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# Violence Between Therapy-Seeking Veterans and Their Partners

## Prevalence and Characteristics of Nonviolent, Mutually Violent, and One-Sided Violent Couples

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Among male veterans and their female partners seeking therapy for relationship issues, three violence profiles were identified based on self-reports of physical violence: nonviolent, in which neither partner reported perpetrating physical violence (44%); one-sided violent, in which one partner reported perpetrating violence (30%); and mutually violent, in which both partners reported perpetrating physical violence (26%). Profiles were distinguished based on the veteran's psychiatric diagnosis, woman's age, and both partners' reports of the frequency and severity of violence. Men and women in mutually violent couples reported more verbal and physical aggression than did men or women in any other group. The three groups reported comparable rates of sexual aggression. Appraisals of marital satisfaction and intimacy were not different based on violence profile. No gender differences emerged in the self-reports of frequency and severity of verbal, physical, and sexual aggression.

**Keywords:** *intimate partner violence; PTSD; sexual assault; veteran*

The traditional male perpetrator–female victim conceptualization of partner violence has been challenged by findings that have suggested men and women perpetrate similar rates of relationship abuse (for review, see Archer, 2000). To account for the gender symmetry, three patterns have been identified that describe the violence reported by couples (McCarroll, Ursano, Fan, & Newby, 2004a, 2004b). In nonviolent (NV) couples, neither partner reports perpetrating or sustaining a physically aggressive act. In one-sided violent (OSV) couples, one partner perpetrates physical aggression and the other partner is the victim. In mutually violent (MV) couples, both men and women report perpetrating and sustaining physically aggressive acts. Although many studies have reported comparable rates of male- and female-perpetrated physical aggression among military personnel (Pan, Neidig, & O’Leary, 1994) and civilians (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) who are in relationships or married, fewer studies have examined mutual violence by examining both partners’ reports of perpetration. In a community sample of couples, Taft and colleagues (2006) found that 12% of couples reported mutual physical violence and 97% reported mutual psychological aggression. Mutual violence has serious implications for the risk assessment and treatment of partner abuse, though most treatments continue to focus on male batterers (Dutton & Corvo, 2006). To inform the treatment of veterans and their partners in the VA system, the current study extends past research by examining the prevalence of one-sided and mutual violence in a sample of male veterans and their female partners who were seeking relationship therapy in a VA outpatient clinic.

Rates of partner violence are strikingly high among military personnel and veterans (for reviews, see Marshall, Panuzio, & Taft, 2005; Rentz et al., 2006). For example, after controlling for age and ethnicity, Heyman and Neidig (1999) found that Army personnel reported significantly more severe husband-to-wife physical violence than among civilians, though rates of moderate violence were comparable. In a sample of male Vietnam veterans with posttraumatic stress disorder (PTSD), all men reported perpetrating psychological aggression, 92% reported verbal aggression, and 34%

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reported physical violence (Byrne & Riggs, 1996). Most investigations of partner violence among veterans have been limited to husband-to-wife physical aggression (Gerlock, 2004; Heyman & Neidig, 1999; Pan et al., 1994; Rentz et al., 2006); however, some evidence of mutual violence exists. Of veterans with PTSD, 34% reported threats of violence and physical violence, as did 54% of their spouses, whereas only 15% of veterans without PTSD and 20% of their spouses reported violence (Jordan et al., 1992). Patterns of mutual and one-sided violence have been identified in a sample of active-duty U.S. Army personnel (McCarroll et al., 2004a) and among U.S. Army personnel who have been discharged from service as a result of spousal or child abuse (McCarroll et al., 2004b). In a sample of male veterans from the National Vietnam Veterans Readjustment Study, Chrysos and colleagues (Chrysos, Taft, King & King, 2005) found 15% of couples reported mutual violence and 16% (8% male-perpetrated, 8% female-perpetrated) reported one-sided violence. While significant gender differences were not found on measures of violence severity, female victims tended to report more family problems than male victims. Among active-duty personnel (McCarroll et al., 2004a), women were more likely than men to be victims of one-sided violence, and female victims sustained more severe abuse than did male victims. Among Army personnel discharged as a result of abuse allegations (McCarroll et al., 2004b), the majority of offenders participated in one-sided violence (72.0%) against women (99.7%). However, in the Army Central Registry between 1988 and 2000, about two thirds of the allegations were for violence against women and one third for violence against men (McCarroll et al., 2004b), suggesting both men and women were perpetrating violence. Therefore, preliminary evidence suggests both mutual and one-sided violence profiles are represented among active-duty personnel and veterans.

