Marriage and Family
Perspectives and Complexities

Edited by H. Elizabeth Peters
and Claire M. Kamp Dush
Beginning with the first large-scale surveys of family violence in the 1970s, family scholars and the general public have been amazed at how much violence is found in marriages in the United States and elsewhere. The first National Family Violence Survey in 1975 found that 16 percent of U.S. married couples acknowledged that one or both partners had been violent within the previous twelve months (Straus and Gelles 1990, 97), and the authors of that survey estimated that as many as two-thirds “have experienced such an incident at least once in the marriage” (Straus, Gelles, and Steinmetz 1980, 48). More recent surveys find similar or larger rates of violence in the United States and elsewhere. In a Canadian survey of cohabiting and married respondents, men reported one-year prevalence rates of husband-to-wife violence of 12.9 percent, and women reported wife-to-husband violence of 12.5 percent (Kwong, Bartholomew, and Dutton 1999). In samples of teenagers and young adults (dating, cohabiting, married), rates of physical violence toward partners are considerably higher than in general survey populations. For example, in a 1994 survey of a representative sample of twenty-one-year-old New Zealanders, 37.2 percent of women and 21.8 percent of men reported physical violence in the relationship (Magdol et al. 1997).

Surely, any level of partner violence is a sign of an unhealthy intimate relationship, and such an assumption is supported by considerable research. For example, Rogge and Bradbury’s (1999) study of fifty-six newlywed couples found that level of violence reported in the first six months of the marriage was a much better predictor of separation or divorce four...
years later than were a number of widely used marital-communication variables. In terms of effects on individuals, Stets and Straus (1990) report that partner violence produces not only the injuries incurred directly from the violence but also increased days in bed due to illness and high levels of psychosomatic symptoms, stress, and depression.

However, there appears to be another side to this story. Physical violence does not necessarily lead to low marital satisfaction or stability. For example, one study of sixty-six married women found that physical victimization accounted for only 20 percent of the variance in marital satisfaction and 14 percent of the variance in marital stability (Arias, Lyons, and Street 1997). Data from the National Violence Against Women survey indicate that 74 percent of the married women who had experienced violence had never left their husbands (Johnson and Leone 2000). In terms of the effects on individuals, 31 percent of these married women were below the median level of depression for all married women in the sample, and 80 percent had experienced no injuries (Johnson and Leone 2000). Even more dramatically, the 1985 National Family Violence Survey data indicated that only 3 percent of women victims and less than .5 percent of male victims needed to see a doctor for injuries related to their marital violence (Stets and Straus 1990). Thus, although we may be able to agree that intimate partner violence is inherently unhealthy, there is evidently considerable variability in its effects on individuals and relationships. Recent work on types of intimate partner violence provides important insights into the nature of that variability.

**TYPES OF DOMESTIC VIOLENCE**

The global concept of domestic violence actually refers to a number of quite distinct phenomena that have different causes, different developmental trajectories, and different effects—and that therefore have different implications for healthy marriages and healthy marriage initiatives. The particular typology that I have developed (Johnson 2008) is organized around issues of relationship power and control. *Intimate terrorism*, the first of the three major types of intimate partner violence, involves a violent attempt to take complete control of or at least generally dominate the relationship. The second type, *violent resistance*, involves the use of violence to resist such a control attempt. The third, *situational couple violence*, is violence that is a product of particular conflicts or tensions within the relationship.
As I discuss in more detail later, intimate terrorism may be more problematic to deal with in the context of healthy marriage interventions because it is more likely to have a strong negative impact on the relationship, it is generally less responsive to such interventions, and because participation in marriage education as a couple may actually pose a danger to the victim of intimate terrorism.

In this chapter I will briefly elaborate on these differences and discuss their implications for healthy marriage programs. Before I get to that, I want to make the general point that failures to acknowledge these differences have produced a number of major errors in the empirical literature on intimate partner violence. Two examples will illustrate the basic processes by which such errors are produced.

