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Agreement between Veteran and Partner Reports of Intimate Partner Aggression

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Abstract

We examined intimate partner aggression (IPA) reporting concordance between veterans and their partners and investigated relationship satisfaction, posttraumatic stress disorder (PTSD) symptoms, and relationship attributions as correlates of IPA reporting discrepancies. The sample consisted of 239 veterans of different service eras and their intimate partners. Veterans and partners reported their physical and psychological IPA perpetration and victimization over the past 6 months. Methodological improvements over prior concordance studies included the use of clinician-assessed PTSD symptoms and the assessment of relationship attributions via observational coding of couples' conflict interactions. Results suggested low to moderate levels of agreement between veterans and partners and indicated that relationship satisfaction was associated with reporting less IPA than one's partner reported, replicating prior concordance findings. Previous concordance findings with self-reported PTSD symptoms were also reproduced in the current study using clinician-assessed PTSD symptoms. Veterans' PTSD symptoms were associated with reporting less IPA than their partners reported and partners' PTSD symptoms were associated with reporting more IPA than the veterans reported. Additionally, we found an association between relationship attributions and reporting discrepancies. For both dyad members, making more positive and less negative relationship attributions was associated with reporting less IPA than one's partner reported. Findings underscore the difficulty of obtaining objective self-reports of adverse behavior, and highlight factors that may influence such reports. Clinically, this information could be used to better identify cases in which obtaining collateral reports of IPA are particularly warranted.

Keywords

intimate partner aggression; concordance; veteran; PTSD; relationship

Within the field of intimate partner aggression (IPA), one commonly debated, important issue has been the accuracy of its assessment (Follingstad & Rogers, 2013). Because perpetrators of IPA may under-report their behaviors (Archer, 1999), it has become standard to collect reports from both members of the couple. While obtaining collateral reports on IPA helps combat under-reporting, it also raises significant concerns about the disagreement between reports. Evaluating the level of agreement between partners' reports is key in establishing the accuracy of the IPA assessment, and numerous studies have examined interpartner concordance on IPA among different populations (e.g. Marshall, Panuzio, Makin-Byrd, Taft, & Holtzworth-Munroe, 2011; Panuzio, O'Farrell, Marshall, Murphy, & Taft, 2006). However, IPA reporting concordance has remained understudied among veterans and their partners. This is critical, particularly given the large research base showing military members to be at increased risk for IPA perpetration, due in part to posttraumatic stress disorder (PTSD) symptomatology (Marshall, Panuzio, & Taft, 2005).

We previously examined IPA reporting concordance in a sample of 65 male Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) veterans and their female partners (LaMotte, Taft, Weatherill, Scott, & Eckhardt, 2014). Results showed generally low to moderate¹ agreement on IPA perpetration. We also examined relationship satisfaction and PTSD symptoms as correlates of reporting discrepancies. Partners' relationship satisfaction was associated with reporting less of their own and veterans' IPA perpetration than veterans reported. Additionally, partners' PTSD symptomatology was associated with reporting more of their own and veterans' IPA perpetration relative to veterans' reports, while veterans' PTSD symptomatology was associated with reporting less of their own physical IPA perpetration relative to partners' reports.

We sought to replicate and extend our prior findings with a larger and more diverse sample of veterans of different service eras and their intimate partners while addressing several methodological limitations of the previous study. In the prior study, veterans' IPA reports were obtained through written questionnaire while partners' IPA reports were obtained verbally over the telephone, which made it unclear if the findings were due to the different assessment methods used. The current study addressed this issue by obtaining both veterans' and partners' reports of IPA perpetration and victimization through written questionnaires. Additionally, the prior study used a self-report measure of PTSD, which may be influenced by the same underlying reporting biases that affect the reporting of IPA. The current study addressed this by using clinician-assessed rather than self-reported ratings of PTSD symptoms.

