

## **Context for Specific Episodes of Marital Violence: Gender and Severity of Violence Differences**

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*The present study was designed to evaluate the context of marital violence through husbands' and wives' accounts of the worst violent episode in the year prior to assessment. The primary objective was to examine severity (mild or severe) and gender (husbands or wives) differences in reports of the worst episode of marital aggression using a functional analysis conceptualization. That is, within the specific episode, current stressors, setting events, outcome, and function of aggressive behavior(s) and victimization experiences were evaluated. Sixty-two couples, who presented for marital treatment over a three year period and also reported at least one episode of physical aggression in the past year, participated. In most cases, marital aggression appeared to reflect an outgrowth of conflict between both partners. However, wives consistently reported that their aggressive husbands had engaged in more psychological coercion and aggression than they as a marital conflict escalated to physical violence. Further, there was a tendency for wives to use severe physical aggression in self-defense more often than husbands.*

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**KEY WORDS:** marital violence; gender; violence severity.

### **INTRODUCTION**

Over the past two decades, prevalence estimates of partner aggression have uncovered a problem of epidemic proportion. The hallmark measure of this behavior is the Conflict Tactics Scale (CTS; Straus, 1979). The CTS assesses the type and frequency of self and partner aggression

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(i.e., pushing, shoving, grabbing, slapping, beat up) in the context of conflict during the year prior to assessment. A nationally representative survey that used this measure found that 12% of over 5,000 partners endorsed at least one physically aggressive behavior during the prior year (Straus and Gelles, 1990). O'Leary *et al.* (1989) found, in a sample of engaged couples, that 41% of women and 34% of men reported engaging in physical aggression against their partners in the prior year. In a sample of maritally distressed couples seeking marital treatment, prevalence figures of marital aggression can be as high as 71% (Cascardi *et al.* 1992). Clearly, partner aggression, when assessed via behavioral self-report measures, is extremely common.

While the CTS is appropriate for survey research, it does not provide a context for aggressive behaviors. Moreover, the CTS, as it has been commonly used (O'Leary *et al.*, 1989; Straus *et al.*, 1980), only assesses one dimension of aggressive behavior — its form (or topography). As a result, husbands and wives are often viewed as engaging in comparable behaviors. In 50% of cases both partners use physical aggression during conflict, although both may not have used physical aggression within the same incident in representative samples from the community (Straus *et al.*, 1980). In clinic samples, as many as 86% of partner aggression is reciprocal (Cascardi *et al.*, 1992). However, when dimensions, such as injury, psychological impact, and attributions of partner aggression are also considered, a different picture emerges. Clinic wives, compared to their husbands, suffer more injury, are more adversely affected (Cantos *et al.*, 1992; Cascardi *et al.*, 1992; Stets and Straus, 1990) and are significantly more likely to use aggression in self defense or retaliation (Cascardi *et al.*, 1991; Saunders, 1986; Saunders and Size, 1986). However, in community samples, wives appear less likely to use physical aggression in self defense than in clinic samples (Straus and Gelles, 1990). Given these significant gender differences, partner aggression undoubtedly requires assessment in context using multiple dimensions (i.e., form, frequency, psychological impact, injury, setting events, function).

Attempts to describe partner aggression in context using multiple dimensions have focused on escalation of a marital conflict to physical aggression through interviews with battered women only (e.g., Bowker, 1983; Dobash and Dobash, 1984; Martin, 1981; Pagelow, 1984; Walker, 1979), battering men only (e.g., Ptacek, 1988), or, to a lesser extent, with both members of the couple (e.g., Deschner, 1984; Geffner, 1983; Stets, 1988). In contrast to investigations based on the CTS, these studies were focused on self-identified populations (e.g., court mandated, shelters, police reports). In addition, information was collected through unstructured interviews which varied across studies. Sources of conflict, antecedents to

or “triggers” of aggression, escalation to or patterns of conflict in these relationships, and motivations associated with aggressive behavior have been explored. Walker (1979, 1983, 1984) postulated the “cycle theory of violence” wherein women described a phase of escalating tension between themselves and their partners, followed by an “explosion” of violence by the male partner, and ending in apologies and contrition by the violent male. While this theory has become quite popular, at most 60% of the sample could be characterized by this cycle. Bowker (1983) provided additional evidence for this type of escalation pattern, and indicated that the process begins with the escalation of a specific argument in which the victim confronts her partner with some undesirable component of his behavior. This confrontation is posited to incite physical aggression. Giles-Sims (1983), in a study of 31 battered women, found that a move, pregnancy/ birth of a child, recent separation and loss of a job were stressors associated with a battering incident. Moreover, arguments about money, alcohol, sex, household tasks, and woman’s income, and husband’s jealousy were noted as problem areas in the relationship.

In related work, Dobash and Dobash (1984) focused on the dynamics of a violent event from the beginning of a verbal confrontation through the physical attack. The segments of the event examined were antecedents, sources of conflict, woman’s perception of the trigger to aggression, and her immediate response. Sixty seven percent of the violent episodes began after an argument. The topics of argument included: husband’s sexual jealousy or possessiveness, expectations about his wife’s completion of domestic work, money, status problems, sexual refusal, wife’s attempts to leave, frequency of contact with relatives or friends, husband’s drinking, or child rearing tactics. Women identified their attempts to question their partners authority or challenge his behavior as the primary antecedents to aggression (58%). Only 8% of the women reported that the aggression was triggered by their hitting first. Dobash and Dobash (1984) concluded from this study that the violent events began with verbal confrontations, usually of short duration and were often perceived as challenges to the man’s authority.

Ptacek (1988) interviewed 18 battering men in treatment about the antecedents and causes for partner aggression. Loss of control was the most often reported reason for battering (56% of the men). Within this category, 33% reported the loss of control was due to alcohol or drugs and 67% stated it was build up of frustration. The remaining men reported that their partners provoked them by denying sex or failing to fulfill household chores.

Although these studies confirm that, on the surface, virtually anything can trigger a battering episode (e.g., wearing the wrong clothing, cooking

the wrong food) (Martin, 1981), some specific types of underlying triggers have been related to violations of male expectations of wife behavior rooted in his beliefs about entitlement and power. Further, these findings suggest that coercive control represents the overarching theme motivating males' violence against their partners. Situational factors that elicit coercive behaviors in men who are violent towards their partners include fear of abandonment, sexual jealousy and possessiveness, and expectations of obedience and subservience (Daly and Wilson, 1988; Dutton and Strachan, 1986; Schwartz, 1988).

