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Gender Differences in Reporting Marital Violence and Its Medical and Psychological Consequences

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One of the most controversial findings of the 1975 National Family Violence Survey was the high rate of violence *by wives* (Straus, 1980c; Straus et al., 1980).¹ In that study, wives had as high a rate of physical assault as husbands. Specifically, among violent couples, in about half of the cases both partners were violent, in about one-quarter of the cases the husband was the only partner who was violent, and in about one-quarter of the cases the wife was the only one who was violent (Straus, 1980; Straus et al., 1980). The finding that women assault their partners about as often as men assault their partners has been documented in other studies (see Chapter 6; Nisonoff and Bitman, 1979). However, some studies reveal that most offenders are men (Dobash and Dobash, 1979; Pagelow, 1981). The inconsistent findings may be due to different samples. Studies that find gender differences are generally based on clinical samples, while studies that find no gender differences are based on nonclinical samples.

As discussed in Chapters 4 and 5, the finding from the first National Family Violence Survey that wives assault husbands about as often as husbands assault wives has been criticized on the grounds that the Conflict Tactics Scales (CTS) fails to take into account two key elements: the *context* of the violence and the degree of *injury* that is sustained (Ferraro and Johnson, 1983; Breines and Gordon, 1983). When researchers neglect the context, specifically whether the wife's violence was in self-defense, it can lead to blaming women for their own victimization. When sheer

number of assaults is counted without taking into account the degree of injury, it can lead to assuming that women are victimized to the same extent as men, whereas given the greater average size and strength of men, women will probably experience greater injury than men. Chapters 4 and 5 offer several reasons for why context and injury should be measured separately from the acts of violence that make up the CTS. This paper uses that methodology to provide some of the needed empirical evidence on the relationship between violence, its context, and injury by gender.

We investigate the context of violence by examining 1) whether the high rate of assaults by women are largely retaliatory as claimed by Saunders (1986) and Straus (1980c), and 2) how individuals respond when their partners initiate violence (enabling us to examine whether violence begets violence). We also investigate physical and psychological injury sustained by men and women victims. Our primary concern is whether violence by men has more negative consequences than violence by women.

Finally, we investigate gender differences in reporting violence. We examine whether men underreport their violence when compared to women's reports of men's violence as revealed in previous research (Sinovac, 1983; Jouriles and O'Leary, 1985; Edleson and Brygger, 1986). It has been suggested that men who batter may deny their use of violence (Coleman, 1980; Pagelow, 1981; Walker, 1979) more than women. The gender difference in reporting violence may be another example of the "his/her marriage" (Bernard, 1982) or Rashomon effect (Condran and Bode, 1982) where wives have different perceptions of their marriage than husbands.

Types of Victims

The data are from the 1985 National Family Violence Resurvey. A total of 6,002 persons were interviewed. However, the analyses to be reported used subsets of the total number of cases. Each of the following numbered rows is a subset of the previous numbered row.

1. Respondents for whom data were obtained	6,002
Women	3,522
Men	2,480
2. Currently coupled with complete data	5,248
Women	2,947
Men	2,301
3. Respondents who experienced one or more assaults	825
Women	476
Men	349

4.	Women victims	349
	Of minor assaults by spouse	204
	Of severe assaults by spouse	145
5.	Men victims	281
	Of minor assaults by spouse	172
	Of severe assaults by spouse	109
6.	Women whose spouse initiated the assault	182
	Men whose spouse initiated the assault	131

Measures of Context and Injury

Violence Measures

The CTS (described briefly in Chapter 1 and fully in Chapters 3 and 4) was used to measure the incidence of husband-to-wife and wife-to-husband violence. Spouses who had used minor violence "only" were examined apart from those who had used more severe forms of violence.

Context Measure

To measure who initiated the violence, respondents were asked, "Let's talk about the last time you and your partner got into a physical fight and [MOST VIOLENT ACT]. In that particular instance, who started the physical conflict, you or your partner?"

