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# The Gender Asymmetric Effect of Intimate Partner Violence on Relationship Satisfaction

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Our research examined the association between intimate partner violence and relationship satisfaction among victims. The negative association between victimization and relationship satisfaction was substantially stronger for females than for males. Comparisons between respondents reporting about same-sex relationships with those reporting about opposite-sex relationships provided evidence that the amplified victimization/satisfaction association among female victims is a victim-gender effect rather than an actor-gender effect. In other words, our findings suggest that aggression harms the quality of the intimate partnerships of females much more so than the partnerships of males regardless of whether a male or a female is the perpetrator. We supplemented dialogue about the direct implications of our findings with discussions about how these results may raise conceptual questions about the adequacy of the instruments scholars use to study partner aggression.

**Keywords:** partner violence; marital violence; measurement; CTS; gender differences

Although considerable debate remains about whether gender symmetry exists in the perpetration of intimate partner violence (IPV), the prevailing consensus is that male-perpetrated IPV generally has more serious consequences (Rosen, Stith, Few, Daly, & Tritt, 2005). Most scholars have agreed for many years that male-perpetrated IPV causes more injury, and increasingly, authors have explored the many other ways that female IPV outcomes are worse (O'Leary, 2000). After injury, the most frequently studied asymmetric outcome is fear, but other outcomes, such as those related to mental health, have also been examined (Rosen et al., 2005; Tjaden & Thoennes, 2000). An area in which outcome asymmetry has largely been ignored, however, is relationship satisfaction.

We chose to examine IPV's association with relationship satisfaction for several reasons broadly associated with the number of intimate partnerships that survive violent acts (Pagelow, 1981). Rusbult and Martz (1995), for example, found that among the residents of a battered woman's shelter, two-thirds returned to their partners within 1 year. O'Leary and colleagues note that over half of the young couples participating in a longitudinal study who were about to be married reported prior physical aggression (O'Leary et al., 1989). The rate of relationship survival after IPV among these and other unmarried couples is particularly surprising because they are much less affected by the social, legal, and emotional bonds that often maintain violent marriages (Arias, Samios, & O'Leary, 1987; Levinger, 1976; O'Leary, Malone, & Tyree, 1994).

Among the more specific reasons to examine relationship satisfaction is that victims who maintain violent relationships sometimes rationalize the offender's behavior in some way. For example, in one study, clients at a woman's shelter who lingered in violent partnerships often failed to consider behaviors like punching and slapping as "violent" or "abusive" (Ferraro & Johnson, 1983). Other studies have noted that more than a third of women who reported victimization did not regard themselves as "having experienced physical abuse," "a victim of violence," or "a battered woman" (Hamby & Gray-Little, 2000). A few studies have even found that a surprising number of IPV victims rate their relationships very favorably (e.g., Frieze, 2005; Williams & Frieze, 2005). These various studies underscore the fact that knowing more about a victim's satisfaction in a relationship can give us insight into the reasons why some people maintain physically or emotionally painful partnerships.

Another reason to examine IPV's effect on relationship satisfaction is the possibility that aggressors with less malignant intent may underestimate the degree to which even mildly hostile behaviors negatively affect their partners (Malone & O'Leary, 1993; Mikula & Heimgartner, 1992; O'Leary et al., 1994). For example, perpetrators often fail to understand the long-term consequences of their actions and regularly describe their behavior as justified, meaningful, and comprehensible. In contrast, recipients of aggressive actions more typically view this behavior as arbitrary, unjustified, and causing long-term negative problems. Furthermore, victims often conceal their anger about the ways they have been treated (Baumeister, Stillwell, & Wotman, 1990), and aggressors often remain unconscious of how they may be harming themselves by motivating the targets of the aggression to retaliate (Felson, 1992). For these reasons, a better understanding of how IPV differentially affects relationship satisfaction among men and women may assist in offender education efforts.

Yet another reason for our interest in this issue is to add insight about whether violence directed at women by men is in some way quite different from the violence involving alternative victim/offender gender combinations (e.g., male-to-male or female-to-female violence). Several authors have suggested, for example, that individuals typically rate male-on-female violence as more serious than violence committed by females against males (Feld & Felson, 2008). It is unclear, however, whether these ratings reflect a victim-gender or an offender-gender effect because past research has strongly concentrated on opposite-sex partnerships. Prior research has also failed to disentangle whether perceptions of increased seriousness by male perpetrators principally reflects the greater physical injury men cause, whether women are more negatively affected regardless of physical harm, or whether other factors are responsible for these perceptions.

A final reason for examining the link between IPV and relationship satisfaction is connected to conceptual and methodological issues about whether the Conflict Tactics Scale (CTS) and other widely used IPV measurement instruments are truly measuring what scholars assume they are and whether these instruments have similar validity for men and women. Perhaps a contributing reason why many instruments find that males report as much, if not more, victimization than females report is because male respondents overreport (or possibly fabricate) relatively minor events. In this case, perhaps female "perpetrators" not only fail to injure men but also fail to substantially decrease men's satisfaction with ongoing relationships. A closely related possibility is that CTS-based instruments may too often record events so minor that few would consider them to be actual acts of violence.

To clarify, we do not suggest that relationship satisfaction is the most important outcome for IPV scholars to consider. Instead, we intend our analyses to provide complementary

information to the more severe outcomes investigated by other scholars. Like others, we remain skeptical about some aspects of the claim that IPV perpetration is gender symmetric. However, the consistency by which many survey instruments support perpetration symmetry, together with the departure of these parity findings from the experiences of those who work with IPV victims, strongly suggest the need for a more thorough examination into the different ways men and women are affected by aggression within their relationships.