Fewer studies have examined the context for violence with both partners. Those that have present conflicting results. For example, in her interviews with nine couples, Stets (1988) found that both husbands and wives believed that the battering male partner was out of emotional control but in behavioral control. The underlying attribution these women gave for their partner's aggression was based on a male's use of aggression to control female behavior. Others have suggested that partner aggression results from a communication breakdown coupled with anger and impulse control difficulties wherein both partners attempt to coerce and incite one another; however, this assertion has not been validated with longitudinal investigations (e.g., Deschner, 1984; Neidig and Goldstein, 1984).

While prior research in *clinical* samples has illuminated several themes motivating conflicts that escalate to violence and has offered rich descriptions of discrete violent episodes, it also has some important limitations. The unstructured interview format and nonsystematic queries reduces objectivity and increases the potential for interviewer bias. In addition, with only a few exceptions (Deschner, 1984; Neidig and Goldstein, 1984; Stets, 1988), either the battered or battering partner has been interviewed. Studies that have used both partners' reports typically have focused on both partners' use of violence (Deschner, 1984; Neidig and Goldstein, 1984) or only the male partner's use of violence (Stets, 1988). The use of different informants and the study's focus on only male-to-female violence, but not female-to-male violence or any victimization, offers an incomplete representation of the phenomenon. Moreover, variations in sample composition (i.e., battered women in a shelter, men mandated to treatment, self-identified formerly battered women) make comparisons of findings across studies difficult. There are likely important qualitative differences in both the type of and cause for violence across samples.

Perhaps the most salient limitation of existing research, however, is its exclusive focus on samples of men and women who have identified marital violence as a problem (i.e., battered women, male batterers) or

for whom marital violence have been defined as a problem by the courts (i.e., batterers mandated to treatment). Couples who seek treatment for general marital problems and admit experiencing or engaging in physical aggression in marriage represent a group that has received limited attention. Yet, close to 71% of clinic spouses report at least one episode of marital violence when questioned directly, and such aggression often leads to injury and negative psychological effects (Cascardi *et al.*, 1992). However, these same spouses rarely report this violence spontaneously when queried about existing problems in their marriage for which they are seeking help (2 to 6%; O'Leary *et al.*, 1992). The high prevalence of this phenomenon and the low rates of spontaneous report underscore the need for context-based investigations of the dynamics of marital violence in these clinic couples.

In an initial attempt to evaluate systematically the context of marital violence with both husbands and wives and bridge the gap between descriptive studies based on sheltered women and prevalence studies based on community and clinic samples, our research team interviewed 36 couples who sought marital therapy (University Marital Therapy Clinic, UMTC; Stony Brook, N.Y.) and also admitted that there was physical violence in their relationship (Cascardi *et al.*, 1991). The semi-structured clinical interview, conducted separately with husbands and wives, included questions about stressors, setting events, escalation processes, outcome, and perceived function of the worst episode of violence toward (aggression) and/or "received" from (victimization) one's spouse during the prior year. In order to capture the escalation processes leading to violence, in this initial study we used a micro-analytical coding system. In fact, the unit of analysis was each reported act (i.e., he said or did, she said or did) and the codes were derived from the descriptive work with batterers/battered women described earlier and from observational research in the marital area. With regard to the most critical event preceding the violence, 100% of husbands and 67% of wives who were classified as mildly aggressive on the CTS (i.e., pushing, shoving, slapping) and 85% of husbands and 63% of wives who were classified as severely aggressive on the CTS (i.e., kicking, punching, beating up) indicated that the physical aggression occurred during a dyadic verbal conflict. While gender differences in the patterns of escalation, reasons for aggression, and outcomes were suggested, only one effect was statistically significant due to the small sample size. Specifically, in contrast with severely aggressive husbands, wives who were classified as severely aggressive — based on the CTS — were more likely to attribute their own violence to self-defense. Due to the large number of comparisons, however, we viewed this result as a trend rather than a stable finding.

While the Cascardi *et al.*'s (1991) study was informative, we believed that the microlevel analysis obscured the "wholistic picture" of these couples' experience of violence. In addition, patterns of violence (i.e., mild or severe) based on the CTS classification differed from the severity of violence reported in the worst episode. Since we were interested in the marital dynamics and the contextual characteristics of *specific* episodes of aggression and victimization, a classification of spouses based on the severity of the episodes would have been preferable. Finally, the small sample size included in this initial investigation seriously limited the reliable detection of gender differences.

The present study was designed as an extension and modification of the initial investigation by Cascardi *et al.* (1991). Its primary objective was to examine severity of the worst episode (mild or severe), type (aggression or victimization), and gender (husbands or wives) differences in reports of the worst episode of marital violence during the past year using a structured interview. Consistent with Cascardi *et al.* (1991), we decided to focus again on the most negative episode of violence because we believed it would be most relevant theoretically and would provide the most accurate recall. Cognitive research on affect in marriage, in fact, indicates that negative events and events that have salience for the self tend to be processed more in depth than positive events or events that are not viewed as self-relevant (cf. Bradbury and Fincham, 1987). The interview format was the same as in the report by Cascardi *et al.* (1991). Thus, within the specific episode, current stressors, setting events, outcomes, and perceived function of aggressive behavior(s) and victimization experiences were evaluated. Other characteristics of violence episode, such as presence of family members, drinking, drug use, and perceived representativeness of the worst episode *viz-a-viz* general patterns of marital violence, were also examined.

In an attempt to address some of the issues raised by Cascardi *et al.* (1991), the present investigation included several changes. First, we used a more global coding approach to provide a wholistic characterization of the context for marital violence. Second, we chose to classify the severity of violence depicted in the episode discussed on the interview rather than relying on spouses's reports on the CTS. Finally, we included a larger sample size.

It was anticipated that husbands and wives would report similar rates of aggression and victimization; however, they were also expected to differ in the context for those behaviors. More specifically, it was predicted that husbands' aggressive episode would be more severe (in terms of behaviors and injury), more coercive in nature (as assessed by setting events, outcomes, and function), and more likely to be associated with drinking

than wives' aggression. Wives' aggressive episode, on the other hand, was expected to be more expressive in nature and more likely to be in self defense than husbands'. Finally, wives' and husbands' reports about victimization were expected to mirror findings of the worst episode of aggression.