To examine how individuals responded when their partners initiated violence, respondents were asked, "Which of the following describes what you did as a result: 1) hit back or threw something, 2) cried, 3) yelled or cursed him [her], 4) ran to another room, 5) ran out of the house, 6) called a friend or relative, 7) called the police, or 8) other."

Physical Injury Measures

Three measures were used to operationalize physical injury. First, respondents who had been assaulted were asked whether in the last 12 months they had been hurt badly enough as a result of violence that they needed to see a doctor. Second, assaulted respondents were asked whether they took time off from work because of violent incidents. Finally, all respondents were asked how many days they spent in bed due to illness in the last month. This last measure enables us to compare the illness rate of respondents who are physically assaulted with those who are not assaulted. Responses were collapsed into two categories: zero and one or more days in bed.

Psychological Injury Measures

The interview also included measures of depression, stress, and psychosomatic symptoms. The following six items were combined to form the Depression index: 1) been bothered by feelings of sadness or depression, 2) felt very bad or worthless, 3) had times when you couldn't help wondering if anything was worthwhile anymore, 4) felt completely hopeless about everything, 5) thought about taking your own life, and 6) actually tried to take your own life (Dohrenwend et al., 1980). The alpha reliability is .78.

The following three items from the "Measures of Perceived Stress" (Cohen et al., 1983) were combined to form the Stress index: 1) felt nervous or stressed, 2) felt difficulties were piling up so high that you could not overcome them, and 3) found that you could not cope with all of the things that you had to do. The alpha reliability is .73.

The following two items were combined to form the Psychosomatic Symptoms index: 1) had headaches or pains in the head, and 2) had been bothered by cold sweats (Dohrenwend et al., 1980). The correlation between these two items is .60 ($p < .01$).

For each of the items, respondents were to indicate whether they "never," "almost never," "sometimes," "fairly often," or "very often" experienced these feelings or symptoms. We operationalized having "high" depression, stress, and psychosomatic symptoms as the fourth quartile, that is, a score that exceeds the score of 75% of the respondents in the survey. The appropriateness of this procedure was confirmed by an analysis comparing the effect of using the 25th, 50th, and 75th percentiles. It revealed that the largest and most consistent gender differences occurred using the percentage of respondents in the highest quartile.

Context

Initiation of Violence

Of the 825 respondents who experienced one or more assaults, both parties engaged in violence in 49% of the cases, violence by men occurred in 23% of the cases, and violence by women occurred in 28% of the cases. No significant differences were found by gender of respondent ($X^2 = 4.36$, n.s., $df = 2$). These results are similar to those found in the first National Family Violence Survey (Straus, 1980c).

Of the 297 men and 428 women who responded to the question regarding who initiated the physical conflict, the men said that they struck the first blow in 43.7% of the cases, their partner hit first in 44.1% of the cases,

and the men could not remember or disentangle who hit first in the remaining 12.2% of the cases. According to the women, their partners struck the first blow in 42.6% of the cases, they hit first in 52.7% of the cases, and the women could not remember or disentangle who hit first in the remaining 4.7% of the cases ($X^2=16.13$, $p < .01$, $df=3$). Although slightly more women than men reported that they initiated violence, the main conclusion to be drawn from these findings is that women not only engage in physical violence as often as men, but they also initiate violence about as often as men.

Since women initiate violence at least as often as men, we might conclude that violence by women is not primarily self-defensive. However, caution is needed regarding this conclusion for at least two reasons. First, some respondents may have answered the question in terms of who began *the argument*, not who began *hitting*. Interviewers were instructed to rephrase the question in such cases. However, there were probably instances in which the misunderstanding of the question went unnoticed. Second, obtaining information on who initiated the violence deals with only part of the context. We do not know whether women initiated violence because they perceived that their partner was going to hit them and, in response, hit first. It should be pointed out, however, that though this seems plausible, Saunder's (1986) results reveal that this is not likely to happen.