First, when researchers inadvertently aggregate different types of violence under one label, they produce data that are an “average” of the characteristics or correlates of the types that are aggregated. For example, a recent meta-analysis of the literature on the relationship between growing up in a violent home and subsequently becoming part of a violent marital relationship indicates quite small effects (Stith et al. 2000), calling into question what is often claimed to be one of the best-established phenomena in the literature of intimate partner violence, the so-called intergenerational transmission of violence. However, those who have conducted research investigating the intergenerational-transmission claim do not distinguish among types of violence, instead examining the effects of childhood experiences on any adult perpetration of intimate partner violence. This would not be a problem if the effects of childhood experiences on different types of adult violence were the same, but a recent study differentiating among the types finds that although childhood experiences of family violence are not strongly related to adult situational couple violence, they are strongly related to male intimate terrorism (Johnson and Cares 2004). The “average” violent relationship in survey research, dominated by situational couple violence, does not represent the relationship that is usually of most interest, the effect of childhood experiences on the likelihood of a man becoming a wife-beater—an intimate terrorist.

Second, sometimes research that deals with one type of intimate partner violence is used to draw conclusions about quite a different type. For example, in the late 1970s Suzanne Steinmetz (1977–78) used data from general survey samples that were dominated by situational couple violence as evidence about the nature of intimate terrorism, leading her to the incorrect conclusion that that there were as many battered husbands as battered wives.
This is the error that produced the decades-long and continuing debate over the gender symmetry of domestic violence (Johnson 2005). We need to attend to differences among types of intimate partner violence if we want to advance our understanding of such violence and to intervene effectively.

A TYPOLOGY OF INTIMATE PARTNER VIOLENCE

Intimate Terrorism

In intimate terrorism, the perpetrator uses violence in the service of gaining and holding general control over his or her partner.2 The control that is the defining feature of intimate terrorism is more than the specific, short-term control that is often the goal of violence in other contexts. The mugger wants to control you only briefly in order to take your valuables and move on, hoping never to see you again. In contrast, the control sought in intimate terrorism is general and long-term. Although each particular act of intimate violence may have any number of short-term, specific goals, the violence is embedded in a larger pattern of coercive control that permeates the relationship.

Figure 11.1 is a widely used graphical representation of intimate partner violence deployed in the service of general control. This diagram and the understanding of domestic violence that lies behind it were developed over a period of years from testimony of battered women. This testimony convinced the staff of the Duluth Domestic Abuse Intervention Project that the most important characteristic of the violence they encountered was that it was embedded in a general pattern of coercive control. The Power and Control Wheel identifies eight nonviolent control tactics that accompany the violence of intimate terrorism: intimidation; emotional abuse; isolation; minimizing, denying, and blaming; use of children; asserting male privilege; economic abuse; and coercion and threats (Pence and Paymar 1993). Abusers do not necessarily use all of these tactics, but they do use a combination of the ones that they feel are most likely to work for them.

This powerful combination of violence with a general pattern of control is terrorizing because once a controlling partner has been violent, all of his other controlling actions take on the threat of violence. A look, a yell, a quiet warning, even an ostensibly benign request can have the emotional impact of a physical assault. Catherine Kirkwood (1993) describes it like this: “The women’s descriptions of waiting for an attack, wondering about
the intensity, searching their experience and resources for any method of diffusing the potential violence, all constitute a type of mental and emotional torture, and in fact their partners’ behavior has been likened to the behaviour of captors who emotionally torture prisoners of war.”

Such patterns of coercive control cannot, of course, be identified by looking at violent incidents in isolation. They can only be identified from more general information about the relationship—information about the use of multiple tactics to control one’s partner, what Kirkwood calls a “web” of abuse (Kirkwood, 1993). This is the kind of violence that comes to mind when most people hear the term “domestic violence,” and in heterosexual relationships it is largely male-perpetrated (Graham-Kevan and Archer 2003a, 2003b; Johnson 2001). It is more likely than the other types of intimate partner violence to produce injuries, long-term health effects, depression, posttraumatic stress, suicide, and homicide (Campbell 1995; Campbell and Lewandowski 1997; Golding 1999; Johnson, Conklin, and Menon 2002; Johnson and Leone 2005; Leone 2007; Leone et al. 2004).