## METHOD

### Participants

Sixty-two couples who sought marital treatment at UMTC at the University at Stony Brook from April, 1990 through December, 1992 participated in the study. Criteria for inclusion were based on spouses' reports during the intake interview of at least one episode of marital violence in the prior year. Consequently, there were instances in which one spouse reported experiencing aggression from his or her partner (victimization) and the other spouse did not report engaging in aggression or victimization. Conversely, one spouse could have reported aggression and the other spouse reported neither aggression nor victimization. Thus, although there were 62 couples in which one or both spouses reported aggression or victimization, there were only 43 husbands and 45 wives who reported aggression and/or victimization. Alternatively stated, 19 husbands did not report aggression or victimization when their wives did, and 17 wives did not report aggression or victimization when their husbands did. Reports were obtained through a structured clinical interview about marital functioning and physical violence in marriage. The husbands in this sample averaged 34.18 years ( $SD = 1.11$  years) and wives averaged 31.12 years ( $SD = 0.96$  years). Couples were married approximately seven years ( $SD = 1$  year).

### Measures

#### *The Semi-Structured Marital Interview (SMI; Vivian, 1990)*

The SMI consists of a series of questions related to several domains of marital functioning (i.e., current marital problems, substance use, psychiatric history, past or current extramarital affairs, marital violence). This study focused on two subsections of the interview in which the context of and escalation to marital violence were evaluated. The first portion of the violence interview evaluated the context of the worst episode of physical aggression toward one's spouse (SMI-Aggression); the second pertained to

the worst episode of physical aggression "received" from one's spouse (SMI-Victimization). All spouses were queried about the existence of aggression and victimization according to the following questions:

- (1) Have you been *physically aggressive* toward your partner, that is, pushed, shoved, hit, slapped, kicked him/her, etc., during the past 12 months? (prompt with dates) and (2) Has your *spouse* been *physically aggressive* toward you, that is, pushed, shoved, hit, slapped, kicked you, etc., during the past 12 months? (prompt with dates).

Specific questions from the SMI-Aggression and SMI-Victimization subsections included in the present study were (please note that the variation in wording for the victimization questions is presented in parentheses):

1. What was going on at that time in your life? [*Current stressors*]
2. Let's continue talking about that incident. Can you describe what happened just before you were physically aggressive toward your partner (before your partner was physically aggressive toward you)? If spouses did not mention arguing, then Were you arguing? How did things get worse and worse? What was the last straw before you (your partner) became aggressive toward your partner (toward you)? [*Setting events: Stage 1 and Stage 2*]
3. Were you drinking alcohol immediately before or during this incident? Was your partner? Were you or your partner using drugs such as marijuana or cocaine immediately before or during this incident? [*Substance Use/Abuse*]
4. Was there anybody else present during this incident? If yes, who was present? [*Situational variables*]
5. In what ways were you physically aggressive (was your partner physically aggressive) during this incident? [*Tactics used*]<sup>3</sup>
6. Did your partner (you) sustain any injuries during this episode? [*Outcome/Injuries*]
7. How did this incident/episode end? [*Outcome/Ending*]
8. Can you tell me what caused you to be physically aggressive toward him/her (your partner to be physically aggressive towards you)? In fact, how would you finish this sentence: I (he/she) was physically aggressive because . . . ; And what was it about that caused you (him/her) to be physically aggressive? [*Perceived Function*]<sup>4</sup>
9. Is this incident typical of what happened at other times when you were (your partner was) physically aggressive during the past 12 months? Is this incident typical of what happened at other times when you were (your partner was) physically aggressive before this past year? [*Representativeness of worst event*].

Responses to the interview questions were evaluated separately for self-reported aggression and/or victimization by husbands and wives. In addition, the worst episode of aggression/victimization was classified as either

<sup>3</sup>Information about marital violence was also collected before the clinical interview through spouses' reports on the CTS. Such information was used to evaluate the relationship between level of violence of worst episode versus spouses' level of violence according to CTS classifications.

<sup>4</sup>To decrease the possibility of response bias due to the order of questions, this question was asked first in each of the violence sections of the SMI interview.



mild or severe based on the severity of the physically aggressive tactics<sup>5</sup> and injury(ies)<sup>6</sup> reported. Two undergraduate coders were trained to reliability for coding episodes as either mild or severe. Cohen's Kappa was excellent for male and female aggression ( $\kappa = 1.00$ ) and female victimization ( $\kappa = .89$ ), but low for male victimization ( $\kappa = .52$ ).

### *Coding the SMI-Violence Interview*

The information obtained from the SMI-Violence interview was coded according to a number of content codes specific to each interview question (or major category). The four major categories included *Current Stressors*, *Setting Events* — Stage 1 and 2 — *Outcome* and *Perceived Function*. Codes within each major category were based on findings from related research (e.g., Dobash and Dobash, 1984; Ptacek, 1988; Walker, 1984), results and modification of prior coding from Cascardi *et al.* (1991), and review of 40% of the samples' responses. In our initial study (Cascardi *et al.*, 1991), we had attempted to identify the modal number of dyadic sequences preceding the violence and to code the data according to each reported act for each of the sequences. Thus, we had organized the information according to broader sequences of events temporally ordered as follows: events preceding the negative escalation or initial stage, second stage, third stage and last stage of escalation process. In the current investigation, we used a more macro-analytical coding approach in order to describe the context of violence in a more "wholistic" manner. Specifically, codes/categories that occurred very infrequently in the study by Cascardi *et al.* (1991) were collapsed into broader codes/categories in the present investigation. This goal was of particular interest with regard to coding the escalation processes preceding the violence. In fact, the sequence of events closely preceding violence were collapsed into two broad categories: stage 1 and stage 2 setting events. Each stage of setting events was operationalized in detail and included a parallel list of codes (e.g., ongoing argument, psychological abuse/coercion, attempted abandonment/autonomy, attempted withdrawal). Finally, within each major category (i.e., current stressors, setting events, outcome and function), multiple codes could be selected.

<sup>5</sup> In parallel with CTS-based classifications (cf. Strauss *et al.*, 1980), tactics such as pushing, shoving, or restraining were coded as mild and tactics such as punching, strangling, and biting were coded as severe.

<sup>6</sup> If tactics were pushing, shoving, or slapping, but injury was sustained/inflicted then the episode was coded as severe. Similarly, if fear or significant emotional distress was reported by the victim then an episode characterized by mild tactics would also be coded as a severe.

Two research assistants were trained to reliability on the coding scheme. Interobserver agreement, using Cohen's Kappa, was computed on 30% of the sample for each of the codes within a major category. The reliability was adequate for the majority of the codes (average  $\kappa = .75$ , range from .40 to 1.00). Coding categories, code definitions and ranges of Cohen's Kappas per major category are presented in Appendix A. In order to provide a more in-depth view of the manner in which spouses described the worst episode of violence we also include vignettes in Appendix B.