Response to Violence

To obtain more detailed information on the context surrounding violent incidents, we examined how individuals responded to violence. The results are presented in Table 9.1. Of the 131 men and 182 women whose spouse initiated an assault, women were more likely than men to report having hit

TABLE 9.1
Response to Assaults Initiated by Partner*

Type of Response	Percent of		X^2	P	df
	Women	Men			
Hit back	24.4%	15.0%	3.62	.05	1
Cried	54.6%	5.8%	78.51	.01	1
Yelled or cursed him/her	42.0%	28.7%	5.28	.05	1
Ran to another room	28.6%	13.9%	8.58	.01	1
Called a friend/relative	11.4%	2.2%	8.05	.01	1
Called the police	8.5%	0.9%	7.39	.01	1
Run out of the house	14.0%	18.0%	0.67	n.s.	1
Other	7.3%	32.2%	30.61	.01	1

* N = 182 women and 131 men

back, cried, yelled or cursed, run to another room, called a friend or relative, and called the police.

Our findings suggest that violence begets violence since respondents, particularly women, return violence with violence. Although men were *less* likely to respond violently, the large percentage of men in the "other" category suggests the need for research to identify how else they respond.

Gender Differences in Reporting Violence

As mentioned earlier, women are about as likely as men to report initiating violence. In this section, we explore whether this seeming equality in violence occurs because of a tendency by men to under-report their own violence. The results are presented in Table 9.2.

The first two percentages in the column labeled "Minor Only" show the opposite of a male bias in reporting their own violence. The rate of minor-only violence by men reported by men (9.2%) is *greater* than minor-only violence by men as reported by women (6.9%). The bottom two rows in the "Minor Only" column show that the rate of violence by women is about the same, regardless of whether the data are obtained from men or women.

The column headed "Severe" shows the expected pattern of men under-reporting their own assaults. The rate of severe violence by men is almost four times greater when the respondents are women than when they are men. Finally, the bottom two rows in the "Severe" column show no significant difference by gender of respondent in the rate of severe assaults by women.

The data on severe violence rates by men indicate a "reporting effect" and suggest that men "understate" their violence. Consequently, data on violence by men obtained from men needs to be treated with skepticism. We therefore reexamined Table 9.2, disregarding data obtained from men.

TABLE 9.2
Violence Rates by Gender of Perpetrator and Gender of Respondent

Perpetrator	Gender of Respondent	Level of Violence			N	χ^2	P	df
		Minor Only	Severe	None				
Men	Men	9.2%	1.3%	89.5%	2299	60.75	.001	2
	Women	6.9%	4.9%	88.1%	2945			
Women	Men	7.5%	4.7%	87.8%	2301	0.32	n.s.	2
	Women	7.7%	4.4%	87.9%	2947			

Ironically, Table 9.2 still indicates that, within the family, women are about as violent as men. For example, on the bases of interviews with women, Table 9.2 shows that the estimated rates are 6.9% for minor-only violence by men and 7.7% for minor-only violence by women. Similarly, the rows for women in the "Severe" column show a violence rate by men of 4.9% and a violence rate by women that is almost as high (4.4%).

Physical Injury

Though women may be as violent as men within the home, it has been argued that the consequences are more serious for women victims than for men victims (Straus, 1980c; Straus et al, 1980). We examined this by comparing the physical and psychological injury sustained by women and men victims.

Medical Care

Three percent of the 336 women victims and 0.4% of the 264 men victims responding reported needing to see a doctor for a violent incident ($X^2 = 5.54$, $p < .05$, $df = 1$). When we examined the subgroups experiencing minor and severe assaults, of those sustaining minor assaults, none of the 199 women and less than .1% of the 169 men needed to see a doctor ($X^2 = 1.13$, n.s., $df = 1$). However, of those who were severely assaulted, 7.3% of the 137 women and 1.0% of the 95 men needed medical attention ($X^2 = 4.85$, $p < .05$, $df = 1$). Thus women who sustain severe assaults are much more likely to need medical care.