In the context of this discussion of healthy marriage, however, it is also important to note that because coercive but nonviolent control tactics can
be effective without the use of violence (especially if there has been a history of violence in the past), intimate terrorism does not necessarily manifest itself in high levels of violence. In fact, I have recently argued (Johnson 2008) for the recognition of “incipient” intimate terrorism (cases in which there is a clear pattern of power and control but in which there has as yet been no physical violence). Stark (2007) has argued, even more dramatically, that our focus should shift from the violence itself to the coercive control as a “liberty crime.”

Violent Resistance

What is a woman to do when she finds herself terrorized in her own home? At some point, most women in such relationships do fight back physically. For some, this is an instinctive reaction to being attacked, and it happens at the first blow—almost without thought. For others, it does not happen until it seems the assaults will be endless if she does not do something to stop him—so she fights back. However, for most heterosexual women, the usual size difference between them and their partners ensures that violent resistance will not help and may make things worse, so they abandon violence and focus on other means of coping. For a few victims of intimate terrorism, eventually it seems that the only way out is to kill their partners (Richie 1996; Walker 1989).

The critical defining pattern of violent resistance is that the resistor, faced with an intimate terrorist, uses violence but not in an attempt to take general control over her partner or the relationship. Violence in the face of intimate terrorism may arise from any of a variety of motives (Swan and Snow 2002; Walker 1989). The resistor may (at least at first) believe that she can defend herself, that her violent resistance will keep her partner from attacking her further. That may mean that she thinks she can stop him right now, in the midst of an attack, or it may mean that she thinks that if she fights back often enough he will eventually decide to stop attacking her physically.

Even if she does not think she can stop him, she may feel that he should not be allowed to attack her without getting hurt himself. This desire to hurt him in return even if it will not stop him can be a form of communication (“What you’re doing isn’t right and I’m going to fight back as hard as I can”) or it may be a form of retaliation or payback, along the lines of, “He’s not going to do that without paying some price for it.” In a few cases,
she may seek serious retribution, attacking him when he is least expecting it and doing her best to do serious damage, even killing him. But there is another, more frequent motive for such premeditated attacks—escape. Sometimes, after years of abuse and entrapment, a victim of intimate terrorism may feel that the only way she can escape from this horror is to kill her tormenter (Browne 1987; O’Keefe 1997).

Situational Couple Violence

The first two types of intimate partner violence may be what most of us think of when we hear the term domestic violence, but the most common type of intimate partner violence does not involve any attempt on the part of either partner to gain general control over the relationship. The violence is situationally provoked, as the tensions or emotions of a particular encounter lead someone to react with violence. Intimate relationships inevitably involve conflicts, and in some relationships one or more of those conflicts may escalate to violence. The violence may be minor and singular, with one argument at some point in the relationship escalating to the level that someone pushes or slaps the other, is immediately remorseful, apologizes and never does it again. Or it could be a chronic problem, with one or both partners frequently resorting to violence, minor or severe.

The motives for such violence vary. A physical attack might feel like the only way one’s extreme anger or frustration can be expressed. It may even be intended to do serious injury as an expression of anger. It may primarily be an attempt to get the attention of a partner who does not seem to be listening. There can be a control motive involved, albeit not one that is part of a general pattern of coercive control. One partner may simply find that the argument is not going well for him or her, and decide that one way to win this is to get physical.

The separate violent incidents of situational couple violence may look exactly like those involved in intimate terrorism or violent resistance. The difference is in the general power and control dynamic of the relationship, not in the nature of any or all assaults. In situational couple violence there is no general pattern of exerting coercive control. It is simply that one or more disagreements have resulted in violence. The violence may even be frequent if the situation that provokes the violence is recurring, as when one partner frequently feels that the other is flirting and the confrontations over that issue regularly lead one or the other of them to lash out. And the
violence may be quite severe, even homicidal. What makes it situational couple violence is that it is rooted in the events of a particular situation rather than in a relationship-wide attempt to control.

