichsen-Rohling (1994) found that bi-directional violence is not mutual; women tend to be more negatively affected by violence than men. Armstrong et al. (2002) reviewed 15 studies related to intimate partner violence and found that 10 of those studies suggest that couples disagree on the occurrence of violence in their relationships. The authors state that social desirability and denial are some of the possibilities why male perpetrators' reports may not agree with female victims' reports (Armstrong et al., 2002). In earlier research, Ptacek (1988) reported that men use a variety of strategies to minimize and justify their use of violence.

Heckert and Gondolf (2000) found that both partners tended to underreport without prompting; men underreported perpetration while women underreported victimization. In this study, underreporting may not be as much of an issue as it might be using only proxy reports by one partner because data was gathered from both partners.

The current findings suggest that there is evidence of non-physical violence even when physical violence should have ended and that men are less likely to report perpetrating it than women are reporting being victimized by it. However, there appeared to be no difference in perception between male- and female-perpetrated and victimization by physical violence nor for female-perpetrated non-physical violence and male-victimization by non-physical violence. This is in keeping with common couple violence where the violence is less severe and occurs intermittently during an argument. These findings are consistent with some previous studies that found that men and women reported violence perpetrated by females at about the same rate as violence perpetrated by males (Bohannon et al., 1995, Straus & Gelles, 1995). Other studies found that women used physical aggression and sometimes initiated it to the same extent as men (McFarlane et al., 2000; Straus & Gelles, 1995; Sugihara & Warner 2002).

Hypothesis 2, that women would report that their partners engage in more acts of non-physical and physical violence than they do, received mixed support. For non-physical violence, women did report that their partners engaged in more acts of violence than they did. These findings support the hypothesis. Previous research suggests that women report higher rates of violence, while their partners minimize their reports (Armstrong et al., 2002; Schafer et al., 2002). Malloy et al. (2003) found



that intimate partner violence against women was more often accompanied by non-physical violence and controlling behaviours than violence against men which may speak to the difference. Ehrensaft and Vivian (1996) found that significantly more women than men reported that their partner's aggression was a problem. For men, there was no significant difference in their reports of non-physical violence in what they did to their partners and what their partners did to them.

When reporting on physical violence, there was no significant difference between women's and men's reports of what their partners did to them and what they did to their partners. Men did not appear to engage in more acts of physical violence than the women; the idea that male violence tends to be more frequent is not supported in this study. This is consistent with a previous finding by Barnett et al. (1997) that reported no gender differences in rates of violence in a study of non-dyadic men and women. Anderson (2002) suggests that among studies using non-clinical samples, men do not engage in more violence than women. Studies from national surveys in the U.S. find that over half of intimate partner violence perpetrators also report being victimized (Anderson, 2002). This is consistent with Johnson and Ferraro's (2000) typology of common couple violence; the violence tends to be less severe and is more likely to be mutual. However, the authors state that gender symmetry should not be defined in terms of the percentage of men and women who engage in at least one act of violence in their relationship (Johnson & Ferraro, 2000). That definition is limited in that it ignores the context and consequences of male- and female-perpetrated violence and it does not distinguish between common couple violence and intimate terrorism. Johnson (1995) indicates that common couple violence may be over-represented in

studies using national surveys, while intimate terrorism is over-represented in clinical studies on victimization. In one comparative study, Malone et al. (1989) found that women from a community sample reported experiencing and perpetrating more aggression toward their partners than men did. Archer (2002) found that women were slightly more likely to use physical aggression than men. Malloy et al. (2003) cautions readers to distinguish between context, motivations, and meaning before generalizing symmetry or asymmetry. The finding that there was no difference in rates of victimization and perpetration of physical violence for men and women in the present study should not be considered evidence of symmetry of violence. Without knowing the context, motives, and meanings of the violence, it is impossible to state that female and male violence is equal. In this study, while women appear to perpetrate physical violence at a similar rate as their partners, the consequences of such acts are not examined. The lack of support for differences in physical violence for men and women in the sample could be attributed to the assumptions that: a) the violence has ended for an extended period of time prior to entering treatment, b) the couples with a history of severe violence or intimate terrorism are screened out and are not eligible for treatment, and c) the physical violence is at the less severe end of the continuum. Further research where the context and meaning of the violence is assessed and where the sample size is larger and more diverse to include common couple violence as well as patriarchal or intimate terrorism is recommended to further explore these possibilities.