## **BACKGROUND**

The gender symmetry debate began in 1975 after Murray Straus directed the National Family Violence Survey (NFVS) using an early version of his CTS. The NFVS found that 12.1% of married or cohabitating women were victims of partner violence within the year prior to the survey (Straus, Gelles, & Steinmetz, 1980). This work was controversial because the study also found that the percentage of men victimized by female partners (11.6%) was similar to the rate by which women were victimized by men. Straus and colleagues found equivalent results in a 1985 survey and later CTS-based surveys administered by other scholars reported comparable findings. Many of these studies indicated that female-to-male aggression was actually more frequent than male-to-female violence, although some work has occasionally arrived at different conclusions (Kimmel, 2002).

The gender symmetric findings from most CTS-based studies, which sharply contrast with police and medical data and the experiences of victim advocates, have caused discussion about women's violence against men to remain particularly contentious. In more recent years, several symmetry proponents (e.g., Felson, 2006) have joined Straus in stating a need to amplify public response to male-on-female violence because males cause more injury than females, but their statements have done little to reduce criticism about purported symmetry in IPV perpetration.

There are several recurring criticisms of CTS-based studies. Three of the most notable are (a) that the CTS equates behaviors potentially similar in some regard while quite dissimilar in consequence (Follingstad, Wright, Lloyd, & Sebastian, 1991; Schwartz & DeKeseredy, 1997), (b) that women use violence mainly for self-defense (Dobash & Dobash, 1998), and (c) that there are substantial gendered differences in the social and interpersonal meanings of aggressive behavior (O'Leary et al., 1994). In other words, even if aggression remains gender symmetric after accounting for injury differences, the underlying context in which female-perpetrated aggression occurs may reduce the aggressor's blameworthiness or may otherwise reduce the behavior's seriousness in ways difficult to quantify.

A primary difficulty in resolving controversies about gender symmetry is that Straus designed the CTS as a behavioral measure that records injury but excludes attitudes, emotions, and cognitive behavioral appraisals (Straus, 2007). For this reason, scholars who explore whether the symmetry characterization extends to noninjury outcomes must analyze surveys that combine CTS items with measurements of the desired outcome alternatives. The National Violence Against Women Survey (NVAW) has been the largest effort directed toward this objective to date. The NVAW found that female IPV victims reported more frequent and longer lasting victimization, more fear of bodily injury, and greater time lost from work than male victims. The survey also found that as a response to IPV, females used more medical, mental health, and justice system services (Tjaden & Thoennes, 2000).

Although the NVAW demonstrated asymmetry in the IPV outcomes most frequently addressed by legal, mental health, and medical practitioners, little research has examined how IPV affects less observable outcomes like relationship satisfaction. When scholars have explored the IPV/relationship-satisfaction association, they most commonly have assumed that poor relationship satisfaction among males increases aggression risk against their female partners. For this reason, most research about relationship satisfaction and IPV examines satisfaction among male perpetrators but fails to examine how victims are affected.

For example, in a recent meta-analytic review, Stith, Green, Smith, & Ward (2008) examined all known articles addressing the association between IPV perpetration or IPV victimization and relationship satisfaction. They found 30 studies reporting a perpetration/satisfaction association but only 10 studies reporting a victimization/satisfaction association. Most of the 10 victimization studies involved clinical samples where the IPV/satisfaction association was not the primary research concern. Only 2 victimization studies compared findings across gender. With one exception (Williams & Frieze, 2005), all 10 victimization studies involved clinical populations, which are known to differ in quite substantial ways from community samples on both relationship satisfaction and IPV (O'Leary, 2000; Williams & Frieze, 2005).

While the Stith and colleagues' (2008) meta-analysis found that IPV was more strongly associated with satisfaction decreases among female than among male victims ( $r = -.41$  for females,  $r = -.30$  for males), their study was not designed to establish whether gendered differences in injury explain this gendered pattern. In addition, all of the base studies for the meta-analysis involved opposite-sex partnerships. For this reason, neither of the base studies nor their subsequent meta-analysis attempted to disentangle whether a victim-gender effect or an offender-gender effect might underlie the findings. For example, these studies cannot distinguish whether the lower satisfaction scores among female victims results from a greater sensitivity of women to relationship discord regardless of the gender of their partner, or whether from enhanced harm associated with one or more characteristics of male aggression.

Although Stith and colleagues (2008) carefully noted several limitations of their research, their study, like most other work based on CTS-type instruments, assumes equivalent IPV measurement validity across gender. Their study also assumes that the CTS records IPV in a conceptually meaningful way. In other words, for all of these studies to truly reflect their intended interpretations, meaningful IPV events must have been adequately recorded among both male and female victims.

Some authors, however, have questioned whether the CTS adequately records IPV by raising fundamental questions about "what counts" as partner violence (see Dobash & Dobash, 1979). Although scholars may be tempted to conceptualize IPV as any and all conflict resulting in actual or threatened physical contact between couples, this strategy may count trivial behaviors that respondents declare as having no meaningful consequence (Margolin, 1987). Among late-adolescent and young adult couples, for example, the prevalence of aggressive acts using inclusive measures has approached and sometimes exceeded 40% where female perpetration rates are typically higher than the rates reported for males (Elliott, Huizinga, & Morese, 1986). Some authors have argued that these seemingly excessive prevalence rates not only raise methodological questions, but may also have unanticipated social, political, and legal implications (O'Leary, 2000).

On one hand, we might expect *males not to report* less serious acts of aggression directed against them if they adhere to norms of stoicism that limit disclosure. In addition,

their greater size may reduce experienced pain regardless of the force used by a generally smaller woman to the point where the male fails to regard the female aggression as meaningful enough to report. In cases where females are acting in self-defense or where men otherwise perceive that their own instigating behavior was inappropriate, the men may even feel that they “deserved” retaliation that should not be reported.