## RESULTS

In this initial portion of the results, we include information regarding the relationship of the worst violence episode to broader patterns of violence in the relationship. Specifically, findings related to spouses' agreement about the episode, comparison of the severity of violence depicted in the episode with spouses' general patterns of violence based on the CTS, and spouses' prior history of violence are presented. Additionally, we include findings pertaining to substance use/abuse and situational variables associated with the violent episode.

### **Agreement Between Husbands' and Wives' Reports About the Worst Episode of Violence**

Overlap in reports of aggression and victimization within a couple were evaluated to determine whether this sample met assumptions of independence. To determine overlap, concordance between one spouse's report of aggression and the other's of victimization was determined. That is, if a husband reported victimization, did his wife report aggression? Likewise, if a wife reported victimization, did her husband report aggression? Fifty one percent of husbands and 52% of wives were concordant. Next, of those couples in which there was concordance, analysis of whether each spouse described the same worst episode was conducted. Each couple's transcribed reports were reviewed by two independent raters. Each rater determined whether the spouses reports were about the same or different incidents of physical aggression or victimization. That is, if a husband reported victimization, did his wife report aggression regarding the same incident? Criteria used to determine similarity included details about current stressors, the nature of the conflict and outcomes. Thirty-six percent of husbands and 36% of the wives reported the same worst episode. Thus, 18.4% of husbands and 17.7% of wives in the total sample were in complete agreement about both the presence of aggression/victimization

and the specific episode in which such experiences occurred and thereby violated the assumption of sample independence. Given the low degree of sample dependence, analyses for independent samples were conducted.

### Worst Episode of Violence Versus the CTS

To understand the relationship between level of violence (mild/severe) in the episode and severity of violence based on the CTS, episode and CTS classifications were compared. Overall, as depicted in Table I, the CTS classified more spouses as severely violent than the worst episode classification. With regard to the degree of overlap between severity of violence in the worst episode and spouses' classifications on the CTS, the agreement was generally higher for *severe* violence than for *mild* violence. In fact, the percent agreement for wife severe aggression and victimization was 78% and 100%, respectively, and for husband severe victimization was 80%. An exception to this pattern was the low correspondence between episode-CTS classification for *severe* husband's aggression (54%). Similarly, with regard to mild violence, the agreement between episode-CTS classification was minimal for wife mild aggression (30%) and husband mild victimization (38%).

### Past Violence and Perceived Representativeness of the Worst Episode

The vast majority of spouses reported that there had been marital violence prior to the past year. Severely aggressive husbands tended to report the highest rates of past aggression (77%). Conversely, wives who reported mild victimization in the worst episode tended to report the lowest rates of past victimization (47%). Additionally, with the exception of a large proportion of severely aggressive wives (64%), and approximately half of the husbands who reported severe victimization (55%), most spouses did not view the worst episode as being typical of *recent* violence (25% to 46% of the spouses said it was typical). Similarly, spouses in general did not judge the worst episode as being very typical of *past* marital violence (30% to 50% of spouses said it was typical). The reasons why the worst episode was not typical of recent or past aggression were recorded; however, this information has not yet been coded. An informal survey of the data indicated that, contrary to their reports on the CTS, spouses tended to perceive the episode discussed during the interview as being more severe than their general patterns of marital violence. For example, the following reasons were frequently offered: "Violence is not usually that severe," "I generally don't fight back," and "It usually doesn't get that bad."

**Table I.** Severity of Violence: Worst Episode (Interview) versus 12-Month CTS Classification

	Husbands ( <i>N</i> = 43)		Wives ( <i>N</i> = 45)	
	Episode	CTS	Episode	CTS
<b>Aggression</b>				
Mild	67%	51%	45%	22.5%
Severe	33%	41.5%	55%	74.4%
No aggression	—	7.3%	—	4.6%
<b>Victimization</b>				
Mild	29%	19.5%	44%	31%
Severe	71%	75.6%	56%	72.5%
No victimization	—	4.9%	—	5.0%

## Background and Situational Variables

### *Alcohol and/or Drug Use*

Alcohol or drug use was infrequently mentioned spontaneously as a long-term/current stressor in the context of the worst episode of violence, nor was it reported very often when interviewers probed directly about use of alcohol or drugs during the worst episode. Roughly 20% of husbands who reported any aggression (mild/severe) and severely aggressive wives reported drinking during the worst episode of violence, and less than 5% reported using drugs. Husbands and wives who reported any victimization and mildly aggressive wives were also not likely to have been drinking or using drugs; fewer than 20% reported drinking and fewer than 5% reported using drugs.

### *Who was Present?*

With regard to who was present during these violent episodes, severely aggressive wives were most likely to report that there was someone present when they were aggressive during the episode (65%). Approximately one third of the remaining spouses indicated that someone was present. When someone was present, all groups indicated that children, friends, and/or relatives were most likely to have been present.

## Context of the Worst Episode of Marital Violence

Gender (husbands vs. wives) differences for self-reported aggression and victimization were evaluated using Chi Square statistics with corrections for continuity when appropriate. To correct for multiple comparisons, a  $p$  value less than .007 was needed to reduce the probability of Type I error ( $\alpha = .05$ ) for *current stressors* (7 comparisons), .005 for *setting events* — stages 1 and 2 — *outcome*, and *perceived function* (9-10 comparisons per category). When differences were significant at the  $p < .05$  level, they are reported as trends. Results are organized according to the four severity by type groups: mild aggression and victimization, severe aggression, and victimization.

### Mild Violence: Aggression (MA) and Victimization (MV)

#### *Current Stressors*

As reflected in Table II, MA wives reported significantly more family/child stress than MA husbands ( $\chi^2(1) = 7.99, p < .005$ ). There were trends for MA husbands to report more work/financial stress ( $\chi^2(1) = 4.07, p < .05$ ) and other stressors ( $\chi^2(1) = 5.63, p < .02$ ) than MA wives. There was a trend for MA husbands to report a greater number of stressors than MA wives ( $\chi^2(1) = 5.21, p < .03$ ). A trend for MV wives to report more health problems ( $\chi^2(1) = 4.97, p < .03$ ) than MV husbands was also reported.

#### *Setting Events — Stages 1 and 2*

For all spouses, the escalation to aggression was generally precipitated by an ongoing argument followed by psychological coercion and attempts to withdraw from the conflict (see Table III). Although there were no statistically significant gender differences, there was a tendency for both MA and MV wives to report that their husbands engaged in five to eight times more psychological coercion than they did at stages one and two of the escalation process ( $\chi^2(1) = 5.63, p < .02$  (Stage I) and  $\chi^2(1) = 3.84, p < .05$  (Stage II) MA wives,  $\chi^2(1) = 4.97, p < .02$  (Stage I) and  $\chi^2(1) = 3.80, p < .05$  (Stage II) MV wives). In contrast, both MA and MV husbands reported nearly equivalent rates of psychological coercion by themselves and their partners.