¹Kappa and Yule's Y were assessed using Landis and Koch's (1977) guidelines: < 0.0 = poor, 0.0–0.2 = slight, 0.2–0.4 = fair, 0.4–0.6 = moderate, 0.6–0.8 = substantial, and 0.8–1.0 = perfect. Kendall's tau-b was assessed using Cohen's (1988) guidelines: $r < .3$ = small, $.3 < r < .5$ = medium, and $r > .5$ = large. We considered kappa and Yule's Y coefficients within the poor, slight, and fair ranges and small correlations as indicating low concordance, and considered kappa and Yule's Y coefficients within the moderate range and medium correlations as indicating moderate concordance.

Beyond replicating prior findings, we aimed to extend this literature by investigating the connection between one's causal attributions for relationship events and their IPA reports. Several researchers have suggested the potential importance of couples' attributions for partner behaviors with respect to IPA reporting concordance (Marshall et al., 2011; Simpson & Christensen, 2005), as some are more inclined to believe good things about their partners' intentions, and others are more inclined to place blame on their partners for negative relationship events (Bradbury & Fincham, 1990). In this study, we examined the association between relationship attributions and IPA reporting discrepancies via coded positive and negative causal attributions for relationship events made over the course of two 10-minute conflict discussions.

The aims of the study were to (a) examine concordance between veterans' and partners' IPA reports, and (b) examine relationship satisfaction, PTSD symptoms, and relationship attributions as correlates of IPA reporting discrepancies. We expected to find low to moderate agreement between reports of IPA. It was also hypothesized that relationship satisfaction would be associated with reporting less IPA perpetration and victimization than one's partner reports. For veterans, PTSD symptom severity was expected to correlate with reporting less IPA perpetration and victimization than partners reported, and for partners, PTSD symptom severity was expected to correlate with reporting more IPA perpetration and victimization than veterans reported. Finally, the use of more positive than negative relationship attributions was expected to correlate with reporting less IPA perpetration and victimization than one's partner reported.

Method

The study took place in the Veterans Affairs (VA) Boston Healthcare System and New Mexico VA Healthcare System. To be eligible, the veteran (a) must have been cohabitating for 12 months with an intimate partner who also agreed to be in the study, and (b) must have been exposed to at least one traumatic event. The final sample included 239 couples. Initially, 298 couples had enrolled in the study: two were deemed ineligible for the study, three withdrew from the study, seven were terminated after difficulty conforming to protocol requirements, thirty-four were omitted because both members of the couple were veterans and did not fit into veteran and partner categories, eleven were omitted because they did not complete the primary measure of interest for this study, and two were omitted because they had participated in the prior study. Thus, no participants overlapped with those in the previous study (LaMotte et al., 2014).

Veterans in the sample were predominantly male (93.7%) and partners were predominantly female (96.7%). There were 7 (2.9%) female same-sex couples in the sample. The average age of the sample was 51.8 ($SD = 11.2$). The majority of the sample (80.6%) self-identified as Caucasian, 10.5% as Black or African American, 8.9% as American Indian or Alaskan Native, 1.9% as Asian, 0.4% as Hawaiian or Pacific Islander, and 6.5% as unknown racial origin (categories were not mutually exclusive). Additionally, 21.1% of the sample endorsed Hispanic or Latino ethnicity. Veterans' military service eras were: 0.8% Korean War, 57.6% Vietnam War, 12.6% Operation Desert Storm, 16.4% OIF/OEF, and 12.6% other eras.

Revised Conflict Tactics Scales (CTS2; Straus et al., 1996)

The CTS2 is the most commonly used measure of IPA and has strong psychometric properties (Straus et al., 1996). The 12-item Physical Assault subscale and 8-item Psychological Aggression subscale were used. Veterans and partners were asked about the frequency with which they engaged in each IPA act over the prior six months, as well as the frequency with which their partner engaged in the same acts. Possible responses included *never, once, twice, 3 to 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times*. Items were recoded to reflect the estimated frequency of each IPA behavior, using mid points for responses that contained a range of scores, and scoring the response of *more than 20 times* as 25. Next, item scores were summed to generate a total frequency score. Coefficient α was .96 and .70 for physical and psychological IPA perpetration, respectively.