Some individual and relationship characteristics distinguish abusers from nonabusers. For example, a meta-analysis found partner violence was more prevalent among younger individuals, specifically younger women (Archer, 2000), and studies with community samples have demonstrated that the prevalence of partner violence tends to decrease with age (O'Leary & Cascardi, 1998; O'Leary & Woodin, 2006). Mental illnesses, such as depression and PTSD, have also been associated with higher levels of physical violence in relationships among veterans (Byrne & Riggs, 1996; Sherman, Sautter, Jackson, Lyons, & Han, 2006; Taft et al., 2005) and civilians (Moffitt & Caspi, 1999; Stith, Smith, Penn, Ward, & Tritt, 2004). Less clear are the rates of violence reported by spouses of veterans with a mental illness. One study to date has examined the reported violence perpetrated

by spouses of veterans with PTSD (Jordan et al., 1992). Female partners of male veterans with PTSD reported perpetrating more violence toward their husband or partner than women whose veteran husband or partner did not have a diagnosis of PTSD. Finally, violence seems to have a negative effect on veteran and civilian men's reports of marital satisfaction (Fincham, Bradbury, Arias, Byrne, & Karney, 1997; Jordan et al., 1992; Stith et al., 2004), as men who perpetrated violence reported less marital satisfaction than those who do not.

To clarify the nature, correlates, and consequences of relationship violence, the current study examines the prevalence of three violence profiles in a sample of male veterans and their female partners who were seeking relationship therapy in a VA outpatient mental health clinic. In addition to measuring the prevalence of mutual and one-sided violence, the current study examines individual and relationship characteristics associated with violence, such as age, appraisals of marital satisfaction, and intimacy.

The current study extends past findings by (a) determining the prevalence of three violence profiles—nonviolence, mutual violence, and one-sided violence—among couples who sought relationship therapy in a VA clinic; (b) determining how relationship factors, such as marital satisfaction, and individual characteristics, such as age, differed based on pattern of violence; (c) determining how frequency and severity of violence differed based on violence profile; and (d) examining gender differences on study variables in the mutual and one-sided violence groups to determine differences in male- and female-perpetrated violence.

Violence profiles have not been studied extensively among veterans, and most studies with civilians have used youthful samples. Therefore, hypotheses were exploratory, though a few specific effects were expected. Based on extant literature, it was expected that violence would have a negative effect on marital satisfaction (Chyrso et al., 2005, Jordan et al., 1992; Stith et al., 2004). In terms of individual characteristics, it was expected that MV women would be younger than NV women, that men and women would report violence of comparable frequency and severity, and that, in the one-sided and mutual violence groups, there would be gender differences for age, as female perpetrators tend to be young women (Archer, 2000). It was expected that veterans with a psychiatric diagnosis (e.g., PTSD) would be overrepresented in the one-sided and mutual violence groups (Riggs, 1997).