Hypothesis 3, that women would report lower rates of marital adjustment than their partners, was supported. The present study indicates that overall, women reported

lower marital adjustment than their partners. There are few studies that have looked at the relationship between violence and marital adjustment among couples with a history of common couple violence. In separate studies, men and women with a history of violence in their relationship were more distressed and less satisfied than their non-violent/abused counterparts (Bauserman & Arias, 1992; Bradbury et al., 2000; Hanson et al., 1997; Holtzworth-Munroe et al., 1998). In one study that examined gender differences, Meredith et al. (1986) found that marital satisfaction decreased for both men and women as violence increased.

It is important to determine and understand whether there are differences in marital adjustment between men and women who have experienced violence. Further research is required to determine the relationship between marital adjustment and violence for individuals as well as couples, and to distinguish between common couple violence and intimate terrorism. The finding that women are more distressed than their partners could have implications for practice. If women are less satisfied, experience more tension, and have considered ending their relationship to a greater extent than their partners, treatment strategies should be designed to assess and treat for those issues. Clinicians should be informed when assessing whether to treat couples with a history of violence specifically if one partner is less committed to the relationship.

Hypothesis 4, that marital adjustment would decrease as violence increased for both men and women, received mixed support. For both men and women in the study, marital adjustment decreased as their victimization by non-physical violence increased. As well, men in the sample reported lower rates of adjustment as their

victimization by physical abuse increased. These findings are consistent with results from previous findings. Jacobson et al. (1996) reported that emotional (non-physical) abuse contributes more to the victim's marital satisfaction than physical violence. Haj-Yahia (2002) found that the greater the extent of psychological, sexual, and physical abuse, the lower the marital satisfaction for women. This is significant because it stresses the importance of screening and designing treatment plans for non-physical as well as physical violence. Bradbury and Fincham (1990) found that men excuse their own behaviour. This may reflect why there was not a significant negative correlation between men's perpetration of physical violence and marital adjustment in the present study. This is in contradiction with other studies that suggest that marital distress for men is highly correlated to their own use of physical violence (O'Leary, 2001; Meredith et al., 1986; Rosenbaum & O'Leary, 1981). However, women in this study were less satisfied when they perpetrated physical and non-physical violence. Also, there did not appear to be a significant correlation between women's adjustment and victimization by physical violence. This could be attributed to the limited amount of physical violence reported overall. Ehrensaft and Vivian (1996) indicate that even when physical violence is present, some couples may tolerate the aggression in their relationship if it is infrequent and less severe.

Byrne and Arias (1997) reported that an increase in marital dissatisfaction is associated with an increase in marital violence. This study provides some empirical support that there is a relationship between intimate partner violence and relationship adjustment. However, there is a problem in drawing causal inferences from these findings because of the cross-sectional design and correlational data available. It

remains unclear whether dissatisfaction preceded violence or if it occurred because of the violence. Continued research in determining how marital distress is correlated to perpetration and experience of violence for men and women is required. Further longitudinal studies on couples with a history of violence may begin to explore the causal relationship between marital adjustment and violence.

### **Strengths and Limitations**

Non-experimental, cross-sectional designs are those most often used in social research despite the fact that they are inherently weak (Gelles, 1990). Findings can not be readily generalized to other populations because of the use of a non-random clinical sample. While this research is limited in terms of its ability to generalize findings to populations of non-clinical, same-sex, or more severely aggressive couples, it does contribute to the literature by exploring gender differences in perceptions of intimate partner violence and marital adjustment. The findings of the present study should be interpreted with caution because of the study's limitations and exploratory nature. The data collected and responses provided come from couples who have sought treatment and who have committed to non-violence. The Couples Project is considered to be a second stage treatment program where the perpetrator has acknowledged the violence and is trying to change the aggressive behaviour. This may influence results when comparing responses from perpetrators who do not take responsibility for their actions and continue to abuse. Most of the responses obtained from the sample are self-reported and may be post hoc accounts of behaviour which could be influenced by such factors as selective memory, social desirability, and biases that may come from

being involved in prior intervention programs. If possible, future research should explore these issues in other groups of couples with a history of violence (e.g., couples not seeking treatment, couples where the physical violence is more severe, etc.).