On the other hand, some historical literature, anecdotal accounts, and experimental research suggest that *men may overreport* victimization at the hands of female partners to justify male-on-female aggression (Brown & Tedeschi, 1976; Currie, 1998; Kimmel, 1996, 2002). For this reason, males may fabricate victimization events or report behaviors of insubstantial seriousness.

The latter possibility may be particularly likely among men unwilling to fabricate reports of behavior who are still vulnerable to social desirability pressures to justify their own aggression by reporting benign events perpetrated by women (c.f., Feld & Felson, 2008). Logically, this type of male overreporting is most likely to occur among recipients of more modal forms of aggression, particularly if question wording permits unconventional interpretation. A behavior described as “pushing or grabbing,” for example, can cause severe injury in some instances while causing no pain in other circumstances. Margolin (1987) cited an example where a couple who endorsed a CTS-type item about “kicking” were reporting a bedroom behavior that neither spouse viewed as aggressive.

Other literature suggests that *women may underreport* a partner’s violence by adhering to norms that encourage women to downplay, normalize, or excuse male violence for reasons including the belief that victims “deserve” their treatment (Kimmel, 2002; Wright & Johnson, 2009). Alternatively, *women may overreport* their own aggression, particularly if done in the face of provocation, a likely possibility given experimental evidence that bystanders tend to approve a female’s retaliation against a male aggressor (Feld & Robinson, 1998).

Straus (2007) has not spoken extensively about differential reporting patterns by gender but has noted that he intended the CTS to increase disclosure in several ways, including the listing of very high frequency response categories (e.g., 20 or more times over the last year) first among a list of possible answer choices. Although this strategy increases positive endorsements of CTS items, it may, however, create “meaning shifts” that encourage the recording of “rather trivial episodes” of behaviors (Gaskell, O’Muircheartaigh, & Wright, 1994). This consequence presumably occurs because respondents assume that the presence of high-frequency response categories imply that the question was intended to reflect even those events at very low thresholds of seriousness. Experimental work comparing standard CTS response categories to dichotomous yes/no responses has shown the former to result in higher IPV prevalence. This work has also found that the impact of certain types of item manipulation differs across gender (Hamby, Sugarman, & Boney-McCoy, 2006). In other words, the standard CTS and its recommended administration may overstate IPV frequency and do so to a different extent for men and women.

The use of dichotomous responses versus standard CTS answer categories was a principle difference between Tjaden and Thoennes’ (2000) NVAW and Straus and colleagues’ NFVS that we mentioned earlier. Another difference between the surveys was that the NFVS included an introductory statement about the pervasiveness of disputes among intimate partners whereas the NVAW did not.

The resulting differences in IPV frequency estimates between the two studies were striking. The NVAW produced a 1.4% annual IPV prevalence estimate for female victimization in contrast to the substantially higher 11%–12% estimates generated by the NFVS.

More importantly, the NVAW indicated that IPV was dominated by males and was not gender symmetric. Although the scholars associated with both surveys acknowledge the design differences between the NFVS and the NVAW, neither side is certain about the exact reasons underlying the substantially divergent IPV estimates. A strong possibility mentioned by Tjaden and Thoennes (2000) is that under certain conditions, one or more of the CTS design features may markedly “normalize” aggressive behaviors in ways that encourage an exceptionally inclusive reporting of conduct that may contain an inordinate number of inconsequential events.

Although our current research cannot directly test whether these various forms of reporting biases are actually occurring, we believe that relationship satisfaction should be mostly unaffected among respondents prone to report inconsequential events. For this reason, the existence of substantial gendered differences in the IPV/satisfaction association may strongly imply a need to more carefully consider how we measure IPV.

In summary, the ways in which victims experience aggression may be quite relevant to the debate about gender symmetry and to the IPV literature more generally. Victim experiences are most evidently relevant in the more observable ways that IPV affects the more serious outcomes studied by Tjaden and Thoennes’ (2000) NVAW survey. Alternative outcomes that may be more perceptual, however, are also important to examine for various substantive and methodological reasons. The most straightforward reason for this research is to determine whether previously reported findings about the IPV/satisfaction association result from a victim-gender or an offender-gender effect. Additional reasons for our analysis, however, include the potential to illuminate methodological issues about (a) gendered differences in decisions about which behaviors to report as IPV, (b) the validity of measurement instruments, and (c) how we conceptualize about the types of behavior that scholars should label as meaningful examples of partner violence.

## **HYPOTHESES**

We have two hypotheses linked to our goal of disentangling the effects of victim-gender and offender-gender on the IPV/relationship-satisfaction association. Our first hypothesis is that the negative relationship between IPV victimization and relationship satisfaction in opposite-sex couples will be substantially stronger for female than for male IPV victims. We believe this will remain true after accounting for the victim’s physical injury. Our second hypothesis is that we will find a similar gendered pattern in the IPV/satisfaction association among same-sex couples. In other words, we expect female victims to report less relationship satisfaction than male victims regardless of the assailant’s gender and regardless of the amount of injury incurred.

Our research goals also include an examination about gendered differences in the IPV/relationship-satisfaction association for the purposes of illuminating aspects of CTS validity. Because of the more exploratory nature of these examinations, however, we have refrained from stating specific hypotheses associated with these auxiliary goals.

## **METHOD**

The National Longitudinal Survey of Adolescent Health (Add Health) draws on a nationally representative sample of 7th through 12th grade adolescents who were enrolled in



164 participating U.S. schools in 1995. Preliminary survey administration during that year involved approximately 90,000 adolescents. Of that number, more than 20,000 participated in continued longitudinal analysis.

An important benefit of Add Health methodology is the innovative data collection techniques employed by its administrators. Participants answered sensitive questions directly into laptop computers after listening to prerecorded questions played through headphones. This method helped assure anonymity and increased reliability and validity. Because scholars have described the Add Health survey in other publications, we have limited further description and refer those desiring additional information to any of several excellent sources (e.g., Sieving et al., 2001).

