

DOMESTIC VIOLENCE: WHAT BASIC INVESTIGATION WITH COUPLES REVEALS

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La violencia doméstica, especialmente en poblaciones concretas como usuarios de Servicios de Urgencias, Centros de Salud Mental..., es muy alta. En este artículo se revisan algunos conceptos básicos derivados de los primeros estudios destinados a clarificar el inicio y mantenimiento de los problemas de pareja y se aplican al estudio de la interacción de las personas que denuncian violencia física, psicológica o sexual. Se concluye que el grado de armonía relacional es inversamente proporcional al nivel de violencia, las secuencias seguidas por parejas que denuncian violencia, a la hora de resolver problemas, así como las tasas base y grado de reciprocidad de refuerzos y castigos, se parecen a las que caracterizan a las parejas en conflicto, y el grado de acoplamiento fisiológico es alto. Se concluye que estos datos han de ser tenidos en cuenta a la hora de entender, que no justificar, predecir y modificar los comportamientos violentos en el contexto de relaciones íntimas.

Palabras Clave: *violencia doméstica, relación de pareja, solución de problemas, ensamblaje fisiológico.*

Domestic violence incidence, particularly in certain populations such as those attending Emergency Units or Mental Health Services, is very high. This paper reviews some basic concepts derived from original research aimed at clarifying the origin and maintenance of relationship dysfunction and applies them to the study of the interaction of those who report experiencing physical, psychological or sexual violence. It is concluded that the degree of relational harmony is inversely associated to the level of violence; the actions undertaken by couples who denounce violence when resolving problems, the base rates and the reciprocity of reinforcements and punishments, are similar to that of couples in conflict and the degree of physiological linkage is high. These mechanisms should be kept in mind when trying to understand, not only justify, predict and modify violent behaviours in the context of intimate relationships .

Key Words: *domestic violence, couple interactions, problem solving, physiological linkage.*

It is difficult to estimate the level of violence in the context of intimate relationships. Such estimation depends on how we define violence, what populations are studied, the methodology used for gathering data, whether they refer to a period of a year or to a lifetime, and on a series of variables referring to the subject that at times are tremendously difficult to evaluate (e.g. evolution, motivation...).

According to the Women's Institute (2002), within the general Spanish population this phenomenon has affected at least 4% of all women during the previous year and up to 15% report having been affected at some moment of their lives.

In other latitudes (USA), when we define violence as an assault, threat or intimidation on the part of a partner, between 8% and 14% of the users of a Primary Assistance Centre report having suffered from this in the last year and between 21% and 34% of these when we refer

to their entire lives (Grynbbaum, Biderman, Levy & Petasne-Weinstock, 2001)

The violence detected in Emergency Departments, a place where it could come to light with greater ease, referring to the previous year, was 11.7% and the lifelong accumulated prevalence for a person is 54.2% in the United States (Abbott, Johnson, Koziol-McClain & Lowenstein, 1995); in the United Kingdom (Boyle & Todd, 2003) annual general incidence is 1.2% and, lifelong is 22.4% in the case of men and 22.1% in the case of women; in Canada the corresponding rates were 26% in the last year and 51% throughout life (Cox, Bota, Carter, Bretzlaff-Michaud, Sahai & Rowe, 2004).

Within the population who makes consultations regarding problems derived from the consumption of toxic substances, 22% admitted having been the target of violence (Easton, Swan & Sinha, 2000), while among women who ask for an abortion 21.6% report having suffered from violence in the last year and 31.4% at some time during their lifetime (Evins & Chescheir, 1996).

Cann, Withnell, Shakespeare, Doll & Thomas, (2001) recommend being extremely cautious when interpreting

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these data since its study reflects that the proportion of violence that family doctors, Mental Health and Emergency Services workers or gynaecologists are capable of detecting is infinitely lower than that detected in general surveys and that the degree of knowledge about the problem and the attitudes of the aforementioned professionals towards it, is still quite deficient and erratic.

It is possible that the increase in the number of domestic violence police reports, the media repercussion the increase in the number of research studies centred on this topic (the number of references between the years 2000-2006 when we introduce "domestic violence" on Medline goes up to 4746!) can be indicative of the degree of preoccupation and awareness in both the general population and the experts and social policy planners regarding this topic.