**Table II.** Current Stressors in Mild Violence: Frequency (%) of Respondents by Type of Violence and Sex

Type of Stressor	Mild Aggression		Mild Victimization	
	Husbands ( <i>N</i> = 29)	Wives ( <i>N</i> = 20)	Husbands ( <i>N</i> = 13)	Wives ( <i>N</i> = 18)
Financial/work	48%	20%	36%	28%
Marital	31%	30%	45%	11%
Family/child	7%	40%	18%	28%
Health	7%	15%	0%	22%
Multiple stressors	7%	20%	0%	5%
Other	24%	0%	9%	22%

**Table III.** Setting Events in Mild Violence: Frequency (%) of Respondents by Type of Violence and Sex

Escalation Stages	Mild Aggression		Mild Victimization	
	Husbands ( <i>N</i> = 29)	Wives ( <i>N</i> = 20)	Husbands ( <i>N</i> = 13)	Wives ( <i>N</i> = 18)
<b>Stage 1</b>				
Ongoing argument	41%	45%	69%	55%
Psychological coercion/self	24%	0%	8%	28%
Psychological coercion/partner	35%	30%	0%	22%
Constructive tactics/self	3%	15%	0%	0%
Constructive tactics/partner	0%	0%	0%	22%
Abandonment/self	10%	10%	15%	0%
Abandonment/partner	17%	25%	0%	5%
Withdrawal/self	10%	0%	8%	0%
Withdrawal/partner	7%	35%	0%	0%
<b>Stage 2</b>				
Psychological coercion/self	34%	12%	23%	8%
Psychological coercion/partner	34%	52%	54%	69%
Withdrawal/self	17%	10%	23%	22%
Withdrawal/partner	14%	10%	8%	0%
Abandonment/self	3%	7%	23%	11%
Abandonment/partner	3%	7%	0%	0%

**Table IV.** Outcome in Mild Violence: Frequency (%) of Respondents by Type of Violence and Sex

Type of Outcome	Mild Aggression		Mild Victimization	
	Husbands (N = 29)	Wives (N = 20)	Husbands (N = 13)	Wives (N = 18)
Gave in	3%	0%	0%	5%
Apologized	3%	25%	8%	11%
No clear ending	17%	20%	33%	28%
Left	55%	35%	42%	44%
Cried	7%	25%	17%	17%
Police intervened	10%	5%	8%	17%
Other	3%	10%	8%	5%
Injury				
To self	—	—	17%	33%
To partner	46%	0%	—	—

### *Outcome: Ending and Injuries*

As depicted in Table IV, MA and MV spouses were most likely to report leaving after the episode. Other outcomes in order of frequency were: no clear ending, crying, and police intervening. There was a tendency for MA wives to apologize more often after they had been violent than MA husbands ( $\chi^2(1) = 5.12, p < .02$ ). MA husbands were most likely to report inflicting any injury and MV wives were most likely to report receiving injuries. In contrast, few MV husbands reported any injury and none of the MA wives reported having injured their spouse.

### *Perceived Function (Self-aggression; Partner-victimization)*

The main reasons reported for use of aggression by both MA husbands and wives were anger/coercion followed by anger only (see Table V). There was also a tendency for MA husbands to attribute their violence to drinking compared to MA wives,  $\chi^2(1) = 3.84, p < .05$ . Other noted, but infrequently mentioned reasons, were jealousy by husbands, personality and stress by wives, and self-defense and reaction to perceived provocation by both. MV spouses believed their partners were aggressive for anger/coercion, anger only reasons, or they did not know. Thirty percent of MV husbands did not offer any attributions about their wives's aggression. Rates are presented in Table V.

**Table V.** Perceived Function of Mild Violence: Frequency (%) of Respondents by Type of Violence and Sex

Type of Function	Mild Aggression		Mild Victimization	
	Husbands ( <i>N</i> = 29)	Wives ( <i>N</i> = 20)	Husbands ( <i>N</i> = 13)	Wives ( <i>N</i> = 18)
Anger/coercion	65%	50%	33%	39%
Anger only	34%	40%	42%	28%
Personality	0%	5%	8%	0%
Jealousy	7%	0%	0%	11%
Substance use	17%	0%	0%	28%
Stress	0%	10%	0%	0%
Provocation	7%	5%	8%	0%
Don't know	0%	5%	17%	11%
Self defense	10%	5%	8%	5%

### Severe Violence: Aggression (SA) and Victimization (SV)

#### *Current Stressors*

There were significant gender differences for financial/work stress such that SA husbands reported significantly more financial/work stress than SA wives ( $\chi^2(1) = 7.79, p < .006$ ); and there was a tendency for SV husbands to report more financial/work stress than SV wives ( $\chi^2(1) = 3.96, p < .05$ ). In addition, SA wives tended to report more family/child stress than SA husbands ( $\chi^2(1) = 4.78, p < .03$ ). There was also a tendency for SV wives to report stressors in the "other" category most often. Examples of "other" are: recent move, pregnancy, alcohol, and drugs. Results are displayed in Table VI.

#### *Setting Events — Stages 1 and 2*

As seen in Table VII, the first stage of the escalation process was generally precipitated by an ongoing argument. SV husbands attempted to withdraw from conflict significantly more often than SV wives ( $\chi^2(1) = 8.83, p < .003$ ). Other trends in the data were: SA and SV wives reported that their husbands were twice as likely to use psychological aggression or coercion than they; SA and SV husbands reported that both they and their wives were equally psychologically aggressive or coercive as the argument escalated to aggression. It is also noteworthy that SA husbands reported shorter sequences of escalation to aggression than SV husbands or SA wives. This is evidenced by the fact that 29% of SA husbands perpetrated physical aggression at the second stage of conflict versus 12% of SA wives.



Table VI. Current Stressors in Severe Violence: Frequency (%) of Respondents by Type of Violence and Sex

Type of Stressor	Severe Aggression		Severe Victimization	
	Husbands (n = 14)	Wives (n = 25)	Husbands (n = 32)	Wives (n = 23)
Financial/Work	79%	32%	72%	69%
Marital	21%	20%	22%	17%
Family/Child	7%	40%	9%	13%
Health	7%	12%	0%	9%
Multiple	0%	12%	9%	13%
Other	7%	8%	6%	22%

### *Outcome: Ending and Injuries*

In general, the three most frequently reported consequences for SA and SV were left, no clear ending, and police intervened. More specifically, SV wives were least likely to report no clear ending and most likely to report leaving; SV husbands were least likely to report that the police intervened; and SA wives were least likely to leave compared to the other severe groups. SV wives were significantly more likely to have had the police intervene than SV husbands ( $\chi^2(1) = 8.83, p < .003$ ). No other significant differences were found. SV wives were most likely to report any injury compared to all other SV groups. However, SV husbands also reported injury. In addition, more than half of SA husbands and SA wives reported that their spouses sustained any injury as a result of their aggression. Rates across groups are displayed in Table VIII.