**IMPLICATIONS FOR HEALTHY MARRIAGE**

**Violence and Marital Health**

It seems so obvious that violence would be devastating to an intimate partnership that we are sometimes astonished that our surveys do not indicate that every violent spouse is a former spouse. However, when one acknowledges the different types of intimate partner violence described above, the devastating impact of violence on the marital relationship becomes less obvious. For example, data from a 1970s Pittsburgh study indicated that although 50 percent of women experiencing intimate terrorism are deeply dissatisfied with their marriage, the figure is only 13 percent for women experiencing situational couple violence (Johnson et al. 2002). Among married women interviewed for the 1995–96 National Violence Against Women Survey, only 7 percent of those experiencing situational couple violence from their husband had left him more than once, compared with 29 percent of those experiencing intimate terrorism (Johnson and Leone 2000, 2005).

However, the fact that the “average” impact of situational couple violence on a relationship is less than that of intimate terrorism should not lull us into thinking that situational couple violence is harmless. In the Pittsburgh study, 29 percent of the women experiencing situational couple violence had suffered at least one severe injury. We need to intervene as best we can in all types of intimate partner violence, but it is likely that our intervention strategies will need to be different for the different types.

**Intervention Strategies**

It is almost standard practice in the battered-women’s movement to argue strongly against couples counseling as an intervention strategy for domestic violence. The reason is that intimate terrorism dominates the caseload at shelters and other agencies (such as the police, hospitals, and courts). For example, in the Pittsburgh data discussed earlier (Johnson 2001), intimate
terrorism comprises 79 percent of the shelter sample and 68 percent of the court sample. As a consequence, the battered-women’s movement has actually come to define domestic violence as intimate terrorism. For example, a typical brochure starts, “Most victims of domestic violence are women. They come from all backgrounds and neighborhoods. Domestic violence occurs within a family or intimate relationship as a way to control another person. Victims suffer physical injury, live in fear in their homes, and lose power over their lives” (Pennsylvania Coalition Against Domestic Violence 2002). In such cases there is a problem of purposeful, often brutal coercive control, not one of tensions and conflicts in the family or ineffective couple communication patterns. The standard couples-counseling approach of asking the couple to come together with a counselor to discuss honestly the problems in their relationship is likely not only to be ineffective, but also to put the victim in greater danger. However, couples-counseling strategies may be just what is needed in cases of situational couple violence. What we need are targeted strategies that take seriously the safety issues involved in intimate partner violence.

Of course, if we are going to tailor interventions to types of intimate partner violence, we will have to develop strategies for screening, strategies that are complicated by the fact that some types of error may put victims at risk of serious injury or death. Thus, we cannot approach measurement the way we might in a confidential survey. We need to use a strategy that studiously avoids the error of treating cases of intimate terrorism as if they were situational couple violence. Thus, my recommendation is that we initially assume that every case is a case of intimate terrorism, and that we focus foremost on safety planning. Although intake procedures might include a questionnaire assessment of type of violence as one source of information, these should be combined with more clinical approaches that rely on a team of advocates/clinicians who take into account both quantitative and qualitative information and who move slowly in the development of an intervention strategy. When the team is fairly confident that they are dealing with situational couple violence, some individual counseling could be introduced. Then, only if the information gleaned from the individual counseling continues to support the identification of the case as situational couple violence would it be appropriate to move to the more risky strategy of couples counseling.

Although I would argue that the great diversity among cases of situational couple violence calls for a great diversity of intervention strategies (Hamel 2005), and that individual cases would most likely call for multiple
intervention tactics, it might be useful to identify three general classes of intervention. First, the clinician might identify the sources of conflict that produce arguments that escalate to violence, and then work with the couple to mitigate those problems. Some of the conflicts might arise from problems external to the couple, such as unemployment or other financial problems, and mitigation would include information regarding private or public agencies that provide financial aid or help with employment or training in the managing of marginal finances. Other conflicts might arise from actions of one member of the couple, actions that both agree are a problem, such as problem drinking or drug abuse, in which case the focus would be on helping the individual to overcome those problems.

Second, there might be individual personality problems that, rather than being a source of conflict, create difficulties with the resolution of conflicts that have other sources. Such individual problems as poor impulse control or anger management would call for interventions that focus on the individual. Finally, there would be cases in which the violence is primarily a function of couple-level processes that require work on skills such as conflict management or couple communication process.