However, we understand that this greater preoccupation has not yet been translated into proper knowledge about the mechanisms involved or that this knowledge has not generated comprehensive actions or programs that make it possible to control.

Schumacher, Feldbau, Smith Slep & Heyman, (2001) have reviewed in detail the results of diverse studies, including only those published in the period between 1989-1998 that were methodologically well-controlled, regarding the risk factors for violence of men to women within the couple, coming up with a long list of individual (demographical, child development, attitudes, psychopathology, personality, jealousy, substance abuse...) and relational factors.

The objective of this review is:

- a) To investigate the proportion among the people who use a Mental Health Centre derived from Primary Attention, who admit to being the target of different types of violence in the context of couple relationships.
- b) To study the existent relationship between this type of violence and some of the mechanisms taken into account when explaining couple relationships, their maintenance or deterioration.
- c) To outline the model that, in our understanding, better integrates the data known up to the present moment.

TYPES OF VIOLENCE AND FREQUENCY

In the Psychology Department of a Mental Health Centre we were able to interview a large number of couples, individually as well as in groups, and thoroughly analyse

their way of communicating, of expressing feelings, wishes, desires and specially, the steps they follow in order to try to resolve disagreements. We were also able to analyse their answers to multiple questionnaires destined to measure their subjective perception of the degree of satisfaction in their relationship and their capacity of coming to an agreement, Dyadic Adjustment Scale (Spanier, 1976), their sexual desires, the Sexual Interaction Inventory, (Lopiccolo & Steger, 1974), desired changes in the behaviour of the other, Areas of Change Questionnaire (Weiss & Birchler, 1975), and, finally, the model of couple relationship that each of the members aspires to as well as the degree of harmony between such implicit models (Cáceres, 1996).

We have been able to complete all this information by also analysing some basic physiological reactions on the part of each member of the couple when they are in the presence of the other, in very special situations such as dissolving conflicts or coming to an agreement regarding topics that confront them (Cáceres, 1999).

When quantifying violence within the couple, aside from investigating through individual interviews with him and her, we have adapted questionnaires, the Violence Index (Hudson & McIntosh, 1981), that allows us to revise the domestic violence police reports placed by the women and also by the men, through clear questions in relation to their behaviour and concrete actions that, in a wide sense, several authors (Corsi, 1994) consider violent, such as devaluation, hostility, cold treatment, and that finally facilitate the evaluation of both the frequency and the intensity of violence on three very different scales: Physical violence, Psychological violence and Sexual violence (Cáceres, 2002).

In this first study (Cáceres, 2002) 20 men and 33 women participated (N = 53), among who most were couples, having completed the questionnaires previously mentioned. They had been derived by their family doctor to a Mental Health Centre, essentially due to difficulties relating, which ended up affecting their health. The results show the existence of physical violence throughout the lifetime of the couple in 50.9% of the sample, and psychological violence in 48.5%. This type of violence does not seem to be exclusive to women since, regarding **physical violence** the global mean violence reported by men also surpassed the cut point of 10 on the scale of the questionnaire and the difference in the mean scores between the men and the women is nearly statistically significant ($p < 0.058$). With respect to **psychological vio-**



lence the degree of violence reported by the women is also superior to that reported by the men, but in this case the difference does not even get close to statistical significance. These results were confirmed in a second study (Cáceres, 2004) with a much wider sample, in which 76 men and 90 women participated (N = 166), also being patients derived from Primary Attention to a Mental Health Centre essentially due to relationship problems. In this study 62 % of the subjects surpassed the score indicative of severe psychological violence. In the case of physical violence this percentage reached 46%. With respect to the **frequency** of certain violent behaviours, 4.8 % of the sample reports having been threatened with a weapon (6.7 % of the women and 2.6 % of the men); 7.8 % reported having been hit in the face and the head (11.1 % of the women and 3.9 % of the men), and 4.2 % have needed medical assistance due to punches (6.7 % of the women and 1.3% of the men). In none of these behaviours were the differences statistically significant. We should highlight that 41.9 % of the women declare being afraid of their husbands while 26% of the husbands say they are afraid of their wives. The percentage domestic violence police reports is greater among those who are in the process of separation than among those that, despite the conflict still remain together. Sometimes this fact is interpreted by the media as an act of machism "I killed her because she was mine". They rarely mention the number of problems that the process of separation entails in our country, where adversarial rather than mediational models have been followed (Cáceres, 2003).