### *Perceived Function (Self-aggression; Partner-victimization)*

Reasons for aggression did not differ across gender; however, one trend was noted. SA wives were more likely to report using physical aggression in self defense ( $\chi^2(1) = 3.21, p < .07$ ). Overall, SA wives reported that their physical aggression was due most frequently to anger only followed by anger/coercion. The two main reasons SA husbands reported for their own aggression were anger/coercion followed by anger only (see Table IX).

Table VII. Setting Events in Severe Violence: Frequency (%) of Respondents by Type of Violence and Sex

Escalation Stages	Severe Aggression		Severe Victimization	
	Husbands (N = 14)	Wives (N = 25)	Husbands (N = 32)	Wives (N = 23)
Stage 1				
Ongoing argument	50%	56%	61%	61%
Psychological coercion/self	36%	38%	18%	9%
Psychological coercion/partner	21%	18%	25%	26%
Constructive tactics/self	14%	4%	4%	13%
Constructive tactics/partner	0%	8%	4%	4%
Abandonment/self	7%	10%	4%	17%
Abandonment/partner	14%	6%	11%	20%
Withdrawal/self	7%	0%	4%	0%
Withdrawal/partner	7%	4%	11%	0%
Stage 2				
Psychological coercion/self	36%	40%	39%	37%
Psychological coercion/partner	43%	60%	46%	76%
Withdrawal/self	0%	4%	29%	0%
Withdrawal/partner	0%	4%	0%	4%
Abandonment/self	0%	4%	0%	0%
Abandonment/partner	0%	4%	11%	4%

## DISCUSSION

As noted by others studying marital violence (e.g., Deschner, 1984; Neidig and Friedman, 1984), the data from the present study supported the viewpoint that, in most cases, marital violence may be an outgrowth of conflict between both partners in which each actively contributes — albeit not necessarily symmetrically — to the escalation of violence. This finding is also consistent with observational work that has confirmed an association between mutual verbal/non-verbal hostility and marital violence (e.g., Cordova *et al.*, 1993; Margolin *et al.*, 1988; Vivian and O'Leary, 1987; Vivian *et al.*, 1987). The data, however, also lent support to feminist analyses of marital violence (e.g., Saunders and Size, 1986; Tolman, 1989; Walker, 1979) that depict male to female aggression as coercive. There was a tendency for the setting events (i.e., rates of psychological coercion/aggression) and function (i.e., anger/coercion) of male to female aggression to appear more coercive in nature than female to male aggression, irrespective of severity of violence (i.e., mild or severe).

**Table VIII.** Outcome in Severe Violence: Frequency (%) of Respondents by Type of Violence and Sex

Type of Outcome	Severe Aggression		Severe Victimization	
	Husbands (N = 14)	Wives (N = 25)	Husbands (N = 32)	Wives (N = 23)
Gave in	0%	4%	3%	0%
Apologized	7%	0%	9%	0%
No clear ending	29%	32%	26%	9%
Left	43%	28%	48%	61%
Cried	7%	0%	0%	4%
Police intervened	29%	40%	6%	48%
Other	0%	8%	16%	4%
<b>Injury</b>				
To self	—	—	59%	87%
To partner	63%	53%	—	—

Although many of the sex differences reported in the present study did not achieve statistical significance, there were some important trends, particularly when the violence was severe. According to *both* husbands' accounts of their aggression and wives' accounts of their victimization, husbands' severe violence was most related to financial/work stress and was more likely to result in the police intervening than severe violence by wives or even mild violence by husbands. Additionally, whereas most spouses' reports of severe aggression and victimization during the episode discussed in the clinical interview were reflective of the general patterns of violence reported in the CTS, husbands' reports of their own severe aggression across methods yielded low agreement (54%). Husbands' reports suggested that they viewed their "worst" aggressive episode during the past year as mild (67%) rather than severe (33%) violence. Moreover, as many as 7.3% of husbands who admitted to be aggressive during the interview did not report any aggression on the CTS. This pattern of results raises questions about the validity of husbands' reports of their own aggression, particularly when the aggression is severe. Although there was a tendency for husbands to minimize the severity of the aggression they reported, almost all severely victimized wives (87%) reported an injury as a result of the marital aggression. In addition, when wives admitted to being severely aggressive, they showed a tendency to perceive their violence as due to self defense more often than severely aggressive husbands. They also viewed their violence as being associated with a combination of situational stressors (i.e., Family/Child, Financial/Work, Marital, Health, and "multiple stressors").

**Table IX.** Perceived Function of Severe Violence: Frequency (%) of Respondents by Type of Violence and Sex

Type of Function	Severe Aggression		Severe Victimization	
	Husbands (N = 14)	Wives (N = 25)	Husbands (N = 32)	Wives (N = 23)
Anger/coercion	57%	40%	27%	30%
Anger only	29%	52%	50%	35%
Personality	7%	4%	0%	9%
Jealousy	0%	0%	0%	9%
Substance use	0%	8%	3%	22%
Stress	7%	4%	0%	4%
Provocation	7%	12%	10%	9%
Don't know	0%	0%	3%	17%
Self defense	0%	20%	3%	0%

Husbands and wives showed a tendency to differ, as well, with regard to their reports about their partners' psychological abuse/coercion. Wives, across type (aggression and victimization) and severity (mild and severe) of physical violence, reported that their husbands engaged in *two to six* times more psychological abuse/coercion than they during conflicts leading to either spouse's use of physical violence. In contrast, the aggressive husbands in this sample did not report that their wives were more psychologically abusive/coercive than they. In fact, they reported that the rates of such behavior were roughly equivalent for both partners. This finding suggests that husbands' psychologically abusive/coercive behaviors may be a crucial antecedent to marital violence and that, in contrast with wives, husbands may minimize their own use of psychological aggression. In fact, studies with batterers and battered wives are replete with examples of the ways in which battering males minimize or deny the impact and severity of their own behavior and amplify that of their wives (e.g., Ptacek, 1988).