Our current analyses use data collected in 2007 during Add Health's fourth survey wave when participants were 24–32 years old. Administrators located 92.5% of the survey participants and completed interviews with 80.3% overall. At that time, many participants were married or in a romantic relationship.

We excluded from our analyses respondents who were not in a relationship at any point since the last survey wave. Data limitations provided necessary information about only one relationship for each respondent. For unmarried respondents not in a current relationship, we used information about the relationship that ended most recently. Because Add Health employed complex sampling procedures, we used STATA's complex survey regression models in our analyses to account for the sampling complexity.

## Dependent Variable

Add Health includes seven questions relevant for the construction of a relationship satisfaction scale: (a) how much the respondent enjoys doing everyday things with the partner, (b) how well the respondent believes the couple handles problems and disagreements, (c) how the couple handles finances, (d) if the partner listens when the respondent needs someone to talk to, (e) how well the partner expresses love and affection, (f) whether the respondent is satisfied with the couple's sex life, and (g) whether the respondent trusts the partner to be faithful. Each question has five response categories ranging from *strongly agree* to *strongly disagree*.

A preliminary factor analysis found that all seven indicators strongly loaded on a single factor with an alpha value of .84, suggesting the appropriateness of using these seven items to construct a unidimensional scale. Because each item loaded on the factor with similar magnitude, we created a simple summative scale that ranged from 7 to 35, where higher scores represented greater satisfaction.

## Independent Variables

Unlike surveys that deal more exclusively with issues of partner violence, the fourth wave of the Add Health survey contains limited information about IPV. The only true IPV victimization question dealing with actual behavior inquired about how often the partner slapped, hit, or kicked the respondent. The answer categories for this question closely followed the original CTS format by providing seven response categories ranging from *never* to *more than 20 times in the last year of the relationship*. When we attempted to use this seven-category response, it produced a strongly skewed distribution that we could not adequately correct using appropriate data transformations. For this reason, we dichotomized the answers with *never* coded as "0" and positive responses coded as "1." Supplementary analyses where we used the seven-category response in place of the dichotomy produced similar results as those presented here.



Add Health measured IPV injury with a question about how often the respondent had an injury, such as a sprain, bruise, or cut because of a fight with the partner. Again, we dichotomized the answers with *never* coded as “0” and positive responses coded as “1.”

## Control Variables

Our models included several variables suggested as theoretically important by prior research and theory. Most research suggests that relationship satisfaction tends to decrease shortly after relationship initiation. As time in the relationship increases, satisfaction drops to a low point near the temporal middle of the affiliation but increases as the relationship matures (Spanier & Lewis, 1980). Controlling for relationship duration is particularly important in our research because longer durations necessarily provide an increased opportunity for IPV to occur. In other words, both IPV and satisfaction are known correlates of duration. In our models, *duration* describes the number of months between start and termination in cases where the respondent’s relationship has ended. Among ongoing relationships, duration represents the number of months from start until the date of interview.

Age is a well-established correlate of aggression and of relationship satisfaction (e.g., Hirschi & Gottfredson, 1983; Karney & Bradbury, 1995). We controlled for *age* by using the respondent’s approximate age at the time the relationship began by using questions about the year and season (e.g., spring, summer) at the time of relationship initiation.

Because prior research has found the presence of young children to decrease satisfaction in adult couples (Bradbury, Fincham, & Beach, 2000), we accounted for the *presence of children* younger than 17 years who were still living in the home at the time of the interview. Because IPV regularly ends relationships and because even nonviolent relationships also tend to end on bad terms, we used a dichotomous variable coded as “1” if the relationship was current at the time of the interview and “0” otherwise.

Race/ethnicity and satisfaction have also been found by prior research as correlated (Larson & Holman, 1994). Because potential differences in satisfaction across race is not a primary focus of our research, we followed a relatively basic strategy by coding race with the four mutually exclusive categories of White, Black, Hispanic, and Other. In cases where respondents chose multiple racial or ethnic categories, we were able to code a single one by using a separate question where respondents chose the single category they felt most applicable.

We included *education and household income* as common indicators of socioeconomic status, another known correlate of relationship satisfaction (Larson & Holman, 1994). Alternative analyses using personal income rather than household income did not substantially alter our results.

Finally, we included the following dummy variables to indicate marital status and cohabitation during the relationship: *dating*, *cohabitation*, and *marriage*. We used dating as the excluded reference category. We included these measures because cohabitation necessarily increases the opportunity for IPV and may alter the association between IPV and satisfaction in other ways (Kenney & McLanahan, 2006).

Analyses of collinearity tolerances indicated that none of our control variables dropped lower than .31. Most variables indicated tolerances of .7 or higher.

## Models

We ran two separate models for male respondents in opposite-sex relationships. We did the same for the female respondents in opposite-sex relationships. In our first models for both

the male and female samples, we regressed relationship satisfaction on IPV victimization while simultaneously accounting for all controls other than injury. In the second model for each gender, we added our injury measure. We did this to determine the degree to which injury differences explain why the IPV/satisfaction association differs across gender. We repeated all analyses for respondents in same-sex relationships.

## RESULTS

Table 1 provides descriptive statistics about the respondents in our models. We listed male and female respondents and those reporting about same-sex and opposite-sex relationships separately.

The table rows provide the mean, standard deviation, and range for each of the variables in our models with the exception of rows labeled (%). In those cases, the columns labeled “mean” actually represent the percentage of respondents classified within the category. There were 5,598 males and 6,623 females reporting about opposite-sex relationships.