COMMUNICATION STYLE, RELATIONAL HARMONY AND DOMESTIC VIOLENCE

The existing correlation between the level of relational harmony and the degree of violence is high and negative ($r = -.560$; $p < .01$).

If we subcategorize the scores obtained on the Dyadic Adjustment Scale, in three subgroups, ("Very low", scores below 70; "Low", scores between 71 and 85; "Medium", scores above 90 –if we strictly follow this scale this score should be 110, but people with this level of harmony do not come to our consultations, the physical, psychological and sexual violence experimented is **inversely proportional to the level of harmony**. The differences between the subgroups classified as very low and low are statistically significant compared to the medium group ($F = 22.37$; $p < .001$). The opposite of abuse is not the absence of violence but good treatment.

With respect to the changes that each couple member expects and demands of the other, the couples that report a greater degree of violence demand more changes in the relationship and in the behaviour of their mate, especially the women (which supports the idea that they are less satisfied with the relationship or else that they are more demanding), petitions that are not always correctly perceived or interpreted by the other, for what we can see according to the scores regarding agreement and disagreement obtained from the Areas of Change Questionnaire (Cáceres, 2004)

Long ago several studies showed that couples in high conflict communicate in a different manner than couples who are harmonious (Birchler, 1973; Cáceres, 1992; Gottman, 1979). These differences have to do with what they say, but specially, with how they say it, the sequences they follow and the degree of physiological connection that is produced between them as long as the discussion continues.

What they say, the contents, are usually less useful in discriminating harmonious couples from conflictive couples, but when we do a micro-analytical analysis of faces, gestures, tones and postures we discover that harmonious couples are much more positive and less negative than couples in conflict (they smile more and get closer, make things easier, are less critical and less reproachful...). Couples in conflict adopt gestures, tones and postures that many would not doubt in labelling as "violence", at least psychological violence.

There also is what has been called "**reciprocity**", that refers not only to the base rates of positive and negative aspects that characterize harmonious and conflictive couples but also to the promptness with which such elements are answered in the course of the interaction; harmonious couples are characterized by a **high reciprocity of positive elements** while couples in conflict return the negative ones more promptly and in an almost automatic manner. O'leary & Slep (2006) have shown that a high proportion of the men in their sample justify that their violence is triggered by the previous violence of their partners, while a high portion of the women say that their physical violence is provoked by the psychological violence initiated by the men...

Another phenomenon that some authors (Gottman & Levenson, 1986) have called physiological linkage: the contagion of the physiological acceleration from one to the other. This physiological linkage when the underlying emotions are analysed is not symmetric, rather there are subtle differences in the return and the contagion of neg-



ative elements of women and men. The negative emotions that predominate among men are rage and scorn, while the corresponding ones for women are sadness and fear. This asymmetry continues in the established sequences in the contagion of emotions: the rage in her generates rage in him, rage in him generates fear in her and her fear generates more rage in him! In addition, people seem to react differently cardiovascularly in the context of an argument: some become accelerated and others slow down, which does not imply a sympathetic deactivation but more a different physiological "directional fractioning" that possibly reflects different personality typologies (Cáceres, 1999; Gottman, Jacobson, Rushe, Short & Babcock, 1995). These different types of person, which in non-expert contexts for improving their comprehension we have denominated "pit-bulls" and "cobras" respectively because although they can be equally lethal they react in a different way (Jacobson & Gottman, 1998) both in the course of the violent episode and in the moments and ways of inflicting violence throughout the separation process, if there was one.

These results obtained in our surroundings are no different from those obtained by researchers from other countries (Birchler, 1973; Gottman, 1979; Jacobson & Waldron, 1978; Jacobson, Gottman, Waltz, Rushe, Babcock & Holtzworth-Munroe, 1994) who also show that:

a) When communicating with people different from our partners we all know how to be more positive and more flattering ("Where there is confidence there is disgust" as the Spanish saying goes).

b) With strangers, with whom we know how to be more positive, we never have to discuss such complicated problems and with such emotional burden as the ones we ought to discuss with our intimate partners and we are definitely never expected to come to exact agreements.

c) When we talk about neutral topics we sometimes know how to be generous even with the partner we live with...The existing correlation between negative manners (non-verbal communication) and conflict is especially high.

d) Couples in conflict react specially to short-term contingencies; they are overtaken by immediacy, while harmonious couples know how to wait for long-term reinforcements without letting themselves get carried away by the momentary overexcitement.

