

PROTECTION OF HUMAN SUBJECTS IN RESEARCH USING THE CONFLICT TACTICS SCALES

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The purpose of this paper is to describe the procedures used in research at the Family Research Laboratory to protect human subjects in research using the Conflict Tactics Scales (CTS), and to offer suggestions concerning protection of human subjects in research which uses the Conflict Tactics Scales. The paper covers research on behavior between partners in a marital, cohabiting, or dating relationship using the CTS2 (Straus 1999; Straus, Hamby, Boney-McCoy, and Sugarman 1996) and research on the behavior of parents toward a child using the CTSPC (Straus and Hamby 1997; Straus, Hamby, Finkelhor, Moore, and Runyan 1998).

Although the information and suggestions in this paper may be helpful in preparing a protocol for protection of human subjects, the protocol must be reviewed and approved by the Institutional Review Board (IRB) at your institution. IRB's vary in what they will or will not permit and they are not bound by precedents established at other institutions.

For a more general discussions of protection of subjects in research on family violence, see the July 2000 issue (volume 15 #7) of the Journal of Interpersonal Violence and Straus (1981).

EXEMPT STUDIES

The Code of Federal Regulations (Title 45 Public Welfare, Part 46, Protection of Human Subjects, March 8, 1983) states that "the following categories are exempt from these regulations unless the research is covered by other subparts of this part:"

(3) Research involving survey or interview procedures, except where all of the following conditions exist: (i) responses are recorded in such a manner that the human subjects can be identified, directly or through identifiers linked to the subject, (ii) the subject's responses, if they became known outside the research, could reasonably place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing or employability, and (iii) the research deals with sensitive aspect of the subject's own behavior, such as illegal conduct, drug use, sexual behavior, or use of alcohol.

Note that, unless all three of the above conditions are met, the research is exempt. This means that if the CTS is administered in a way that the subjects cannot be identified, the study is exempt. However, only an IRB can determine that a study is exempt. Moreover, even if a study is exempt according to the Code of Federal Regulations, an IRB can require compliance with whatever procedures it believes are necessary to protect human subjects.

INFORMED CONSENT

The Institutional Review Board of the University of New Hampshire and IRB's at some other institutions have approved informing respondents that the study (or the CTS part of the study) is about "problems and conflicts in their family" and that the questions will ask how they dealt with these problems (See Appendix). In the case of the CTSPC, the explanation refers to "problems and conflicts with your children." Respondents are also told that they can omit answering any question or discontinue answering the questionnaire at any time.

Words such as "violence" and "abuse" were not used for two reasons. First, with rare exceptions, people who hit their partner or children do not regard what they are doing as "violence" or "abuse." Rather they think of such events as a "family fight" or as an argument, or as "a discipline problem" with a child. Second, using these pejorative terms is likely to drastically decrease the number of persons who agree to be interviewed and decreases the representativeness of the sample and the validity of the study.

Oral Informed Consent.

Oral rather than written consent is preferable because it provides greater protection to the privacy of the respondents. With written consent, the signed consent form is documentary evidence of their participation in the study that can be subpoenaed, for example in divorce or child custody disputes.

When oral consent is used, the interviewer signs the interview questionnaire to certify that the information needed for informed consent has been read to the respondent and that the respondent has understood and given consent.

Post-Interview Informed Consent. Evidence from pre-tests for the 1975 National Family Violence Survey presented to the IRB showed that mentioning "physical force" and "hitting" in the informed consent statement resulted in a high rate of refusal. The IRB therefore permitted this information to be provided after completion of the interview by reading the following statement.

Now that we are done, I want to make sure that you understand certain things about this interview. First, your answers will be kept strictly private. That is, your name and address does not and will not appear anywhere on our records or on the interview.

Only statistics such as averages and percentages will be made public. Second, as you know from some of the questions, one of the purposes of the study is to find out about disagreements and conflicts in the family and what family members do about the conflict, and especially to find out how often and why people use physical force. So, with these things in mind, do we have your permission to include your interview in the study?