Time off From Work

Of the 205 women and 226 men victims who were employed, 9.3% of the victimized women took time off from their job compared to 5.8% of the victimized men ($X^2 = 1.93$, n.s., $df = 1$). Of the 133 women and 142 men sustaining minor assaults, 4.0% of the women and 4.0% of the men took time off from work ($X^2 = .01$, n.s., $df = 1$). Of the 72 women and 84 men severely assaulted, there is a tendency for more women (19%) than men (10%) to take time off from work ($X^2 = 3.15$, $p < .10$, $df = 1$). Although this difference is not quite significant, it suggests that severe assaults by men have a greater effect on women's absenteeism than vice versa.

Days in Bed Due to Illness

There is a tendency for more women than men to be sick enough to stay in bed. Of the 349 women victims, 18.3% lost one or more days due to

illness compared to 13.2% of the 281 men victims ($X^2=3.09$, $p < .10$, $df=1$). We also compared men and women by severity of the assault. Of the 204 women victims sustaining minor assaults, 15.2% were bedridden for one or more days compared to 12.8% of the 172 men victims ($X^2=0.45$, *n.s.*, $df=1$). Comparing the 145 women and 109 men sustaining severe violence, we found a tendency for more women (22.8%) than men (13.8%) victims to be bedridden for one or more days ($X^2=3.29$, $p < .10$, $df=1$). Although this difference is not quite significant, it is consistent with the view that severe violence has a greater effect on women's health than men's health.

Previous research reveals that, on average, more women than men make visits to physicians and spend time in bed due to illness (Marcus and Siegel, 1982; Verbrugge, 1985). We could not examine whether needing medical attention was more likely to occur when one was a victim than not a victim because the question was asked only in terms of whether medical care was needed as a result of an assault. However, we did examine whether being bedridden was more likely to occur when an individual was abused as opposed to not abused. When men and women are abused, they are more likely to spend time in bed due to illness than those who are not abused (men: $X^2=9.90$, $p < .01$, $df=2$; women: $X^2=13.67$, $p < .01$, $df=2$). Though the results in Figure 9.1 show that women victims spend more days in bed due to sickness than men victims, especially when we examine the "Severe Violence" level, the difference is not significant ($X^2=1.84$, *n.s.*, $df=2$).

In general, the differences between women and men victims in terms of the rate of needing to see a doctor, taking time off from work, and being bedridden are not particularly strong or large. For severe assaults, there is some tendency for women to experience more negative effects than men. Consequently, women victims may be more likely than men victims to experience negative effects on their health.

Psychological Injury

Psychosomatic Symptoms

Figure 9.2² provides information on whether being a victim of physical assault is associated with a high level of psychosomatic symptoms and whether this relationship is more pronounced for women than men victims. The plot lines for both women and men show that as one moves from the no-violence category to those who are victims of severe assaults, the percent who report a high level of psychosomatic symptoms goes up (men: $X^2=28.43$, $p < .01$, $df=6$; women: $X^2=25.77$, $p < .01$, $df=6$). Though it