The classifications under “relationship type” describe the relationship status at the time of the interview or the time when the relationship ended. We divided dating respondents into those who were cohabitating and those who were not. Approximately 39% of the males in opposite-sex relationships were married, about 37% were currently cohabitating or cohabitating at the time of relationship dissolution, and about 24% were dating.

The females reporting about opposite-sex relationships within each of these categories were not substantially different. This was expected because most romantic relationships recorded in our data were those of opposite sex. The mean relationship duration was 42.8 months among females and 35.5 months among males.

The average age of the respondents at the start of the relationship was between 23.1 and 26.1 years depending on the group. About 43% of the males in opposite-sex relationships reported having children living at home, whereas 57% of the opposite-sex relationship females did. This gender difference reflects the increased frequency by which females care for children after relationship dissolution. The percentage of both male and female reporting about same-sex relationships with children at home was substantially smaller (5.2% for males and 25.6% for females). Between 56% and 66% of the different groups were involved in a relationship that was current at the time of the interview. The remainder ended a romantic relationship since the time of the last interview but had not yet started a new one.

Our sample’s racial and ethnic composition indicates minority overrepresentation relative to the general population (e.g., our overall sample was 18.2% Black and 16.3% Hispanic, whereas the U.S. population is currently around 13% for each group). These differences result from Add Health’s complex sampling strategies and are accounted for in our regression analyses. Consistent with census figures, the mean educational level for both males and females is around 14 years, whereas the mean income for males is slightly higher than females (about \$66,000 vs. \$62,000), and the females reporting about same-sex relationships indicating the lowest average income at \$52,500.

Of primary interest, the prevalence of IPV as measured by the CTS question in the Add Health data indicated higher rates of male victimization (16.9% for males in opposite-sex relationships and 8.1% for females in opposite-sex relationships). This finding of greater male victimization is consistent with much of the prior research that uses measures adopted from the CTS. The victimization prevalence rates for the respondents reporting

**TABLE 1. Descriptive Statistics**

	Opposite-Sex Relationships						Same-Sex Relationships					
	Male Respondent (N = 5,598)		Female Respondent (N = 6,623)		Male Respondent (N = 158)		Female Respondent (N = 170)					
	Mean	SD	Range	Mean	SD	Range	Mean	SD	Range	Mean	SD	Range
<b>Relationship type</b>												
Dating (%)	24.3		0-1	20.3		0-1	39.2		0-1	28.6		0-1
Cohabitation (%)	36.7		0-1	36.1		0-1	55.9		0-1	66.9		0-1
Married (%)	38.9		0-1	43.6		0-1						
<b>Relationship characteristics</b>												
Duration (months)	35.5	36.7	0-212	42.8	41.3	0-206	22.5	27.6	0-130	27.7	29.7	0-166
Age at start of relationship (yrs.)	24.3	3.7	11.8-33.0	23.1	4.0	8.8-33.1	26.1	3.1	14.9-31.9	24.2	3.8	12.3-30.8
Children at home (yes/no) (%)	43.1		0-1	57.0		0-1	5.2		0-1	25.6		0-1
Current relationship (%)	65.4		0-1	64.1		0-1	56.5		0-1	63.1		0-1

Respondent characteristics										
Black (%)	18.5	0-1	22.2	0-1	16.2	0-1	27.5	0-1	27.5	0-1
White (%)	57.6	0-1	55.7	0-1	47.7	0-1	49.3	0-1	49.3	0-1
Hispanic (%)	16.1	0-1	15.1	0-1	24.0	0-1	14.3	0-1	14.3	0-1
Other (%)	7.9	0-1	7.5	0-1	12.3	0-1	8.8	0-1	8.8	0-1
Education (years)	14.1	2.1	14.6	2.1	14.8	2.1	14.2	2.1	14.2	2.1
Income in \$1,000	66.6	38.4	62.0	38.2	66.9	40.3	52.5	37.2	52.5	37.2
IPV prevalence (%)										
Victimization	16.9	0-1	8.1	0-1	11.7	0-1	11.3	0-1	11.3	0-1
Injury	4.5	0-1	5.0	0-1	6.5	0-1	7.5	0-1	7.5	0-1
Dependent variable										
Relationship satisfaction	28.8	5.2	28.4	5.9	27.4	6.2	28.5	6.8	28.5	6.8

Note. IPV = intimate partner violence; SD = standard deviation.

about same-sex relationships were more equal across gender (11.7% for the males and 11.3% for the females).

Another important point illustrated in this table is that the mean relationship satisfaction score for all four groups is very similar (a low of 27.4 to a high of 28.8). This indicates that overall, the four groups have answered the questions about relationship satisfaction in approximately the same manner.

Of secondary importance, IPV victimization rates in Add Health were about equal to or higher than those reported by both the NFVS and NVAW surveys even though the Add Health data contained only one question about IPV. This finding is not unexpected, however, because Add Health's fourth wave was collected while the respondents were young adults who were mostly in their mid-20s to late-20s. It is during these years that aggressive behavior in general, and IPV more specifically, is known to be more frequent than aggressive behavior among older individuals (Hirschi & Gottfredson, 1983; Straus, 2004). In contrast, the NFVS and NVAW were nationally representative of age and other important respondent characteristics.

When we compared the victimization rates in Table 1 with the findings from other studies adopting CTS scales, we found our results to be within the approximate prevalence ranges for adolescents and young adults from other studies. For example, IPV victimization averaged 29% in a review of studies involving college-aged dating partners (Straus, 2004). The much higher rates by which males in opposite-sex relationships (versus females in opposite-sex relationships) report victimization is also consistent with other studies of similarly aged couples (16.9% vs. 8.1%).