As for violent resistance, there are two obvious strategies for intervention: dealing with the intimate terrorism of the partner and helping the victim to develop coping strategies that are less risky for her and her partner than is violent resistance. It is also important that interventions in violent resistance continue to be based in an empowerment model that is sensitive to the victim whose life has for some time been controlled by an intimate terrorist (Campbell 1998; Peled, Eiskovits, and Winstok 2000). This means working with the victim to provide the information and support that will allow her to develop safe strategies for eliminating the violence and control from her life, either within the relationship or by escaping from it.

Finally, what do we do about the intimate terrorist? Although the literature on intervention is filled with ostensibly contradictory data and debates about the effectiveness of arrest, mandated batterer education, and other strategies, I expect that considerable clarity could be achieved with attention to variations among types of violence. As I have noted, the Pittsburgh data suggest that the courts are dealing with a mix of cases of intimate terrorism, situational couple violence, and violent resistance. I expect that much of the contradictory data stems from the different mixes of these types in various assessment studies, and that the generally low success rates of various strategies is in part a function of the variable effectiveness
TYPES OF DOMESTIC VIOLENCE

of each strategy with respect to different types of violence. For example, the arrest literature suggests that arrest is more effective for some types of offenders than it is for others, but in that literature type of offender has generally been articulated in terms of social position, rather than type of violence (Buzawa 2003). Similarly, in the batterer-treatment literature there is evidence that different approaches are effective for different types of intimate terrorists. Saunders has shown that a feminist education approach is more effective with antisocial intimate terrorists than is a more psychodynamic intervention, whereas the psychodynamic approach is more effective with emotionally dependent intimate terrorists (Saunders 1996). Although no one has yet done such research using the more basic control types, there is some evidence for differential effectiveness of batterer intervention for different types of violence. One recent study of almost two hundred men court-mandated to a batterer-intervention program found that men involved in situational couple violence were the most likely (77 percent) to complete the program, with two groups of intimate terrorists falling far behind them at 38 percent and 9 percent completion (Eckhardt et al. 2008). Another study found that in a fifteen-month follow-up, only 21 percent of men involved in situational couple violence were reported by their partners to have committed further abuse, compared with 42 percent and 44 percent of the two groups of intimate terrorists (Clements et al. 2002). These preliminary findings suggest that targeted interventions that acknowledge differences among types of offenders might be a useful response to the complaints of both (1) the men who argue that they find feminist intervention approaches insulting (Raab 2000) and (2) the increasing number of women resisting intimate terrorism who find themselves in mandated treatment programs that are probably more appropriate for their partners than for them (Miller 2005).

EDUCATION AND PREVENTION

Most of the initiatives identified with the healthy-marriage movement involve education and prevention, and the implications of a typological approach to education are much the same as they are in the area of intervention. Healthy-marriage education needs to differentiate among the attitudes and skills that are likely to prevent each of the three major types of intimate partner violence. For intimate terrorism, the focus should be on mutual respect and equality, and perhaps on vigilance regarding the early
warning signs that you are dealing with a partner who may not accord you that respect. For violent resistance, the focus would be on strategies for dealing with incipient intimate terrorism that would help the victim to address effectively the violence or escape from the relationship. For situational couple violence, the focus would be on dealing with the tensions of everyday life, managing anger, and developing effective communication skills.

The healthy-marriage movement is already well aware of these issues, and the distinctions discussed above are being incorporated into healthy-marriage programs in a variety of ways. First, one of the concerns of battered-women’s advocates and of educators who work within the healthy-marriage model is that including intimate terrorists in marital-education programs might inadvertently increase the risks to their partners. As advocates have long argued, putting victims of intimate terrorism in the position of being asked to talk honestly about the nature of their relationship with their abuser may not only be ineffective but may also set them up for violence at home, as their abusers seek to reaffirm their control. As a result, the designers of these programs are struggling with issues of screening. Some healthy-marriage programs therefore screen out anyone who reports that they have experienced violence in their relationship. Others, acknowledging the differences among the types of violence discussed in this chapter, have taken other approaches. Some, assuming that intimate terrorists are not likely to be involved in voluntary marriage education programs in the first place, have concluded that screening is unnecessary (Stanley 2006). Others have opted for some means of screening out anyone who is experiencing intimate terrorism, while allowing victims of situational couple violence to continue in programs that address some of the causes of that violence in their relationship. The issues involved are complex. Is there some situational couple violence that poses the same risks as intimate terrorism? Is it relatively safe to address issues of marital conflict if the program is delivered only to individuals rather than couples? Does screening some people out deny them the very programs that might empower them to eliminate the violence in their lives, either by confronting it or by escaping it?