FIGURE 9.1

Percent Reporting Days in Bed Due to Illness by Violence Level and Gender

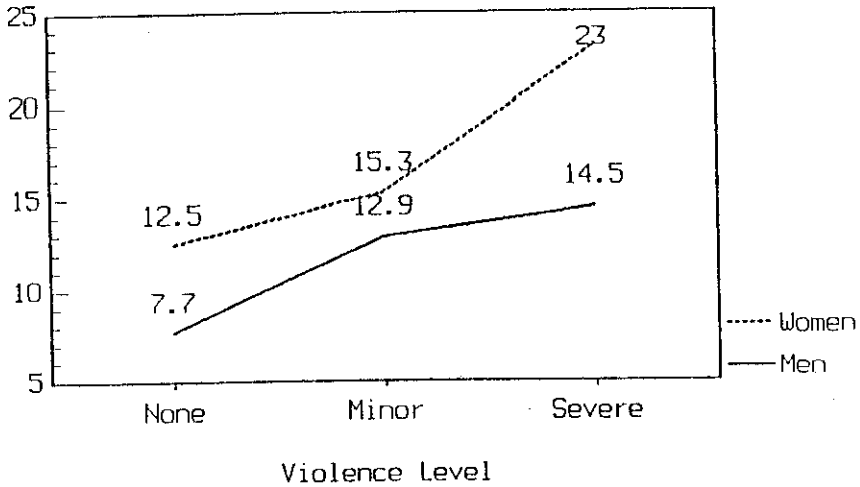
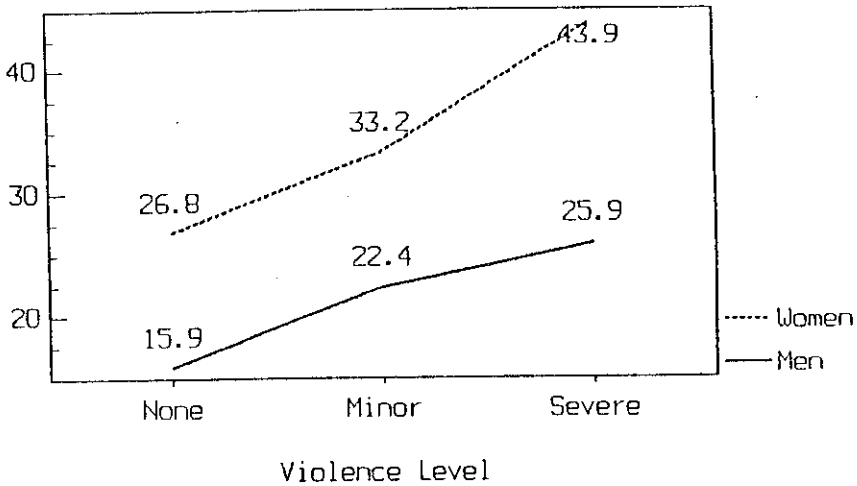


FIGURE 9.2

Percent Reporting High Level of Psychosomatic Symptoms by Violence Level and Gender



appears that the increase for women is more dramatic than for men, the results reveal no significant gender difference ($X^2 = 1.17$, n.s., $df = 2$).

Stress.

Figure 9.3 shows the percent of women and men in the high-stress category for those who were not assaulted and those who experienced minor and severe assaults. For both women and men, the percent in the high-stress category increases significantly with the level of violence (men: $X^2 = 56.54$, $p < .01$, $df = 6$; women: $X^2 = 108.12$, $p < .01$, $df = 6$). A comparison of the two plot lines in Figure 9.3 shows that the increase in stress has a tendency to be greater for women than men victims ($X^2 = 4.63$, $p < .10$, $df = 2$).

Depression

Finally, Figure 9.4 shows that a high rate of depression is associated with being a victim of assault by a spouse (men: $X^2 = 62.13$; $p < .01$, $df = 6$; women: $X^2 = 134.38$, $p < .01$, $df = 6$). The negative effect of assaults by a spouse is greater for women than men victims ($X^2 = 6.26$, $p < .05$, $df = 2$).

In summary, the results reveal that those who are assaulted are more likely to experience psychosomatic symptoms, stress, and depression than those who are not assaulted. The results also suggest that women victims suffer more psychological injury than men victims. However, these are cross-sectional data and do not prove assaults *cause* psychological injury.