Quality of Marriage Index (QMI; Norton, 1983)

The QMI is a 6-item measure of general relationship satisfaction. Five of the items ask participants to rate their level of agreement with statements about their relationship (e.g. *my relationship with my partner is strong*), with possible responses ranging from 1 (*very strongly disagree*) to 7 (*very strongly agree*). The sixth item asks participants to rate their global happiness in their relationship on a 10-point scale. Items are summed to create a total score ranging from 6 to 45. Coefficient α for this sample was .96.

The Clinician Administered PTSD Scale (CAPS; Blake et al., 1990)

The CAPS is a structured diagnostic interview evaluating the symptoms of PTSD. Veterans and partners were individually interviewed by a clinician who rated the frequency and intensity of each symptom on a 5-point scale. Frequency and intensity scores were combined to form a total severity score for each symptom, which were summed to create a total current PTSD severity score. A prior study with this dataset reported high inter-rater reliability for the CAPS (Miller et al., 2013).

Rapid Marital Interaction Coding System (RMICS; Heyman & Vivian, 2000)

The RMICS is an observational coding system that assesses positive and negative behaviors elicited during couples' conflict interactions. In this study, two 10-minute conflict discussions between the veterans and partners were video-recorded for coding (for more information regarding the conflict discussion and coding procedures, see Miller et al., 2013). The RMICS codes of distress-maintaining and relationship-enhancing attributions were used in this study. These codes represent positive and negative causal explanations for relationship events, with relationship event defined as any relationship-relevant thought, feeling, or behavior brought up during the conflict discussion. Distress-maintaining attributions explain negative relationship events as due to personality traits or intentional causes, and explain positive relationship events as due to circumstance or unintentional causes. Conversely, relationship-enhancing attributions explain positive relationship events as due to personality traits or intentional causes, and explain negative relationship events as due to circumstance or unintentional causes (Heyman & Vivian, 2000).

For both codes, ratings were averaged across raters and conflict discussions. Next, in order to examine the relative use of positive and negative relationship attributions, we subtracted total distress-maintaining attributions from total relationship-enhancing attributions. Computing a single dimensional relationship attribution variable is preferable for several reasons: it reduces the number of correlates examined, controls for variability in participants' overall tendency to make attributions, and is consistent with prior research suggesting the importance of the balance between positive and negative relationship behaviors (Gottman et al., 1998).

Four indices were used to assess interpartner concordance: percentage of occurrence agreement, kappa (Cohen, 1960), Yule's Y (Spitznagel & Heltzer, 1985), and Kendall's tau-b. In order to derive the first three of these concordance indices, veterans' and partners' reports on physical and psychological IPA perpetration and victimization were scored dichotomously to indicate whether each form of IPA was present or absent. The percentage of occurrence agreement represents the proportion of couples in which both partners agreed on the presence of that form of IPA. To preclude inflation of agreement due to the absence of IPA perpetration, this index was calculated only among couples in which at least one member indicated its presence.

Kappa and Yule's Y, which were calculated among all couples, better account for chance than does percentage of occurrence agreement (Bartko, 1991). Kappa is more commonly reported among IPA concordance studies, and is presented in the current study for comparison. However, incorrect kappa estimates may occur when there are extremely high or low base rates of the target behavior, which often occurs when studying IPA (i.e. low rates of physical IPA, high rates of psychological IPA). Yule's Y is able to partially correct for this issue (Hoffman & Ninonuevo, 1994). Possible kappa and Yule's Y values range from -1 to 1, with a 0 indicating agreement by chance. The following guidelines have been used to interpret kappa and Yule's Y values (Landis and Koch, 1977; Hoffman & Ninonuevo, 1994): < 0.0 = poor, $0.0-0.2$ = slight, $0.2-0.4$ = fair, $0.4-0.6$ = moderate, $0.6-0.8$ = substantial, and $0.8-1.0$ = perfect. Whereas the first three concordance indices assess agreement on the occurrence of IPA, Kendall's tau-b assesses the agreement on the frequency of IPA. Effect size interpretation was consistent with Cohen's (1988) recommendations for small ($r < .3$), medium ($.3 < r < .5$) and large ($r > .5$) effects.