## Method

### Participants

A total of 184 couples seeking relationship therapy at an outpatient family therapy clinic in a midwestern VA medical center (between September 1997 and November 2003) were participants. Couples were seeking help for one of four relationship issues: anger or violence, relationship improvement, help coping with a mental illness, or a specific relationship issue (e.g., finances). In all couples, the veteran was male. Most couples (92%) were married, and the remaining couples were in a committed, heterosexual, cohabiting relationship. All veterans had a primary diagnosis of PTSD ( $n = 59$ ), depression ( $n = 78$ ), or adjustment disorder or V-code (partner relational problem;  $n = 47$ ). The sample was 87.5% White, 9.8% African American, 1.6% Hispanic, and 1.1% Other. The ethnic homogeneity of the sample precluded examination of ethnic differences on study measures. The sample was primarily middle age (men  $M = 49$ ,  $SD = 10.6$ ; women  $M = 46$ ,  $SD = 10.9$ ). Men and women were comparable in terms of their education level (men  $M = 13.6$ ,  $SD = 1.9$ ; women  $M = 13.3$ ,  $SD = 2.1$ ). In all, 54.0% of women and 41.0% of men were employed. Couples who, at intake, reported substance abuse or domestic violence were referred to other providers for subsequent treatment to address those needs.

### Procedure

Prior to the intake session, men and women completed, separately, an identical packet of questionnaires in the waiting room as part of routine clinical care. Participants were invited to participate in the study at the end of the intake appointment with the family therapist; if both agreed, they completed informed consent and were enrolled into the study. Based on a review of the veteran's medical record, the diagnostic intake interview, and self-report data completed prior to the appointment, the therapist made a complete psychiatric diagnosis of the veteran. At the time of consent, couples authorized the investigators to use the measures completed at intake and the veteran's psychiatric diagnosis as part of the study.

### Instruments

*Conflict Tactics Scale (CTS)*. The CTS (Straus, 1979, 1989) is the most widely used instrument for assessing relationship aggression, and more than

200 publications have reported findings derived from it (Straus & Douglas, 2004). The CTS also has demonstrated strong psychometric properties (Straus, 1989). The CTS is an 18-item self-report measure on which participants report the number of times in the past year they have perpetrated each behavior and the number of times their partner has perpetrated each behavior. The current study used items that measure verbal aggression and physical aggression. Although the Physical Aggression subscale typically has been subdivided into minor and severe acts (Straus, 1979, 1989), recent work has demonstrated that men and women characterize the severity of acts differently based on the gender of the perpetrator (Reagan, Bartholomew, Kwong, Trinke, & Henderson, 2006). For example, both men and women rated the minor item *threw something that could hurt* as a severe act of violence when perpetrated by a man, whereas the severe item *punched* was rated as a minor act when perpetrated by a woman. Based on these findings, Reagan and colleagues (2006) found the sum of responses on CTS items was a more reliable and valid indication of both the frequency and severity of violence than the Minor and Severe Physical Violence subscales. Therefore, in the current study, participant scores on the CTS were computed by summing the responses on items that involved verbal or physical aggression.

Across all items, participants reported the frequency of perpetrating and sustaining each behavior. Consistent with previous uses of the CTS (Vivian & Malone, 1997), each frequency category was recoded to its midpoint on the following scale: 0 = 0, 1 = 1, 2 = 2, 3 to 5 = 4, 6 to 10 = 8, 11 to 20 = 15, and 20 or more = 25. Four items were used to assess verbal aggression: *number of times you sulked or refused to talk about an issue*, *number of times you insulted or swore at him/her*, *number of times you threatened to hit or throw something at him/her*, and, *number of times you threw or smashed or hit or kicked something*. The following nine items, Straus's original Physical Violence subscale (Straus, 1979, 1989), assessed physical aggression: *number of times you threw something at him/her*; *number of times you pushed, grabbed, or shoved him/her*; *number of times you slapped him/her*; *number of times you kicked, bit, or hit him/her with a fist*; *number of times you hit or tried to hit him/her with something*; *number of times you beat him/her up*; *number of times you choked him/her*; *number of times you threatened him/her with a knife or gun*; and *number of times you used a knife or fired a gun*.