I CERTIFY THAT I HAVE READ THE ABOVE STATEMENT TO THE RESPONDENT AND THAT HE/SHE HAS UNDERSTOOD THIS STATEMENT AND HAS GIVE PERMISSION TO USE THE INTERVIEW:

Interviewer: _____

Date: _____

If the respondent agreed, the interviewer signed to certify that agreement. If the respondent did not agree, the interview was torn into small pieces in the presence of the respondent. Of respondents who completed the interview, less than one percent did not give permission to include their interview in the study.

Consent By Minors. If minors (persons under 18) are interviewed, there must be both informed consent by parents and informed assent by children.

CONFIDENTIALITY

Standard procedures to maintain the confidentiality of the interview and to make sure that no respondent will be identified include:

- No names or other personal identifiers appear on the questionnaire.
- If the sampling is done from a list with names, the list is kept in a secure locked place by the investigator, and is destroyed after the interview phase of the study has been completed.
- For demographic characteristics such as age and education, if the specific number is not crucial, use categories such as 18-24, 25-29, 30-39, etc rather than specific age or years of education. This makes it almost impossible to identify a specific person on the basis of the demographic data.

Longitudinal Study. If a longitudinal study is planned or is a possibility, at the close of the Time 1 interview, respondents can be asked if they are willing to be a part of the ongoing study and be contacted again at some later point. If they agree, the name and case identification number list is retained. If they do not agree, they are removed from the list in a way that cannot be undone. For example, the sample list can be edited to remove the names of those who do not agree and the original list can then be destroyed. To deal with the high rate of geographic mobility in the United States, it is advisable to also obtain the name and address and phone number of a person or persons who can provide information to help locate respondent who have moved.

BENEFITS

The primary benefit from research using the CTS is an increased understanding of maltreatment of partners and of children. This information can be used to improve programs of prevention and treatment of intimate partner violence and child maltreatment. The availability

of the CTS has been a prime mover in the tremendous growth in knowledge of family violence, but more in respect to intimate partner violence than in respect to child abuse. Over 400 journal articles based on data obtained by means of the CTS have been published, and also a number of books. The current rate of publication of such articles is approximately ten per month, that is, over a hundred per year.

A study and review of previous research on the effects of being interviewed about family problems (Bradbury 1994) found that many respondents benefit from the opportunity provided by a research interview or questionnaire to review the nature of their marriage or other relationship. In addition, as explained, above, some participants will benefit from receiving a referral list of locally available sources of help with problems that answering the questionnaire may have brought to their attention.

RISKS AND SAFETY

Completing the CTS may lead some respondents to feel remorseful about disclosing what they might have done, or angry about what has been done to them, or become concerned about some other aspect of their behavior or background. Such remorse, anger, or concern is part of the ordinary life experience of persons who have these behaviors or experiences. Consequently, completing this instrument does not put respondents at greater risk than they experience in the normal course of their lives (the Code of Federal Regulations criterion for risk).

The safety of these procedures is indicated by the fact that the Conflict Tactics Scales has been used in studies conducted by members of the Family Research Laboratory with over 10,000 respondents with no known problems. It has also been used with an even larger number of respondents by other investigators in the US and in over 30 other countries. More than 400 articles and at least five books reporting findings from the CTS have been published and we know of none that reports harm to participants.

As a result of completing the CTS, some respondents may realize that they need help with a personal or relationship problem. Consequently, at the completion of the interview or questionnaire, each respondent is given a page that contains the names, addresses, and phone numbers of organizations they can contact for help, such as community mental health centers, battered women's shelters, and university counseling centers. In the case of telephone interviews, they are given one or more toll-free numbers to call. The addresses and phone numbers are preceded by explaining that everyone needs help from time to time, and that these organizations are eager to provide that help.

Interviews With Both Partners Or With Both Children And Parents. A growing number of researchers and family therapists give the CTS2 to both partners (Aldarondo and Straus 1994). Administering the CTS2 to both partners in a relationship might pose a risk of retribution if one of the partners learns or presumes that their maltreating behavior has been disclosed. A similar potential problem applies to administering the CTSPC to both a parent and a child. Fortunately, although there have been more than 40 studies giving the CTS to both partners or to parents and children (Yodanis, Hill, and Straus 1997), we know of no instance in which retribution has been reported, even though many of these studies were conducted in clinical settings where it would be likely to become known to the therapist.