FIGURE 9.3
Percent Reporting High Level of Stress by Violence Level and Gender

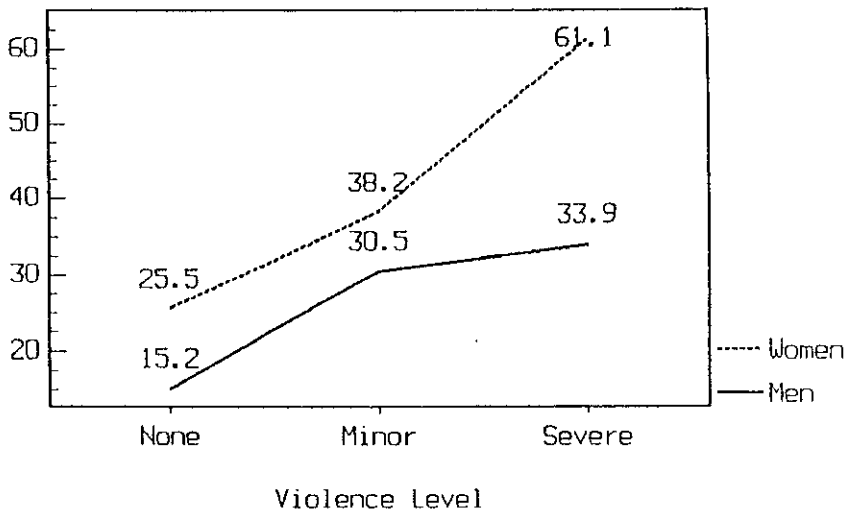
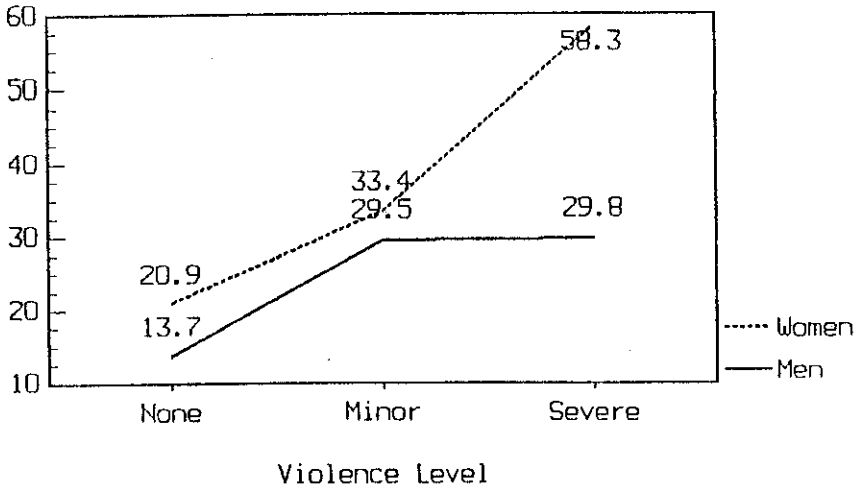


FIGURE 9.4
Percent Reporting High Level of Depression by Violence Level and Gender



Are Women as Violent as Men?

This study was undertaken to provide empirical data on a controversial finding of the First National Family Violence Survey (Straus et al., 1980): that wives assault husbands at about the same rate as husbands assault wives. Some critics believe that the statistics are misleading because violent acts by wives are almost always acts of self-defense (Berk et al., 1983; Saunders, 1986). Other critics believe that physical assaults by a wife have fewer physical, economic, and psychological consequences than physical assaults by husbands (Breines and Gordon, 1983; Greenblat, 1983; Saunders, 1986). We used data from the second National Family Violence Survey to investigate these issues.

We found that among couples where violence occurred, both partners are violent in about half of the cases, violence by only the male partner occurs one-quarter of the time, and violence by only the female partner occurs one-quarter of the time. These results are similar to those of the first National Family Violence Survey. Turning to the question of whether the rates are misleading because violence by women is largely self-defensive, we find that women initiate violence about as often as men. These results cast doubt on the notion that assaults by women on their partners primarily are acts of self-defense or retaliation.