*Revised Conflict Tactics Scale (CTS-2)*. In addition to measuring verbal and physical aggression using the original CTS, participants responded to sexual aggression items from the CTS-2 (Straus et al., 1996). Sexual

aggression items were added in the middle of data collection, so about half of the participants responded to these items (men  $n = 92$ , women  $n = 94$ ). In spite of the reduced sample size, these items were reported because there has been no research on the prevalence of self-reported sexual aggression among veterans and their significant others. The following three items from the CTS-2 were used to assess sexual aggression: *number of times you insisted on having sex when partner did not want to (no physical force)*, *number of times you used verbal threats to make partner have sex*, and *number of times you used force (like hitting, holding down, or using a weapon) to make partner have sex*. As with the original CTS, participants indicated the number of times in the past year they perpetrated or sustained each act. Responses were recoded using the following scale: 0 = 0, 1 = 1, 2 = 2, 3 to 5 = 4, 6 to 10 = 8, 11 to 20 = 15, and 20 or more = 25.

*Locke-Wallace Marital Adjustment Test.* The Locke-Wallace Marital Adjustment Test (Kimmel & Van der Keen, 1974; Locke & Wallace, 1959) is a 22-item self-report measure of marital satisfaction. Strong psychometric properties have been reported for the scale in terms of its reliability, validity, and sensitivity to relationship changes (O'Leary, 1987). The total score (the sum of the ratings on all items) was used as an index of marital satisfaction.

*Inclusion of Other in Self Scale (IOS).* The IOS (Aron, Aron, & Smollan, 1992) is a pictorial measure of closeness in which the respondent selected one of seven Vennlike diagrams, which were composed of overlapping circles varying incrementally in their degree of overlap. Participants answered the question twice, once to describe "current" relationship functioning and next to describe their "desired" relationship functioning. The two scores, which ranged from 1 (*distant*) to 7 (*very overlapping*), indicated current relationship intimacy and desired relationship intimacy. Current reports of intimacy were used in the current study. The IOS has demonstrated strong psychometric properties in terms of predictive, convergent, and test-retest reliability (Aron et al., 1992; Griffen, 1990; McKenna, 1989). The IOS was added to the test battery midway through data collection, so approximately half the couples had data for this scale (men  $n = 92$ , women  $n = 88$ ).

*Demographics.* Additional information was obtained from each partner in a questionnaire regarding age, employment, ethnicity, and educational attainment.



## Data Analysis

Independent chi-square tests were used for the comparisons of categorical variables among the three violence profiles. If normality assumptions were satisfied for continuous variables, ANOVAs were used for the comparisons among the three groups. In the cases in which normality assumptions were violated for the continuous variables, the nonparametric Kruskal-Wallis method was used for group comparisons. Similar statistical methods were used for comparisons between genders for the OSV perpetrator group, except that ANOVA was replaced by two-sample *t* tests or nonparametric Wilcoxon rank tests if normality assumptions were violated for continuous variables. As for gender comparisons for the MV group, paired *t* tests or nonparametric signed-rank tests were used for continuous variables, depending on whether or not the normality assumption was violated.

## Results

Past research has suggested self-reports of aggressive behavior underestimate the actual frequency of relationship violence (O'Leary et al., 1989), so we intended to use combined reports of aggression to obtain an accurate picture of the relationship aggression in the sample. In other words, we intended to corroborate one partner's report of violence perpetrated with the other partner's report of violence sustained. However, because of missing data on partner's reports of sustaining violence, corroborative reports were available for a subset of the sample. Given the missing data, self-reports (as opposed to combined reports) were used in all analyses.

In terms of the prevalence of violence profiles (Hypothesis 1), when couples were classified based on men's and women's self-reports of violence perpetration, the expected three profiles emerged: NV ( $n = 81$ , 44%), MV ( $n = 48$ , 26%), and OSV ( $n = 55$ , 30%). Among the OSV couples, the frequency of male ( $n = 31$ , 56%) and female ( $n = 24$ , 44%) perpetrators was comparable.