The small sample size did not allow for extensive analyses and may have restricted the range of possible experiences with violence. However, the statistical tests used (t-tests and correlations) are considered to be robust (Tabachnick & Fidell, 1989), despite the fact that the subjects were from a non-random sample. The quantitative analyses of this study focused exclusively on acts of couple violence (i.e., physical or non-physical) and failed to examine the context in which the violence occurred, the motivations of the perpetrators, and meanings attributed to these abusive acts. Although these aspects of violence are important, their examination was beyond the scope of the present study. However, further work is required to investigate gender differences in motivation, context, and outcome of intimate partner violence.

The measures used in the study do not account for the extent or impact of the abuse, only its occurrence and severity. They also do not account for the dynamic process of abuse because we are only looking at the data from a given point in time. The design does not allow for causal inferences. It will remain unclear whether marital violence preceded or occurred after marital dissatisfaction in the relationship.

Despite its limitations, there are merits of the study that are worth mentioning. First, the data were collected from both partners individually increasing the likelihood of a more accurate measure of intimate partner violence. Furthermore, unlike previous studies that have dealt either with physically abusive males or victimized females, the present research examined violence experienced and perpetrated by both partners and

included physical and non-physical abuse. Drawing information from a clinical sample is also important when planning treatment programs to address the needs of the clients.

## **Conclusion**

### *Implications of the research*

The issue of intimate partner violence is multifaceted and often requires complex and multi-layered responses. Those who experience family violence (whether directly or indirectly) may be adversely affected by it. Intervention strategies must take into account the complexity of the problem and should rely on the ever-expanding knowledge derived from empirical and theoretical research in this field. The results of the present study add to the body of work used to educate the public and professionals from different disciplines about gender differences in intimate partner violence. This study underscores the need for researchers to continue to explore gender differences in perceptions of types and severity, context, motivations, and consequences of the violence. In developing effective strategies for prevention and treatment of IPV, it is important to be informed by the experiences of men and women and to include both physical and non-physical violence. Future research must take into account the reasons why men and women may have different perceptions of violence in their relationships.

Despite its limitations, this study provides useful information about couples seeking treatment. For example, significant differences between partners' perceptions of violence may influence how practitioners screen, assess, and treat couples with a

history of violence. The present study highlights the importance for clinicians treating couples with a history of violence to routinely assess the existence of physical and non-physical violence regardless of the presenting issues. As mentioned earlier, even when physical violence has ceased, non-physical violence often continues (Gondolf et al., 2002; Trute, 1998). Familiarity with research in the area of gender differences and violence will help therapists assess and better understand the factors that could affect couples seeking treatment.

Clinicians and researchers alike should be aware that one partner's account may not reflect the other partner's experience, stressing the importance of obtaining information from both parties. Further work is necessary to explore the underlying reasons why partners disagree about violence in their relationships. In order to understand intimate partner violence for couples, collecting data separately from both partners is necessary; clinicians should not assume that there is consensus between partners on the occurrence of violence in their relationship. Screening and assessments that are sensitive to gender differences will help practitioners decide on particular intervention strategies that reflect those differences without putting the couples at further risk for abuse. The ultimate goal for any intervention in family violence is safety and increased knowledge about couples can only improve services provided for them. Specifically, separate intake/assessment interviews for partners may be essential in providing safety around disclosure and assessing for severity of the violence. According to Armstrong et al. (2002) studies show that partners respond differently to questions about violence in their relationship when they are interviewed separately as opposed to in the presence of the other partner.



The results of the present study may also be used to educate clients about their own perceptions of violence and marital adjustment. Information about gender differences can be provided to clients as a way of making sense of some of their own experiences as well as their partners. Treatment should be grounded in empirical and theoretical research and the implications of this research may include designing and implementing treatment and prevention strategies that are appropriate for this subgroup and other couples while taking into account gender differences. The findings on the relationship between marital adjustment and violence could have far-reaching implications for marital therapists who do not work in the area of family violence. The finding that marital dissatisfaction and violence are related is further evidence that clinicians should extend screening practices to include assessment for physical and non-physical violence for all couples seeking treatment.

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