MANDATORY REPORTING OF CHILD ABUSE

When the CTSPC is used in states that include researchers among the mandatory reporters, a decision must be made concerning the level of physical violence that requires reporting. This section provides information about how this obligation has been met in certain studies and my opinions and interpretations in respect to this issue.

Certificate Of Confidentiality. Informing respondents that, if they disclose child abuse it will be reported to child protective services, is likely to lead to so many refusals to participate, or to non-disclosure, that the study will not be valid. To deal with this situation, you can apply to the National Institutes of Health for a Certificate of Confidentiality to exempt the study from the mandatory reporting requirement. Each institute has a person responsible for this activity. Currently the National Institute of Mental Health person is Olga Boikess, Office of Resource Management, National Institute of Mental Health. E-Mail: oboikess@mail.nih.gov Website: <http://www.nimh.nih.gov/research/confident.cfm>. This website has application instructions and a Frequently Asked Questions section. NIH also has an announcement which applies to all the institutes <http://grants.nih.gov/grants/policy/coc/index.htm>.

It is not necessary for the research to be sponsored by NIH to apply for a Certificate.

A Certificate Of Confidentiality is issued to protect the confidentiality of research subjects in order to encourage participation in the research. It is not to protect investigators, although under some circumstances it may also do that. It prevents the investigator from being compelled to disclosure, such as under subpoena. However, an investigator operating under a certificate may voluntarily disclose to protect the subject or others, as in cases of child abuse. A handout distributed at the Child Neglect Research Consortium annual meeting in Bethesda on 14 January 02 by states that "...HHS General Counsel advises that such a disclosure (i.e. by a researcher to a child protective agency) would be voluntary, even though (otherwise) required by State Law, because the certificate protects the researcher from compulsion under the law."

Use of a Certificate of Confidentiality must be approved by your IRB. The IRB must decide that the study cannot be done satisfactorily without providing subjects with the protection of a Certificate of Confidentiality, and that the potential benefits to children of the results of the study are sufficient to make this appropriate.

Corporal Punishment Does Not Need To Be Reported. Physical violence against children in the form of corporal punishment is legal in every state of the US. The laws on criminal assault exempt parents from prosecution if they use "reasonable force" for purposes of correction and control. Numerous recent judicial decisions have confirmed that "reasonable force" includes hitting a child with a belt or other object, provided there is no injury that requires medical care or no visible mark. Most people consider corporal punishment to be appropriate if done by a loving parent "when necessary." Thus, in both the legal and in the informal norms of American society, corporal punishment does not fall under the mandatory reporting laws.

Corporal punishment that produces no physical injury can be so chronic that it becomes physical or psychological abuse. In principle it should be reported. However, for a number of reasons, such as heavy caseloads, if such cases are reported to Child Protective Services they are likely to be triaged without investigation (as are about half of all reports to Child Protective Services), unless there is some exacerbating circumstance such as drug use or severe neglect.

Injury Is The Criterion. In practice, regardless of statutory provisions which set the criterion as “risk of injury,” evidence of an actual physical injury to the child is usually necessary for intervention by Child Protective Services. The CTSPC does not include questions asking about injury. It asks only about what has happened in a past time period (usually the past 12 months). Consequently, Child Protective Services is not likely to investigate a report based on the CTSPC, except if items in the very severe violence category have occurred and the respondent volunteers information indicating that they are continuing or that the child has been injured.

One approach to the problem of what to report is to discuss the issue informally with a senior Child Protective Services person to determine what types of cases are likely to be confirmed and use this as the criterion for which cases to report. I underlined “informally” because, although as explained above injury is usually the de facto criterion, a Child Protective Services administrator cannot officially tell you that they do not usually follow the statutory criterion of confirming abuse on the basis of risk of physical abuse.

Although the CTSPC does not ask about injuries to the child, information may be disclosed or observed which indicates that a child has been injured or that there is immanent danger of injury. When that is the case, the well-being of the child takes precedence over promises of confidentiality and the case should be reported, even in states where researchers are not mandated reporters.