But these characteristics do not seem to be present from the beginning of the relationship. When the degree of satisfaction and of violence in young recently formed couples, who still do not live together on a permanent basis, is compared with that of couples of many years who are in conflict, our results suggest that the degree of satisfaction in the relationship vanishes with the passage of time and this deterioration in the relationship, at the same time as it increases the mistrust in resolving the problems in an mutually assumable manner, also increases violence (Cáceres & Cáceres, 2006).

BIOPSYCHOSOCIAL MODEL OF DOMESTIC VIOLENCE

Many of these data could be summarized and integrated into what we have called the bio-psycho-social model of violence adapted from Rosembaum, Geffner & Sheldon, (1997). (Figure 1)

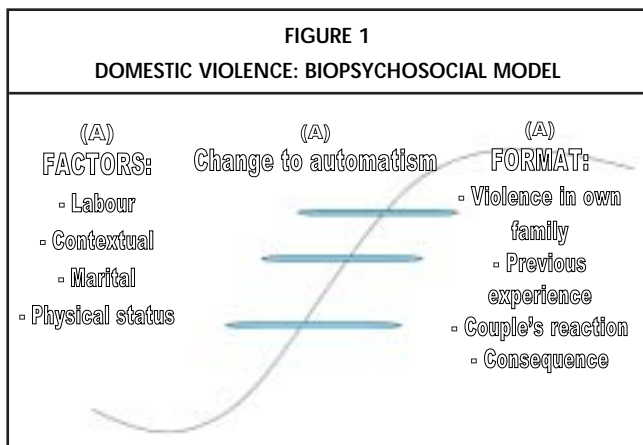
This models would imply the following assumptions:

1. People get physiologically activated according to diverse sources of stress (labour, marital...)
2. Having surpassed certain levels of activation, most people would enter a period of automatic reaction. We can distinguish:
 - 2.1. On the thresholds that determine the change to "automatic pilot" in a constant manner (e. g. personality factors) or responding to the demands of the moment (e. g. alcohol).
 - 2.2. In the way of acting and of controlling cognitive processes when they are in such a state (possibly depending on their past experience, their school of social learning, their personality typology...).

CONCLUSIONS

Based on our data we can formulate the following conclusions:

- a) There are high percentages of physical, psychological and sexual violence in couples, especially in certain subpopulations such as those that come to a





Mental Health Centre due to relationship problems. The conflict seems to work as the breeding ground for the development of violence although it is probably not the only determinant element. Holtzworth-Munroe, Waltz, Jacobson, Monaco, Fehrenbach & Gottman, (1992) have shown that if there is violence in half of the couples in conflict, this violence is also present in a third of couples that do not show any conflict. Schumacher & Leonard, (2005) discovered how even though there are detonating sequences in the course of discussions that are risk factors for violence, conflict does not seem to be the only variable determinant for physical violence.

- b) This situation does not seem to be this way from the beginning of the relationship. Many couples appear to know how to live in a non-violent manner at the beginning of the relationship. Later, especially when discrepancies and conflict in the process of resolution begin, changes in the partner are demanded, and the way of negotiating such changes already implies a certain degree of violence.
- c) Some of the mechanisms offered for explaining the deterioration of romantic relationships (negative reciprocity, base rates of negative non-verbal elements, physiological activation...) can already be considered, in themselves, concrete examples within the violence continuum.
- d) There seems to be an assembly, both physiological and communicational between her and him, with established sequences that are repeated with certain automatism. (Gottman & Levenson, 1999), as in the links of a chain. With one, we can expect the other. Once a violence sequence has emerged in the context of a discussion, there is nothing that a woman can do to deactivate such a sequence (Jacobson, Gottman, Waltz, Rushe, Babcock & Holtzworth-Munroe, 1994)

We believe these processes to be specially relevant and should be taken into account when developing sanitary policies, in the prevention of violence, the decrease in the number of police reports or of their early retirement, in the context of intimate relationships and, of course, when planning treatment and rehabilitation programs for both the victims of violence and the aggressors.

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