When we examined how men and women responded to violence, we

found that women are more likely than men to respond with verbal and physical assaults. However, a large portion of men responded in the category "other." Consequently, it is unclear how men respond and future research needs to examine this. Men may merely view violence by women as amusing or, at most, annoying (Adler, 1981). They may interpret it as nonthreatening because they may perceive the potential damage that their partner cannot match the damage they can do. Thus they may be less inclined to respond with verbal and physical assaults.

The findings on gender differences in reporting violence show that, for "minor only" violence such as slapping and throwing things, the gender of the respondent makes no difference in either the victimization rate or the offense rate. However, when more severe types of violence are measured, such as punching, choking, and attacks with weapons, the rate of violence by men is much higher when based on interviews with women than when based on interviews with men. It is possible that some women make false allegations of violence by men, but we think it is unlikely that this occurs very often in anonymous interviews. Moreover, the lower rate of severe violence as reported by men is consistent with research comparing members of the same couple. These studies (Szinovacz, 1983; Jouriles and O'Leary, 1985; Edleson and Brygger, 1986) found that men report less violence than their partners. We suggest that the difference occurs because of men under-reporting severe assaults against their partner. Consequently, incidence rates for severe assaults on women based on interviews with men should be treated with skepticism.

Given these results, it seems advisable to base analyses of violence by men on data provided by women. However, even when this is done, the analysis indicates that women assault their partners at about the same rate as men assault their partners. This applies to both minor and severe assaults. Moreover, these findings are consistent with earlier studies, starting with Gelles (1974) and Steinmetz (1977-1978), and more recently with research on dating violence, which also finds that women are about as violent as men (Deal and Wampler, 1986; Arias et al., 1987; Stets and Pirog-Good, 1987). These findings are so consistent that they leave little doubt about the high rate of assaults by women.

Why might women be as violent as men? Straus (1980c) offers some suggestions: (1) Women who are assaulted by their partners may incorporate violence in their own behavioral repertory. (2) Women may follow the norm of reciprocating violence ("if hit, hit back"). (3) The use of violence in one sphere, for example, child care, may carry over to other spheres, specifically, interaction with one's mate. Longitudinal data are needed to test these ideas. In addition, there seems to be an implicit norm that a woman should use minor violence on certain occasions. Probably millions

of girls have been told by their mother, "If he gets fresh, slap him." There is hardly a day in which such ritualized "slap the cad" type of behavior is not presented as an implicit model to millions of women in a television show, movie, or novel.

The Cost of Violence to Women

Though women may be as violent as men within the home, we found that there is a tendency for women victims to sustain more physical injury than men victims. Specifically, for severe assaults, more women than men victims require medical care, and there is a tendency for more women than men victims to lose more time from work and spend more days in bed due to illness.

There may be several interpretations for why women experience more physical injury than men. First, it may be a direct result of abuse. Given the greater average size and strength of men, men can do more injury than women. This would lead women to have a greater propensity than men to need medical care, take time off from work, and be bedridden. However, when we compared men and women victims of abuse to non-victims in terms of days in bed due to illness, while both men and women victims are more likely to spend time in bed due to illness, women victims are no more likely than men victims to be bedridden. Future research needs to examine whether women's greater need for medical care and time off from work is a direct result of abuse.

Second, adoption of the sick role may be easier for women than men because many have fewer work or time constraints than men (Marcus and Siegel, 1982). On the other hand, there are large numbers of women whose occupational and familial roles impose greater time constraints than those under which men operate. Given this, some have argued that it is not objective time constraints but flexibility or discretion in time schedules that is important (Verbrugge, 1985). Since women have more flexible schedules than men, they are more likely to care for themselves when they are sick.

Third, women's socialization may lend itself to women being more sensitive to body discomforts and seeking help for them. On the other hand, men's socialization of self-reliance and toleration of pain may predispose them to avoid help from others or neglect care for themselves (Marcus and Siegel, 1982; Verbrugge, 1985). These different socialization experiences will influence women to attend to their illness and for men to decline help.