Referral To An Appropriate Clinician. A procedure that has been used in several studies to arrange with one or more clinicians who have experience dealing with the types of child abuse that might come to light during the course of the interview. When a case that might need to be reported is encountered, it is referred to the clinician for evaluation and for taking what actions in his or her judgment are necessary under the law.

An example is the protocol approved for Wave 2 of the National Youth Victimization Prevention Study (Finkelhor and Dziuba-Leatherman 1994). The respondents were children who were age 11 to 17 at the time of the original study.

Because our questions may elicit reports about possible abuse or victimization that respondents have suffered, we need to be concerned about compliance with state child abuse reporting laws. To preserve confidentiality in the face of such requirements, we will obtain a Certificate of Confidentiality from the National Institutes of Health to cover the research and the interviewers. However, this does not leave us without ethical obligation in the case of endangered youth. Interviewers will be fully trained about how to handle a situation where they believe a respondent is currently endangered and needs some kind of protection. The protocol for handling such situations instructs interviewers to bring the situation to the attention of the principal investigator to review the nature of the risk and the options. Then, if it is agreed that the danger is actual, the consultant child psychologist will recontact the respondent and introduce herself as a member of the study. First, she will reiterate the confidentiality of the interview and ask some additional questions to ascertain the nature of the problem. The goal of the counselor is to get the respondent to disclose the situation to his/her caretakers (if appropriate) and/or some other authority who can take protective actions. If the respondent has difficulty with this, a second option proposed would be to allow the psychologist to contact the caretaker, child protection authorities or law enforcement authorities, whichever is appropriate, to explain the situation. Under either option, the psychologist will request permission to recontact the respondent on a periodic basis to

inquire about the resolution of the situation. Contacts will be maintained until a resolution is made that is satisfactory to the PI (either the danger is ended or appropriate parental, child protection, law enforcement or human service professionals are involved). In no case, however, will the psychologist notify anyone without permission of the respondent.

Note that the last sentence is consistent with the obligation of the researcher under a certificate of confidentiality,

National Institute Of Justice Immunity. If the research is done under the sponsorship of the National Institute of Justice, it is my understanding that equivalent protection of subjects from compelled disclosure by the researcher is a standard provision of NIJ grants.

ADMINISTRATION OF THE CTS2 TO STUDENTS DURING A CLASS PERIOD

The CTS2 is part of the questionnaire for the International Dating Violence Study. This questionnaire has been completed by university students in many countries using the following protocol (approved by the University of New Hampshire IRB, and the equivalent body in universities around the world). A copy of the questionnaire, including the informed consent statement on the cover page is available on the author's website <http://pubpages.unh.edu/~mas2>.

Informed Consent. At the start of a class, the objectives of the study are explained to the students and they are asked for their help by answering a questionnaire. The informed consent consists of a statement on the cover page of the questionnaire, which may also be read out loud, explaining that the purpose of the study is to find out about family relationships and conflicts, or dating partner relationships and conflicts. The statement indicates that the questionnaire includes questions which ask their own family background and that some of the questions are about sexual relations.

The students are told that participation is entirely voluntary, and that they are free to decide if they want to answer the questionnaire or not. They are also told that they can omit any question or discontinue answering the questionnaire at any time. The cover page of the questionnaire, and the oral instructions include the statement that "Participation in this study is strictly voluntary, and you are not obligated to complete the questionnaire."

Informed consent is obtained verbally (as indicated above) to avoid any documents containing the name of the participant. This provides maximum confidentiality and anonymity. Only respondents who are 18 years old or older complete the questionnaire. Students are instructed to put the completed questionnaire in a covered box with a slit for inserting the questionnaire. The box is placed near the door and students leave after inserting their questionnaire.

Disclosure of students who decide to not complete the questionnaire, or who are asked not to because they are under 18, is prevented by instructing them to wait until some questionnaires have been turned in and then put the blank questionnaire in the same covered box at the front of the room and leave, and that no one will know whether or not they have completed the questionnaire.