Violence profiles differed on several relationship and individual characteristics (Hypothesis 2). Demographic variables and appraisals of marital satisfaction and intimacy for men and women in each violence profile are presented in Table 1. Violence profiles differed based on the man's diagnosis,  $\chi^2(4) = 13.99$ ,  $p = .007$ . Men in the MV group were more likely to have PTSD than were men in the OSV and NV groups (48% MV vs. 27% NV and 25% OSV). MV men were also less likely to have an adjustment disorder

**Table 1**  
**Demographic Variables, Marital Adjustment, and Men's Diagnosis**

Variable	Violence Profile						Significance
	Nonviolent ( <i>n</i> = 81)		One-Sided Violent ( <i>n</i> = 55)		Mutually Violent ( <i>n</i> = 48)		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
<b>Men's data</b>							
Age (in years)	51.36	10.75	48.56	11.01	46.54	9.34	<i>ns</i>
Relationship functioning	77.11	21.30	73.95	19.54	70.90	18.06	<i>ns</i>
Marital satisfaction	4.47	2.16	3.84	2.07	4.29	2.09	<i>ns</i>
Intimacy <sup>a</sup>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	
<b>Men's diagnosis</b>							
PTSD	27	22	25	14	48	23	<i>p</i> = .007
Depression	38	31	47	26	44	21	
Adjustment disorder	35	28	27	15	8	4	
<b>Women's data</b>							
Age (in years)	48.48	11.02	44.00	10.40	42.34	10.09	<i>p</i> = .02
Relationship functioning	72.75	18.37	69.16	18.06	70.08	18.90	<i>ns</i>
Marital satisfaction	3.42	1.98	3.07	1.94	3.96	2.10	<i>ns</i>
Intimacy <sup>b</sup>							

Note: *ns* = not significantly different.

a. *n* = 92.

b. *n* = 88.

**Table 2**  
**Self-Reports of Aggression on the Conflict Tactics Scale**

Variable	Violence Profile						Significance
	Nonviolent ( <i>n</i> = 81)		One-Sided Violent ( <i>n</i> = 55)		Mutually Violent ( <i>n</i> = 48)		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Men's self-reports of perpetration							
Verbal aggression	15.09	16.59	24.27	18.20	34.10	24.74	<i>p</i> < .001
Physical aggression	0.00	0.00	5.02	18.51	9.60	18.63	<i>p</i> < .001
Sexual aggression <sup>a</sup>	1.62	5.98	1.53	4.86	1.92	5.34	<i>ns</i>
Women's self-reports of perpetration							
Verbal aggression	13.43	12.22	17.76	15.55	31.15	21.25	<i>p</i> < .001
Physical aggression	0.00	0.00	1.56	4.35	8.33	15.35	<i>p</i> < .001
Sexual aggression <sup>b</sup>	0.12	0.69	0.30	0.88	1.15	4.84	<i>ns</i>

Note: *ns* = not significantly different.

a. *n* = 92.

b. *n* = 94.

than were men in NV or OSV relationships (8% MV vs. 35% NV and 27% OSV). Violence profiles differed in terms of the woman's age, Kruskal-Wallis  $\chi^2(2) = 7.48, p = .02$ , with MV women being the youngest ( $M = 42, SD = 10$ ), followed by women in OSV relationships ( $M = 44, SD = 10$ ) and NV women ( $M = 48, SD = 11$ ). Violence profiles did not differ on other demographic variables or on appraisals of marital satisfaction or intimacy.

In terms of the frequency and severity of violence reported by men and women (Hypothesis 3), reports of verbal, physical, and sexual aggression are reported in Table 2. Violence profiles differed based on the frequency of men's verbal aggression, Kruskal-Wallis  $\chi^2(2) = 28.95, p < .001$ , and physical violence, Kruskal-Wallis  $\chi^2(2) = 120.82, p < .001$ , as well as on the frequency of women's verbal aggression, Kruskal-Wallis  $\chi^2(2) = 30.09, p < .001$ , and physical violence, Kruskal-Wallis  $\chi^2(2) = 120.18, p < .001$ . MV couples reported the most verbal and physical aggression, and NV couples reported the least.

No gender differences were found between male and female OSV perpetrators (Hypothesis 4). Men and women in the OSV group were comparable in age, ratings of marital satisfaction and intimacy, and reports of verbal, physical, and sexual aggression. One gender difference was detected between MV men and women: MV women ( $M = 42.34, SD = 10.09$ ) were significantly younger, paired  $t(46) = 5.30, p < .001$ , than were MV men ( $M = 46.54, SD = 9.34$ ).