Tables 2 and 3 provide the results of our regression analyses. As noted earlier, we ran different models for male and female respondents and different models for respondents reporting about same-sex and opposite-sex relationships. This is justified because supplemental analyses indicated that there was a statistically significant difference between the victimization/satisfaction association for men and women for both same-sex and opposite-sex relationships ( $p = .04$  for same sex,  $p = .001$  for opposite sex). Our tables presented separate models for the males and females rather than a single interactive model, however, to aid interpretation.

Table 2 presents the results for opposite-sex relationships and Table 3 presents corresponding results for same-sex relationships. For each of the variables in our models, the tables list the unstandardized and standardized regression coefficients with the standard errors in parentheses. Because fewer than six same-sex respondents reported being married, we did not include this control category in Table 3.

The effect of IPV victimization and the effect of injury on relationship satisfaction are reported at the bottom of each table. Model 1 for each gender was our base model that included all variables other than injury. Model 2 for each gender added injury to our analyses.

There are several important points established by the patterns in these models. Of primary interest, and confirming hypothesis one, the negative association between IPV victimization and relationship satisfaction is greatest among female respondents. In Model 1 (before controlling for injury), females in opposite-sex relationships who reported an IPV event indicated satisfaction scores 6.40 points lower (about 1 standard deviation on our 7–35 points scale) than females who did not report an event. In contrast, Model 1 shows that males in opposite-sex relationships who reported IPV had relationship satisfaction scores only 2.35 points lower than the male nonvictims.

Confirming hypothesis two, this pattern is consistent among the same-sex relationships reported in Table 3. Model 1's female IPV victims in same-sex relationships reported

**TABLE 2. Effects of IPV on Relationship Satisfaction: Opposite-Sex Relationships<sup>a</sup>**

	Male Respondent (N = 5,598)				Female Respondent (N = 6,623)			
	Model 1		Model 2		Model 1		Model 2	
	<i>b</i>	<i>SD B</i>	<i>b</i>	<i>SD B</i>	<i>b</i>	<i>SD B</i>	<i>b</i>	<i>SD B</i>
Relationship type (ref = dating)								
Cohabitation	1.86*	.16	1.88*	.16	1.56*	.13	1.56*	.13
	(.21)		(.20)		(.22)		(.21)	
Marriage	2.25*	.19	2.21*	.19	2.36*	.20	2.35*	.20
	(.30)		(.30)		(.30)		(.24)	
Relationship characteristics								
Relationship duration	-.02*	-.17	-.02*	-.16	-.02*	-.13	-.02*	-.13
	(.01)		(.01)		(.01)		(.01)	
Age at start of relationship	-.31*	-.22	-.30*	-.21	-.30*	-.21	-.30*	-.21
	(.04)		(.04)		(.03)		(.03)	
Children at home (yes/no)	-.29	-.03	-.29*	-.03	-.81*	-.07	-.79*	-.07
	(.21)		(.20)		(.19)		(.19)	
Current relationship	2.72*	.24	2.72*	.24	2.75*	.24	2.72*	.24
	(.27)		(.27)		(.28)		(.28)	

(Continued)



**TABLE 2. Effects of IPV on Relationship Satisfaction: Opposite-Sex Relationships<sup>a</sup> (Continued)**

	Male Respondent (N = 5,598)				Female Respondent (N = 6,623)			
	Model 1		Model 2		Model 1		Model 2	
	<i>b</i>	<i>SD B</i>	<i>b</i>	<i>SD B</i>	<i>b</i>	<i>SD B</i>	<i>b</i>	<i>SD B</i>
Race (ref = White)								
Black	-.12 (.28)	-.01	-.12 (.28)	-.01	-.47* (.21)	-.03	-.51* (.21)	-.03
Hispanic	.15 (.26)	.01	-.18 (.26)	.01	-.32 (.25)	-.02	-.33 (.24)	-.02
Other	.62 (.38)	.02	.60 (.37)	.02	-.10 (.49)	-.01	-.10 (.50)	-.01
SES								
Education	.16* (.04)	.06	.15* (.04)	.06	.10* (.04)	.04	.09* (.04)	.04
Income in \$10,000	.09* (.03)	.06	.09* (.02)	.06	.10* (.02)	.07	.10* (.02)	.07
IPV								
Victimization	-2.35* (.28)	-.14	-1.74* (.29)	-.10	-6.40* (.38)	-.38	-4.84* (.58)	-.29
Injury	—	—	-2.21* (.51)	-.09	—	—	-2.61* (.71)	-.10

*Note.* IPV = intimate partner violence; SES = socioeconomic status.  
<sup>a</sup>Standardized and unstandardized regression coefficients with standard errors in parentheses.  
 \*  $p < .05$ .

**TABLE 3. Effects of IPV on Relationship Satisfaction: Same-Sex Relationships<sup>a</sup>**

	Male Respondent (N = 158)				Female Respondent (N = 170)			
	Model 1		Model 2		Model 1		Model 2	
	<i>b</i>	<i>SD B</i>	<i>b</i>	<i>SD B</i>	<i>b</i>	<i>SD B</i>	<i>b</i>	<i>SD B</i>
Relationship type (ref = dating)								
Cohabitation	-2.00 (1.55)	-.18	-1.94 (1.58)	.17	-.54 (1.05)	-.05	-.54 (1.05)	-.05
Relationship characteristics								
Relationship duration	-.01 (.02)	-.02	.01 (.03)	.01	.01 (.03)	.06	.01 (.03)	.05
Age at start of relationship	-.47 (.31)	-.34	-.48 (.32)	-.34	-.33 (.27)	-.23	-.36 (.26)	-.25
Children at home (yes/no)	-1.20 (3.27)	-.11	-1.30 (3.35)	-.12	-1.30 (1.76)	-.12	-1.25 (1.76)	-.11
Current relationship	3.94* (1.78)	.34	3.97* (1.82)	.35	2.94 (1.88)	.26	3.15 (1.90)	.27
Race (ref = White)								
Black	.65 (1.82)	.04	.69 (1.84)	.04	3.34* (1.33)	.22	3.26* (1.29)	.21
Hispanic	-.54 (1.12)	-.03	-.54 (1.12)	-.03	-1.52 (2.97)	-.09	-1.51 (2.95)	-.09
Other	5.56* (1.98)	.21	5.58* (1.96)	.21	4.39 (2.30)	.17	4.38 (2.30)	.17