Alternatively, one could argue that wives' reports about their partners' psychologically abusive behaviors may suffer from a general perceptual bias frequently found in maritally distressed spouses. That is maritally distressed spouses are more likely to engage in partner-blame than non-distressed spouses (Fincham and Bradbury, 1989) and perceive their spouses' communication more negatively than outside observers (Gottman, 1979). There is also a general tendency for clinic wives to repor

higher levels of marital distress than their husbands (Christian *et al.*, 1994), and for wives in severely aggressive marriages to report the highest levels of marital discord (Vivian and Malone, 1994). Thus, if marital distress and partner-related negative cognitions are highly correlated, wives in violent marriages may be more likely than husbands to find fault with their partners' behavior. While both interpretations pertaining to wives' reports about their husbands' psychological aggression are plausible, the minimal level of interspousal agreement about the marital violence (discussed during the interview) and the absence of outside observation preclude, at this time, definite conclusions.

To complicate matters, marital research (e.g., Christensen *et al.*, 1983) and recent work in marital violence (e.g., Langhinrichsen-Rohling and Vivian, 1994), have failed to substantiate the view that there is a tendency for one sex to over- or under-report behavioral events in marriage *viz-a-viz* the other sex. Thus, future research is clearly needed to examine the comparative validity of husbands' and wives' reports about differential forms of marital violence (e.g., psychological aggression, abuse, coercion, physical aggression, sexual violence). Further, given the high rates of psychological abuse and coercion reported by clinic wives in the present study and in other investigations with clinic couples (e.g., Vivian and Langhinrichsen-Rohling, 1994), it may be important to explore the relationship dynamics associated with psychological abuse as well as physical aggression. As noted by others (e.g., Follingstad *et al.*, 1991), battered women often report the psychological abuse is worse than physical abuse. It is important to determine whether maritally distressed clinic wives experience psychological abuse and coercion as more negative than physical abuse.

Although the results of the present study suggest some important differences between husbands' and wives' reports about severe marital violence and use of psychological abuse/coercion during the worst episodes of marital violence, there are some inconsistencies between the data herein and past research with severely battered women. For example, in contrast with prior work (e.g., Giles-Sims, 1983; Ptacek, 1988) husbands and wives in the present study did not report frequent use of alcohol or drugs during the worst episode of marital violence. Fewer than 25% of the spouses reported having been drinking or using drugs prior to or during the violent event and, with the exception of wife victimization, few spouses attributed the violence to alcohol abuse/drinking. Past studies had also indicated that virtually anything can trigger a battering episode (e.g., wearing the wrong clothing, cooking the wrong food) (Martin, 1981), and that violence tends to be elicited by male's fears of abandonment, sexual jealousy/possessiveness, and expectations of obedience/subservience (Daly and Wilson, 1988; Dutton and Strachan, 1986; Schwartz, 1988). These

triggers and situational factors were not found in the present study. In fact, the vast majority of marital violence arose out of conflict between both spouses. Additionally, an informal analysis of the spouses' responses suggested that most partners experienced difficulty in remembering the specific content of the conflict. In spite of these differences, however, the finding pertaining to wives' reports of more frequent psychological abuse on the part of their partners is quite consistent with prior research that has suggested the existence of coercive male control as motivation for male violence against an intimate partner.

There are several reasons why the findings from this study present a profile of marital violence that differs in some aspects from prior descriptive research. First, the method of analysis may have obscured or attenuated additional gender differences (i.e., wives' use of aggression in self defense, husbands' use of violence for reasons linked to beliefs of entitlement). Specifically, since very few spouses (18%) agreed with one another regarding the worst episode, within-couple analyses were precluded. Therefore, results pertaining to different aspects of the worst episodes of marital violence (long-term stressors, function, drinking, injury, antecedents and escalation to violence) were aggregated across individuals within each group (i.e., mild male victimization, severe male aggression, mild female aggression). Such aggregation limits one's ability to identify unique patterns within a couple. Future work will need to focus on specific couples' reports about agreed upon episodes of marital violence to understand more clearly the nature of the interactive dynamics.

Second, the couples participating in the present study may be qualitatively different from spouses seeking services from shelters and domestic violence agencies or those mandated to treatment. For example, in this marital sample, both spouses were committed enough to the marriage to seek therapy, expected conjoint treatment, and rarely viewed the violence as a problem for therapy. In fact, when asked why they did not report spontaneously the marital violence during their intake interview at the UMTC, approximately 30% of a similar cohort of clinic husbands and wives believed that it was not a problem, approximately 25% thought it was unstable/infrequent compared with other marital problems, and approximately 20% saw it as secondary to other problems (Ehrensaft and Vivian, 1993).

Third, the present investigation focused on the worst episode of marital violence experienced in the past year. Most couples stated that this worst episode was not representative of the general violence in their relationship; an informal survey of the data suggested that they saw the violence described in the interview as being more severe than other episodes of violence during the prior year. Interestingly, such a pattern of

results was not confirmed by spouses' reports on the CTS. In addition, a comparison of the level of violence discussed in the interview versus the CTS raised concerns about spouses' reliability across methods of assessment. This issue appears to be particularly problematic when the violence described in clinical interviews appears to be "mild" and/or husbands admit to engaging in "severe" aggression against their wives. It is possible, in fact, that all spouses tend to underestimate the severity of their patterns of violence during the prior year (as assessed with the CTS). Alternatively, there may be systematic biases in reporting violence across methods of assessment that are related to gender and type of violence (aggression/victimization). Future research is needed to address these issues.

Fourth, single item questions were used to elicit the vast majority of responses. This could have limited the degree to which respondents shared their entire stories and thereby limited our ability to describe comprehensively the incident of marital aggression reported. Finally, the coding scheme developed and used in this study is not well validated. Although the codes achieved acceptable levels of reliability, it has not been used elsewhere. Nevertheless, the codes did successfully discriminate between husbands and wives as well as mild and severe aggression, suggesting that the codes have some validity. Despite the potential limitations described above, the findings from this investigation have important implications for future research. They highlight the importance of a multidimensional assessment of marital violence and confirm the need to adopt multiple theoretical models in conceptualizing marital violence in clinic couples.

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## APPENDIX A

### SMI-Violence Interview: Coding System

*Current Stressors (Cohen's Kappa ranged from .80 to .95).*

- *Financial/Work* (Any reference to difficulty with money or employment, e.g., "It's a struggle to pay the bills and get enough work right now.")