Confidentiality. As indicated above, all responses are anonymous and the students are specifically instructed to not sign their name or provide any other identification. The large

numbers of respondents and the use of categories for demographic information (see above) make it almost impossible to use the demographic information to identify a particular subject.

When administering the questionnaire, participants should, if possible be seated with a minimum of one empty seat between them to protect confidentiality of responses.

APPENDIX: PROTOCOL FOR THE 1985 NATIONAL FAMILY VIOLENCE SURVEY

The interviewing for this survey was done by telephone. Procedures were adopted so that the interviewers did not know the names and address of respondents and also did not know the phone number that was called. If the survey had used face-to-face interviews (as in the 1975 National Family Violence Survey), steps would have been needed to assure the confidentiality of the names and addresses, or the destruction of that information. The following is an exact copy of the protocol submitted to the University Of New Hampshire IRB.

E. HUMAN SUBJECTS

In our opinion, this project falls under category 3 of the Code of Federal Regulations on protection of human subjects currently in effect (as reprinted on page 3-4 of form PHS 398- Application for Public Health Service Grant. Category 3 exempts all interview studies in which the data are recorded in such a manner that subjects cannot be identified. We believe that the use of random digit dialing as explained below, meets this criteria.

However, even though our opinion is that the project is exempt, the question of possible harm to subjects is a concern both to us and to the Study Section. The following section therefore describes the relevant procedures and gives our evaluation of the potential risks and benefits.

DESCRIPTION OF POTENTIAL SUBJECTS. Subjects are 5,000 adult men and women aged 18 or greater (see also section D). Since they will be selected by random survey methodology, they should approximate the general population parameters with respect to race, ethnicity, and other characteristics. Subjects to be excluded from the study are those unable to communicate over the telephone or those whose current mental status precludes them from being able to comprehend and answer the survey questions.

RECRUITMENT PROCEDURES AND CONSENT. Louis Harris and Associates, Inc. will conduct the survey via telephone. Households to be contacted will be determined by random digit-dialing, so INTERVIEWERS WILL NOT KNOW THE NAMES OR ADDRESSES OF THE SUBJECTS THEY ARE CALLING. After calling the household, the interviewer will see if a member of the household meets the criteria for inclusion in the study, and obtain ORAL CONSENT to participate from those willing to do so. Section D14, Figure 6 reproduces the introduction to the Conflict Tactics Scales which provides more explicit information on this aspect of the interview. Oral consent was also used in the 1976 survey. It is even more appropriate for this study for two reasons. First, written consent is totally impractical in a telephone survey. Second, subjects will be informed that they can "withdraw consent" at any time they desire by hanging up the phone.

Respondents will be asked if they have the privacy to talk freely and that call-backs can be arranged if they do not. If a subject requests additional information on why they are being interviewed, they will be told that the interviewer obtained their number at random and does not know their identity. If they wish to verify the information, register a complaint, or talk with the Harris Company on any issue, they will be given an 800 number for that purpose.

INTRUSIVENESS OF PHONE SURVEYS. We regard being contacted by a phone interviewer as less intrusive than having an interviewer come to the door. If the person does not want to grant an interview, either because they object to it, or because they are engaged in something else, we think it is easier to say "NO" or "NO, I'm busy" to a phone caller than to person who has taken the trouble to come to your home. However, we know of no empirical evidence on this point.

POTENTIAL RISKS AND PROCEDURES FOR MINIMIZING RISKS. Our experience with both unstructured in-person interviewing on the subject of family violence (Gelles 1974) and structured in-person (Straus, Gelles, and Steinmetz 1980) and structured telephone (Schulman, 1979) interviewing on the subject of family violence is that the system of introducing the study as a study of family conflict and then moving gradually from a discussion of conflicts and disagreements to what the respondent has actually done about these conflicts is perceived by the respondents as appropriate and natural.

The major situation putting subjects at risk occurs if the husband and wife are together for the interview. For the proposed study this risk is less than in our previous research because the interviews will be conducted by phone. This gives the subjects somewhat more privacy, and makes it easier to break off an interview, than in a person to person interview. Nevertheless, the risk is present. Case study research (by others and by members of our program such as Giles-Sims, 1983) has revealed instances in which husbands monitor phone calls and assault their wife if they hear a male voice on the line, or for that matter, almost anyone. However, in this type of family, our call will not pose any greater risk than the women experiences in every day life. For example, if the husband arrives unexpectedly.