The differences between victims and non-victims in the incidence of such psychological problems as psychosomatic symptoms, stress, and

depression reveal that assaults do increase the propensity to experience psychological injury. Previous research has examined battered and non-battered women on these dimensions and has found similar results (Stark et al., 1981). In this research, we find that these findings hold for men as well.

We found that while there is a tendency for women victims to experience more stress than men victims, women victims are significantly more likely to experience depression than men victims. These findings cast doubt on the fact that the higher rate is due to women experiencing these psychological problems in general (Radloff, 1975; Weissman and Klerman, 1977; Weissman and Klerman, 1985; Verbrugge, 1985) because our findings compare assaulted women with other women.

Resolving the Contradictions in Research on Violence by Wives

An important problem is the need to reconcile the findings reported here with the findings of the studies cited by Saunders (1986), which show that battered women assault their spouse much *less* frequently than they are assaulted and rarely or never initiate such assaults. We suggest that the discrepancy may occur because the studies cited by Saunders are based on self-selected "treatment group" samples or police records, whereas the studies showing little or no gender difference are based on random or non-clinical samples. This is consistent with research on many other social problems (such as alcoholism, depression, and burglary) that shows that treatment populations differ in important ways from non-treatment populations evidencing the same behavior (Room, 1980b).

Our suggestion that the differences may reflect the fact that one group of studies is based on clinical samples and the other group is based on general population samples should not be taken to imply that the random sample findings are correct and the clinical sample studies are incorrect. Each is correct, but each applies to a different population and has different implications. This issue is discussed more fully in Chapter 5.

For purposes of understanding and assisting clients of shelters for battered women and their partners, the experience of a random sample is not necessarily an appropriate knowledge base. Such intervention requires knowledge based on the experiences *of the population being assisted*, regardless of whether their experience is representative. The experience of other populations may or may not be relevant. If the women in this group are rarely violent and rarely initiate violence, then the focus needs to be gender-specific, i.e., on violence by men.

Similarly, knowledge based on a "treatment sample" does not necessarily apply to the community at large. The experience of women who have

sought assistance from a battered women's shelter may not be relevant for designing intervention in the larger community to *prevent* marital violence. The results of this study illustrate that point. They suggest that "primary prevention" of marital violence, rather than concentrating on male violence, needs to pay as much attention to assaults by women on their partners as it does to assaults by husbands on their wives.

There is no simple answer to the question of whether violence should be defined in terms of assaultive *acts* or *injuries*. When violence is measured by acts, women are as violent as men; when violence is measured by injuries, men are more violent. Which type of measure to use depends on whether the purpose is to provide information relevant for acute care services or relevant for primary prevention.

If the purpose is to provide estimates of acute care needs, such as shelters and medical services, an injury-based measure is necessary. If, however, the purpose is to provide information on primary prevention needs, the number of assaulted spouses, regardless of injury, is important for at least two reasons. First, as shown in this paper, only a small percentage of abused women are injured seriously enough to require medical attention. Consequently, as noted in Chapter 5, an act-based measure shows that the population at risk is much larger than would be estimated on the basis of an injury-based measure. Perhaps even more important, an act-based measure is consistent with non-violence as a moral principle. According to this standard, it is not necessary for a woman to be injured to classify the event as abusive because hitting a spouse is wrong, regardless of whether it is "just a slap" and regardless of whether an injury occurs.

Notes

1. For purposes of this paper, the term *violence* refers to physical violence. Therefore, the terms *violence* and *assault* will be used interchangeably.
2. The chi-squares and the percentages shown in Figures 9.2, 9.3, and 9.4 are based on the following N's: No violence = 2,011 men and 2,583 women, minor violence victims = 172 men and 204 women, and severe violence victims = 109 men and 145 women.

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