(Continued)

**TABLE 3. Effects of IPV on Relationship Satisfaction: Same-Sex Relationships<sup>a</sup> (Continued)**

	Male Respondent (N = 158)				Female Respondent (N = 170)			
	Model 1		Model 2		Model 1		Model 2	
	<i>b</i>	SD B	<i>b</i>	SD B	<i>b</i>	SD B	<i>b</i>	SD B
SES								
Education	-.11 (.30)	-.04	-.10 (.30)	-.04	-.11 (.25)	-.05	-.14 (.24)	-.06
Income in \$10,000	.40* (.17)	.28	.40* (.17)	.28	.34 (.18)	.24	.33 (.19)	.23
IPV								
Victimization	-2.33 (1.96)	-.14	-1.91 (2.15)	-.11	-7.71* (2.17)	-.46	-6.02 (4.11)	-.36
Injury	—	—	-.69 (3.13)	-.03	—	—	-2.42 (4.61)	-.09

Note. IPV = intimate partner violence; SES = socioeconomic status.

<sup>a</sup>Standardized and unstandardized regression coefficients with standard errors in parentheses.

\*  $p < .05$ .

7.71 points less relationship satisfaction than did nonvictims. Model 1's male victims in same-sex relationships reported satisfaction scores 2.33 points less than the nonvictims.

To determine the extent to which injury accounted for the satisfaction differences between victims and nonvictims, we added injury in the second model for each of the four groups. The decrease in the victimization coefficient between the first and second models indicates the portion of the satisfaction score differences that we can attribute to victim injury. Importantly, physical injury accounted for only a moderate portion of the difference between the satisfaction scores of victims and nonvictims. Injury accounted for roughly one quarter or less of the effect of victimization on relationship satisfaction for both males and females in both same-sex and opposite-sex relationships (25.6% for male same sex, 24.0% for female same sex, 18.0% for male opposite sex, and 21.9% among female opposite sex). In other words, physical injury among IPV victims accounts for only a moderate portion of victims' attenuated relationship satisfaction.

A comparison of the standardized regression coefficients provides additional information. Among females reporting about both same-sex and opposite-sex relationships, IPV victimization is by far the strongest predictor of relationship satisfaction. Among the males, however, it is among the weakest. The age at which males start a relationship, for example, is a stronger determinant of relationship satisfaction than reporting an IPV event.

Other results were as expected. Dating respondents in all groups reported lower satisfaction scores than did those who were cohabitating or married. Relationship satisfaction was also negatively associated with relationship duration, age at the start of the relationship, and having children at home. Also conforming to our assumptions, current relationships were reported to be associated with greater satisfaction among all groups (not significantly so among the female opposite-sex relationships), as was education.

There were also some modest racial and ethnic differences. Black females who reported on same-sex relationships were significantly less satisfied than those who self-classified in all other racial/ethnic categories. Males who reported on both same-sex and opposite-sex relationships who self-classified in the "other" racial/ethnic category were significantly more satisfied than the rest of the racial/ethnic categories.

## **DISCUSSION**

Our main finding is that the association between relationship satisfaction and IPV victimization is much stronger among women than among men. This result is consistent with the small amount of prior research on this topic, which, unlike the Add Health data, has focused primarily on clinical samples. Going beyond prior work, our models indicate that gendered differences in physical injury explained only a modest portion of the IPV/satisfaction association. Even after controlling for injury, the association between IPV and satisfaction was still quite substantial and almost three times greater for females than for males. In addition, this gendered pattern remained consistent regardless of the perpetrator's sex.

Our findings also elaborate on prior claims that men are not "as bothered" by their female partner's aggression (Dobash & Dobash, 1979). Our results are consistent with these claims, but add the detail that a female victim's perception about greater relationship harm is a victim-gender effect rather than an actor-gender effect. Stated alternatively, female IPV victims in our study did not appear to respond with lower ratings of relationship satisfaction simply because men were doing the hitting or because male perpetrators were causing more physical injury.

There are at least four alternative explanations that might underlie our findings. The first is perhaps as simple as the commonly held appreciation that women are commonly socialized to hold social relationships in high regard and to be more sensitive than men to relationship discord (Steffensmeier, Zhong, Ackerman, Schwartz, & Agha, 2006). In other words, males and females may have meaningful perceptual differences in their tolerance for relationship aggression. A closely related appreciation is that men are generally socialized to be more physical and aggressive in play than women. For this reason, being hit or slapped may not be perceived as large a violation for men as for women. These explanations are plausible because the gendered differences in the IPV/satisfaction association remained after controlling for the victim's physical injury and were substantially similar among women reporting about same-sex and opposite-sex relationships. In addition, the IPV/satisfaction association was comparable between male respondents reporting about same-sex and opposite-sex partnerships.

It is important to note, however, that our findings are limited by the realization that a measure of actual physical *injury* cannot fully capture all important aspects about physical *harm* nor the *threat* of physical harm in the future. For example, IPV without physical injury can still produce substantial fear of future physical injury or physical *pain* unrelated to tangible injury. For this reason, our results cannot rule out the possibility that unmeasured physical characteristics of male-perpetrated aggression might cause the high levels of relationship dissatisfaction among the female victims in opposite-sex relationships. The fact that we found similar associations between IPV and satisfaction among women in same-sex relationships, however, still suggests that even if noninjury characteristics such as fear and pain have a substantial role in more strongly decreasing satisfaction among women, the effect appears attributable to the victim's gender rather than the gender of the actor. More succinctly, if IPV reduces relationship satisfaction more strongly among noninjured women than among noninjured men, then our results suggest that the reason is likely (but not definitively) caused by an increased perception of vulnerability on the part of female victims regardless of the perpetrator's sex.