## Discussion

The current study examined the prevalence and characteristics of three violence profiles among couples seeking relationship therapy in an outpatient VA clinic. MV (26%), OSV (30%), and NV (44%) couples were identified. The proportion of abusive men in this sample was comparable to that from a married community sample (43% vs. 42%, respectively) and higher (43%) than that reported in a sample of married or cohabitating veterans without PTSD (15%) and with PTSD (34%) (Fincham et al., 1997; Jordan et al., 1992). Although different outcome measures were used, the proportion of violent women in the current sample (39%) was comparable to that reported by Jordan et al. (1992), in which 20% of spouses of veterans without PTSD reported violence and 54% of spouses of veterans with PTSD reported violence.

Consistent with hypotheses, violence profiles differed on several variables. Women who engaged in mutual violence were significantly younger than were

those who did not. Explanations for female intimate partner violence increasingly are being examined in the literature (e.g., Frieze, 2000; Sullivan, Meese, Swan, Mazure, & Snow, 2005), although the association between youth and female violence is not yet clearly understood. However, several possible explanations exist for this finding. For example, women, like men, may reduce their use of aggression as they age (O'Leary & Woodin, 2006) as a function of development (Moffitt, 1993) or as a result of an increase in protective factors, such as employment and marriage (Laub, Nagin, & Sampson, 1998). Also possible is that the prevalence of violence by young women is a result of cultural norms that view female-perpetrated violence differently and perhaps as less destructive than male-perpetrated violence (e.g., Frieze, 2000; Reagan et al., 2006). Although the research on the initiation, persistence, and desistance of male problem behaviors is vast, the momentum is growing for investigations into the cause and course of female violence.

As expected, male veterans with PTSD were overrepresented in the MV group. These findings replicate past research with veteran and community samples and add to the evidence that individuals with a psychiatric diagnosis, specifically PTSD, report higher rates of relationship violence than do those without a diagnosis (Byrne & Riggs, 1996; Moffitt & Caspi, 1999; Taft et al., 2005). The association between PTSD and relationship violence may be explained by some specific psychiatric symptoms of PTSD, namely, aggressive outbursts and irritability (Haller & Kruk, 2006). However, more research is needed to clarify the association.

The higher incidence of violence among MV female partners of veterans with PTSD than those whose male partners do not have PTSD replicated the results of Jordan et al. (1992), who examined violence among married male veterans and their female partners. In these cases, it is critical to understand the context of the violence, as many possible causal factors exist; for example, women may be acting in self-defense or out of frustration. Women may evoke or exacerbate PTSD in their spouse by perpetrating violence, or women may have selected a male partner who shared a propensity toward violence (Krueger, Moffitt, Caspi, Bleske, & Silva, 1998). It is also possible the women in the sample had traumatic histories or psychiatric diagnoses, which influenced their aggressive behavior. For example, Anderson (2002) found women who participated in mutual violence reported higher levels of depression and substance abuse than did women not in MV relationships. Sullivan and colleagues (2005) found childhood victimization was associated with later partner violence among a community sample of African American women. Future studies are needed to clarify the context, causality, and characteristics of female-perpetrated violence against male veterans with PTSD.

Verbal and physical aggression were different based on violence profile. These results suggest that individuals in MV relationships were more violent than were individuals who were in OSV or NV couples. In other words, the most violent individuals in the sample were found in MV relationships. Because mild forms of abuse, such as verbal aggression, have been shown to co-occur with more serious forms, such as physical violence (Hogben & Waterman, 2000), it is not surprising that mutual physical violence was associated with the highest levels of verbal aggression. However, even NV couples reported verbal aggression. Finally, our results supported past findings that have suggested gender similarity in terms of the frequency and severity of partner violence men and women perpetrate.