Second, issues of intimate partner violence enter into healthy-marriage curricula themselves at two points. Many healthy-marriage programs begin with the distribution and brief discussion of lists of local resources, including women’s shelters and other domestic violence services. And at this early point in the curriculum, participants are sometimes warned about the dangers of taking such materials home if they are experiencing violence from their partners.
The next place that violence enters into the curriculum is in connection with definitions of healthy relationships and of the skills needed to maintain them. For example, one curriculum addresses the issue of partner violence in terms of “safety,” which is presented as one of the defining elements of healthy relationships: “Three kinds of safety mark healthy relationships: emotionally safe and supportive, physically safe (no fear of intimidation and physical harm), and commitment safety (security about counting on one another to be there and be faithful)” (Stanley 2006).

This curriculum goes on, in the section on skills useful in any relationship, to address issues of violence in some depth, including making the distinction between intimate terrorism and situational couple violence. In this curriculum, the distinction is made in the context of a discussion of dangerousness, with a checklist of “Signs of the Greatest Danger in a Relationship” that includes many of the elements of intimate terrorism, such as, “She’s scared of her partner,” “He tries to control what she does, who she sees, where she goes, the money she has and how she spends it,” “He keeps her from working, or makes trouble for her at work and tries to keep her financially dependent on him,” and “He tracks who she talks to, and how much contact she has with her friends, family and neighbors.”

It is important that such lists do not imply that violence with other characteristics is never dangerous—and this is one of the issues that curriculum developers have struggled with. If the distinctions among types are presented as “hard” types, there is a danger that couples experiencing situational couple violence will minimize the risks or consequences of the violence in their relationship. It is important to make it clear that there are unhealthy consequences and danger involved in any violence in an intimate relationship. This curriculum and many others go on to present different strategies for eliminating the different types of violence from the relationship.

Finally, the curriculum addresses quite different approaches to managing the violence involved in intimate terrorism and situational couple violence, introducing as well some discussion of the inadvisability of violent resistance. Participants are taught about the different dynamics of the types of violence, the different prognoses for escalation or desistance, and the need for different means of intervening to eliminate or escape form the violence. The issues are complex, and different curricula address them in different ways, but it is encouraging that addressing issues of intimate partner violence and taking into account distinctions among types of such violence have become standard practice in healthy-marriage curricula.
CONCLUSION

Obviously, I think it is essential that we attend to differences among these basic types of intimate partner violence. All of them are dangerous, and all of them require our attention in prevention and intervention, but they develop differently, have different implications for relationships, and will require different strategies to address them as social and personal problems. We are still in the very early stages of introducing these distinctions into our research and into our thinking about intervention and prevention, and we still have a lot to learn. I know that my own thinking in this area has undergone major changes since I began this work fifteen years ago, and it continues to change as research on differences among the types is published and the early research results on the differential effects of intervention trickle in. It is clear, though, that research in this area can make major contributions to increased safety in our most intimate relationships.

NOTES

1. A fourth type, mutual violent control, comprises two intimate terrorists vying for control of their relationship. This type appears in very small numbers in some samples, and there is some debate about whether it is a true type or an artifact of the constraints of imperfect operationalization.

2. At this point I want to drop the term domestic violence because, although it has sometimes been used to refer to all of the types of intimate partner violence that I will identify, in the public mind (and that of many researchers as well) domestic violence is most clearly identified with one of those types, intimate terrorism. The term intimate partner violence avoids that confusion.

3. These sorts of estimates are always quite imprecise, but my best guess would be that three to four times more situational couple violence occurs than intimate terrorism in committed heterosexual relationships. The difference is probably even greater for heterosexual and same-sex dating relationships and for committed same-sex relationships.

4. Many of these healthy-marriage programs actually address healthy relationships and are relevant for and available to same-sex couples, couples who live together unmarried, couples who have a child together but are not romantically involved, or dating couples.
REFERENCES


Stanley, S. 2006. Personal communication.