- *Marital* (Any reference to relationship difficulties, e.g., "We were arguing all the time.")
- *Family/Child* (Any reference to arguments/difficulties regarding relationships with relatives or children, e.g., "I moved my sister in, he didn't want her to move in.")
- *Health* (Any reference to physical health problems, e.g., "I had just had surgery and was in extreme pain.")
- *Multiple stressors* (More than three separate categories of stressors were mentioned)
- *Other* (Any reference to stress not reflected in the above categories including death of a family member or close friend, a recent move, birth of a child).

*Setting Events — Stage 1 and Stage 2*  
(Cohen's Kappas ranged from .40 to .87).

*Ongoing Argument.* (Any statements that indicate the couple was engaged in a discussion that led to an argument, e.g., "It was a discussion that turned into an argument.")

- *Constructive Tactics* (Any reference to an activity that was intended, based on the coders judgement, to decrease or resolve the conflict, e.g., "I said, 'Let's sit down and cool off.'")
- *Abandonment/Autonomy* (Any reference to an activity that engendered a feeling of abandonment or an expression of wanting to be more independent from one's spouse, e.g., ". . . was she going to stay or go, did she love me or not?")
- *Psychological Abuse/Coercion* (Any reference to verbal or psychological aggression, such as yelling, insulting, belittling as well as any behavior where one spouse was attempting to intimidate or control the other, such as threats, e.g., "He told me I'd better sit down and shut up or else.")
- *Attempt to Withdraw from Conflict* (Any reference to one spouses attempt to leave the situation to avoid or withdraw from the conflict, e.g., "I didn't want to argue anymore so I left the room.")

*Outcome (Cohen's Kappa ranged from .63 to .84).*

- *Left* (Any reference to one of the spouses leaving the situation immediately after the physical aggression stopped, or someone left



in order to make the physical aggression stop, e.g., “I got out of the house and stayed at my mother’s.”)

- *No Clear Ending* (The respondent could not describe any particular event that occurred that marked the end of the aggressive incident, somehow the aggression ceased and things were calm, e.g., “It didn’t really end, we just went to sleep.”)
- *Apology* (One of the spouses apologized for what happened, e.g., “Made up kind of . . . I apologize and I talk to her about what she wants to talk about.”)
- *Cried* (One of the spouses cried immediately after the incident, e.g., “I just sat there sobbing.”)
- *Police Intervened* (One of the spouses or another individual (neighbor, relative) called the police and their arrival caused the incident to stop, e.g., “My sister tried to step between us and then she went to get the cops.”)
- *Other*

*Perceived Function (Cohen’s Kappa ranged from .55 to 1.00)*

- *Anger/Coercion* (The coder rates the respondent’s perceived reason for aggression as related to a combined expression of anger and coercion. Coercion includes wanting to get one’s own way, attempting to intimidate spouse to get him or her to do what respondent wants, to control the situation or one’s spouse, e.g., “. . .that makes me mad and I just pushed him away; I didn’t want him near me”; “I tried to control the situation I thought was getting out of control . . . I put my hand over her mouth to stop her from screaming.”)
- *Anger Only* (The respondent’s perceived reason for aggression only mentions their feelings of anger, frustration, loss of control, e.g., “I just got totally frustrated and I lashed out . . .and I don’t know why.”)
- *Self Defense* (The respondent’s perceived reason for aggression was construed as an attempt to defend him or herself from physical assault from his or her spouse, e.g., “He pushed me against the wall, I pushed him away to get him off of me.”)
- *Reaction to Perceived Provocation* (The respondent’s perceived reason for aggression was due to his or her spouse’s behavior. That is, the spouse was to blame for the aggression; it was his or her fault — he or she provoked it, e.g., “She had it coming to her with the way she was acting.”)

- *Drinking* (The respondent's perceived reason for aggression was alcohol consumption.)
- *Personality* (The respondent's perceived reason for aggression was his or her personality, e.g., "I've always had a bad temper.")
- *Stress* (The respondent's perceived reason for aggression was general life stress.)

## APPENDIX B

### #1. Severe Male Aggression

She had gone out the night before with her girlfriend (which was also a problem with me because she never goes out with me). Two days before she went out I found a guy's telephone number on a piece of paper hidden somewhere and I questioned her about it. She said it was just a guy. A couple of days later, she went out again with her friends and came home around 3 am. The next morning I picked up the laundry and a business card falls out and it's the other guys telephone number. I went into the bathroom where she was to confront her. She would never give me an answer. She wouldn't tell me what was going on. I grabbed her after that, after she said it's just a guy, like I had no business asking her, like I was bothering her by asking her who this guy is. I grabbed her and shook her a little bit then I ended up punching the bathroom door off the hinges. I was just begging her to tell me what was going on and she would not say anything, I was just in a rage. The whole thing really scared her and she left to go to her parents.

### #2. Severe Male Victimization

We were drinking. There had been tension about paying for the wedding. We were arguing in the car but I don't know what it was about. I was just saying well, I'm going to take you home and drop you off. She was upset and screaming. I was acting kind of indifferent, telling her I was taking her home and dropping her off. I wasn't talking, kind of putting on the silent treatment and that drove her nuts. She was screaming and I was getting quiet. Finally I snapped because she was getting hysterical, she threatened to throw the diamond ring out of the window. Then I screamed at her and she kicked me while I was driving and kicked the dashboard and broke it. I pulled over and held her in my arms until the tension went down. After I felt more capable of talking to her I apologized and talked about what she wanted.

### #3. Severe Female Victimization

We were having a discussion. I wanted him to take some time off, a vacation. Then, he told me, "Who the hell do you think you are, when do things revolve around you, I'm the one who pays the bills." He's yelling and screaming. He walked over to the bedroom and I told him I don't deserve to be spoken to like that and he was screaming, "Why the hell don't you shut up, you never shut up." He starts screaming more at me, telling me I don't know when to shut up and that's the whole problem. I said this is ridiculous, and no reason to use profanity . . . I went to walk away and he punched me in the arm, then he said, "Maybe I have to kick to living shit out of you," then I was on the floor and he had me in a head lock. Somehow I got loose and tried to call the police . . . he said if I called the police he was going to wrap the telephone around my neck. Next thing I knew he was hitting me on the couch. I got very upset, then he went into the bathroom and cried. We stayed away from each other for the rest of the day.

### #4. Mild Female Aggression

He was lying on the couch in the den. I was trying to discuss something with him and he would have not part in it. I went upstairs and I took his clothes downstairs and told him to leave. He got upset with me and thought I was having a temper tantrum, but it was more than that. He got angry and pushed me and started to walk away. Then I hit him on his back to get his attention. He just walked away. I called my brother because I was upset that my husband was just ignoring me completely. My brother came over and we stayed upstairs and my husband stayed downstairs. We didn't speak for a couple of days.

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