The current study also documented, for the first time, self-reported sexual aggression perpetrated by male veterans and their female partners. The frequency of self-reported perpetration of sexual aggression in the current sample was relatively low (men = 10.9%, women = 4.4%) but consistent with the results of Marshall and Holtzworth-Munroe (2002), who reported 5.0% to 10.0% of their community sample of couples reported male-perpetrated threatened or forced sex on the CTS. On the other hand, the rates of sexual aggression in the current study were higher than those of Meyer, Vivian, and O'Leary (1998), who found between 0.5% and 5.0% of their civilian sample of marital therapy-seeking couples reported male-perpetrated sexual aggression. It is unclear how prevalent female-perpetrated sexual aggression is among married or cohabitating couples, though our findings suggest it is not absent from relationships. Somewhat surprising, sexual aggression reported by both men and women, though infrequent, was comparable across the three violence profiles in the study and therefore did not show the same pattern of means as verbal and physical aggression, in which MV couples reported the most aggression. These results, though tentative, suggest the perpetration of sexual aggression among veterans and their female partners is unique from other forms of relationship aggression, a finding that has been explored with mixed findings in civilian samples (Hogben & Waterman, 2000). Future studies are needed to clarify the prevalence and characteristics of sexual aggression among veterans and their partners.

Unexpected was the similarity among groups on measures of marital satisfaction and intimacy. A meta-analysis found a large effect size for the negative association between partner violence and marital satisfaction (Stith et al., 2004), which was not replicated in the current study. One explanation for the finding may be that all couples were equally distressed: On the Locke Wallis Marital Adjustment Test, the men's and women's ratings in all groups (men  $M = 70.90$  to  $77.11$ ; women  $M = 70.08$  to  $72.75$ )

were more than 2 standard deviations below those reported by Kimmel and Van der Keen (1974) from a sample in which half of the couples were therapy seeking (men  $M = 110.2$ ,  $SD = 16.28$ ; women  $M = 108.4$ ,  $SD = 16.3$ ). Furthermore, the scores are similar to more recent uses of the Locke-Wallace with couples seeking therapy (Heyman & Neidig, 1999). Though relationship ratings were ubiquitously low, they were unaffected by the presence of violence, suggesting couples may tolerate violence in their relationships and attribute marital dissatisfaction to other factors (Bradbury, Fincham, & Beach, 2000). In the case of couples where the veteran has PTSD, relationship satisfaction may be influenced by several PTSD symptom clusters, such as emotional numbing and hypervigilance (e.g., anger); therefore, among veterans, it may be that multiple complex relationship factors drive marital dissatisfaction.

Although the reciprocity of partner violence has been omitted from traditional domestic violence interventions and represents a limitation in the treatment of intimate partner violence (Dutton & Corvo, 2006), significant clinical implications exist for mutual violence among veterans. In their review and commentary of domestic violence interventions, Dutton and Corvo (2006) demonstrated that both the public and psychologists underestimate the prevalence of female-perpetrated violence. A particular issue among veterans with PTSD is whether relationship violence compounds their military trauma and exacerbates symptoms of PTSD. Therefore, ignoring mutual violence may overlook vital contextual factors affecting recovery. VA clinicians should consider the causes and consequences of veterans' violence and that of their partners.

The current study was limited in several ways. First, because a convenience sample was used, a subset of the participants responded to some variables, such as sexual aggression. Second, large variability within groups occurred on variables, which may have precluded detection of significant differences. Third, violence patterns may vary for veterans from other regions and other outpatient clinics, as the sample was drawn from a single VA outpatient clinic. Finally, the outcome measure for violence provided information only on the prevalence of abuse. The context and the severity of violence, in terms of injuries sustained, are less clear.

The current study evaluated violence profiles in a veteran sample and was the first to report self-reported sexual aggression perpetrated by male veterans and their female partners. Results suggest that studies of veteran couples should include female partners' reports of violence, as female-perpetrated violence was as common as male-perpetrated violence in the current sample. Future work is needed to clarify the context of relationship

aggression between veterans and their female partners to develop relevant and effective prevention and intervention programs.

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