Our procedure for dealing with this problem is to alert respondents to the need for privacy by introducing the Conflicts Tactics Scale with an explanation which makes clear that the question will deal with conflicts and anger between spouses (see Section D14, Figure 3). Interviewers will also be trained to be alert for the presence of others, and to terminate the interview if they sense that the respondent is concerned about this. Interviewing supervisors will be particularly careful to monitor this aspect of the interview.

What if the interviewer hears an attack, or the respondent asks for help? This did not occur in any of the 1,793 phone interviews done in Kentucky. But since we know from in-depth case study research that this can occur, interviewers will be trained to deal with any such case by holding the line open while a supervisor notifies the police and phone company. Providing help in such cases is made easier because this is a phone survey and the arrangements and instructions to interviewers can be more easily handled than would be the case with a staff of interviewers spread around the country. In respect to less imminent danger, interviewers will be trained to provide referral information, as described below.

Another risk in the proposed research is that subjects who have experienced family violence may experience some psychological distress as a function of being questioned about their experiences. However, our previous experience with in-person and telephone interviewing on the subject of family violence indicates no evidence of this. In fact, at the conclusion of the interview for the 1975 National Family Violence Survey we asked for the respondent's reaction. The comments were about the therapeutic value of the interview, and about the difficulty of recall. None indicated that the interview was injurious. The main result of our post-interview interviews with persons involved in family violence were statements expressing appreciation for being given the opportunity to talk about it, and appreciation for referrals to sources of help (although the later were extremely rare). Additional evidence of the acceptability of this type of interview is the 91% participation rate in the Kentucky survey, and the fact that Louis Harris and Associates (the phone survey sub-contractor) has conducted other research on such sensitive topics as sexual abuse, rape, abortion, alcoholism, and drug abuse with very low refusal rates.

Based on more than 10 years previous experience in conducting research on family violence, we have found that the risks involved in such research are minimal. They are even less in this study because the risk of violating confidentiality is lower with telephone interviews than face-to-face interviews. All interviews will be conducted from the offices of Louis Harris and Associates in New York City – greatly minimizing the chances that the subject and interviewer will know one other, and since names and addresses are not known in the first place they can not be linked to survey data.

Although our previous work indicates that risks in the proposed research are minimal, we will continue to guard against any possible risks to human subjects. The most experienced and sensitive Harris interviewers will be used for this project. They will receive additional training from/ the Principal Investigators regarding special consideration in interviewing on the topic of family violence.

COMPULSORY REPORTING OF CHILD ABUSE. All states have compulsory reporting laws. This can pose a conflict with our promise of confidentiality to respondents. However, in practice there is no legal conflict because many states require such reports only from human service professionals, which do not include survey research from another state, as in this research. Finally, if there is any question about the obligation to report, we will secure a Certificate of Exemption from the Surgeon General, as we have in other studies. (This was not done.)

The Certificate of Exemption, however, does not deal with the moral dilemma. In those cases where child abuse is indicated, interviewers will be instructed to provide referral information. In the event that there seems to be an immanent danger, the same procedures will be used as were described above in cases of spouse abuse.

POTENTIAL BENEFITS. As noted above, our previous experience is that many individuals who experience family violence (either as victims or offenders) find participation in research to be beneficial both as a means of discussing the issue with a neutral person and as a source of referral information (Gelles 1974). The interviewing staff will have available the eighth edition of the BATTERED WOMENS DIRECTORY (Warrior, 1982 or the most current edition at the time will be used), and also the national toll free child abuse number. The interviewers will be trained to ask respondents who

express concern about violence if they would like information about how to deal with such situations.

Potential benefits to society afforded by the proposed research are major. Continued research on family violence is needed both to improve our theoretical understanding of family violence and to improve our ability to design and implement useful treatment and prevention programs.

RISK-BENEFIT ASSESSMENT. In our judgment, the benefits of the proposed research outweigh the risks.

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