A second explanation for our findings may compliment rather than contradict the first one. Perhaps the relationship satisfaction of male victims is less affected by IPV (relative to female victims) because the males are conforming to norms of stoicism, which discourage admissions of fear and expressions of unhappiness. As in the first explanation, if this second possibility is true, our findings indicate a victim-gender effect rather than an actor-gender effect. Closely related to the stoic explanation is the possibility that when men are hit, they may believe that they "deserve it," perhaps because of a realization that the aggression directed at them was self-defense. Clearly, however, our mention of this possibility is post hoc and quite speculative. Another closely related possibility is that regardless of the amount of force used, when men are hit, they may not feel as much pain nor sense a substantial threat of future violence as do women. This may occur even in cases where the actual physical injury is the same. This possibility may explain a portion of our results if lowered relationship satisfaction results from experiencing painful but not painless aggression, or a belief that minor aggression signals a threat of more severe violence in the future.

The explanations we have discussed thus far assume that we should consider the respondents' endorsements of the Add Health victimization questions at face value. They also assume that the perceived meaning of these questions is equivalent across respondent gender. In other words, the utility of comparing our regression models across the four groups of respondents rests on an assumption that the males and females in our sample

interpreted and responded to Add Health's CTS-type victimization questions in a comparable manner.

Comparing the gendered prevalence rates in Table 1 with the regression models in Tables 2 and 3, however, raises concerns about whether the answers to CTS-based questions adequately measure IPV in a conceptually sound way. For example, if a mildly aggressive act performed by a woman causes no injury to a man and has little effect on a male "victim's" relationship satisfaction, has the woman's behavior reasonably crossed the threshold of what scholars *should* classify as IPV? Recall, for example, Margolin's (1987) illustration about an event initially classified as IPV that was subsequently discovered to have occurred in a way where neither party was offended by the event and neither considered it aggressive.

Raising this conceptual question is closely aligned with an additional concern about whether the CTS records gender *differences* in IPV using a conceptually functional approach. This added concern suggests an alternative explanation for our main findings. Rather than take the higher rate by which males (relative to females) report victimization at face value, perhaps we should consider the degree to which our results are consistent with systematic reporting biases. For example, perhaps females only report about events they consider to have surpassed a tipping point in which the event has negatively affected important aspects of their relationship. In contrast, perhaps males report about a larger number of events even if they have little or no relationship impact.

Quite similarly, males may purposely fabricate events or unconsciously shift the meaning of CTS questions in ways that justify their own aggression against partners. If these patterns exist, they may explain why males report events that scholars have traditionally classified as IPV even when the reported events are only mildly correlated with, or even uncorrelated with, the man's relationship satisfaction.

Some of our auxiliary analyses provided mild support for the possibility of these overreporting patterns among the males, but not among the females in our sample. More specifically, in preliminary analyses, we found evidence among the males of an interactive effect of IPV victimization and IPV perpetration upon satisfaction scores. Males who reported IPV *perpetration* were more likely than males who did not report IPV *perpetration* to also claim that when they were *victimized*, the victimization had little effect on the male's relationship satisfaction. We caution, however, that these analyses were preliminary and involved findings that were sometimes statistically insignificant. We must therefore defer further exploration of this possibility to future research.

It is important to note, however, that our main findings suggest that even if males overreport victimization (relative to females) in a way that their reports are associated with only mild disruptions in relationship satisfaction, the males are doing so regardless of their partner's gender. By this, we mean that we found similar patterns among men reporting about opposite-sex and same-sex relationships. Our results suggest that if these patterns do reflect a tendency among males to differentially report a greater number of marginally aggressive behaviors to justify their own aggressive perpetration, the men are doing so to justify partner aggression more generally and not simply to justify aggression directed only toward female partners.

A final important point is that we do not intend this article to imply that the CTS and its revisions are not useful instruments for various purposes. At this time, we are unaware of better alternatives. We have previously used CTS-based measures in our own research and plan to continue. However, our current research does point to potential limitations in the CTS that may require attention.



There are several limitations in our study worth mentioning. Our models were cross-sectional and therefore did not permit us to measure relationship satisfaction before and after an IPV event. Unfortunately, data from earlier Add Health survey waves are insufficient to permit a longitudinal analysis relevant to our current questions. For this reason, we cannot definitively know whether IPV caused a decrease in relationship satisfaction among victims or whether low satisfaction caused increased IPV. It is certainly possible that when individuals feel dissatisfied in a relationship, they may convey that dissatisfaction in a way that elicits fear, jealousy, and anger in their partners who respond with violence.

Data limitations also did not permit us to more fully determine the plausibility of alternative interpretations of our opposite-sex versus same-sex comparisons. For example, our opposite-sex versus same-sex comparisons were across couples rather than within individuals over time. For this reason, it remains possible that there are unmeasured differences between respondents reporting about same-sex relationships and respondents reporting about opposite-sex relationships that may affect our findings in unknown ways.

Regardless of the limitations of our examination and the uncertain explanation for precisely what underlies our results, we view our findings as both an important contribution to existing knowledge and a strong justification for further study that attempts to more clearly reconcile the findings from survey research based on CTS-type measures with the observations of the practitioners and scholars who work more directly with IPV victims. We also propose that our findings warrant additional consideration about gendered differences in how victims experience, perceive, and report about IPV.

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