Next, we investigated how the variables of interest were associated with a tendency to report higher or lower levels of IPA than one's partner reported. We calculated difference scores for each type of IPA by subtracting the partner's reported frequency from the veteran's reported frequency. We then conducted partial correlations between the variables of interest and these difference scores, controlling for the overall level of the type of IPA being reported, as the actual level of IPA being reported may influence the degree of discrepancy between IPA reports.

Results and Discussion

Rates of Physical and Psychological IPA

To assess overall rates of IPA, combined reports were taken between veterans and their partners, in which the highest frequency reported by either person on each CTS2 item was used. These combined reports indicated that 57 (23.8%) veterans had perpetrated physical IPA over the prior six months, and that 225 (94.1%) had perpetrated psychological IPA. Of the partners, 59 (24.7%) had perpetrated physical IPA and 224 (93.7%) had perpetrated psychological IPA.

Interpartner Concordance

Concordance analyses are displayed in Table 1. Only 29.8% and 33.9% of couples agreed on the presence of veteran- and partner-perpetrated physical IPA, respectively, when at least one member of the couple reported it. Most of this disagreement resulted from the veteran reporting the IPA and the partner not reporting it (60.0% for veteran-perpetrated and 66.7% for partner-perpetrated physical IPA). Kappa and Yule's Y coefficients indicated fair to moderate agreement, and Kendall's tau-b showed medium correlations for veteran- and partner-perpetrated physical IPA. In contrast, 82.2% and 79.0% of couples agreed on the presence of veteran- and partner-perpetrated psychological IPA, respectively. Most (55.0%) disagreement on veterans' psychological IPA perpetration resulted from the veterans reporting it and the partners not, and most (70.2%) disagreement on partners' psychological IPA perpetration resulted from the partners reporting it and the veterans not. Kappa and Yule's Y values for psychological IPA indicated fair to moderate agreement, and Kendall's tau-b showed medium correlations.

When compared with the prior concordance study among OIF/OEF veterans and their partners (LaMotte et al., 2014), findings for overall concordance were consistent, indicating low to moderate agreement on physical and psychological IPA perpetration. With the exception of partners' psychological IPA perpetration, most of the disagreement regarding the occurrence of IPA resulted from the veterans reporting it and the partners not. This suggests that veterans, relative to their partners, may be more forthcoming about IPA within their relationships. Unlike the prior study, both veterans' and partners' IPA reports were obtained via written questionnaire, suggesting that the findings are not due to differential assessment methods. Another possible explanation is that the partners, perhaps less familiar with the VA and its policies, refrained from reporting IPA because they were concerned about potential harmful consequences of such reports on the veterans' military career, VA healthcare, or military reputation.

Correlates of Reporting Discrepancies

Relationship satisfaction, PTSD symptom severity, and relationship attributions were examined as correlates of reporting discrepancies. Table 2 displays inter-correlations among the predictor variables. Partial correlations between the variables of interest and IPA reporting discrepancies are presented in Table 3. For veterans, higher relationship satisfaction was associated with reporting lower levels of their own and partners' psychological IPA perpetration than partners reported. For partners, higher relationship

satisfaction was associated with reporting lower levels of their own and veterans' physical IPA perpetration than veterans reported. Paired samples *t*-tests revealed that veterans had higher relationship satisfaction ($M = 33.32$, $SD = 7.61$) than did partners ($M = 31.89$, $SD = 7.57$), $t(214) = 2.88$, $p < .01$, $d = .20$. These findings add key evidence to the literature suggesting the importance of relationship satisfaction in IPA reporting (Marshall et al., 2011). When people think positively about the overall quality of their relationships, they may be less likely to remember or report negative relationship events such as IPA. Conversely, when they have negative overall views of their relationships, they may be more honest about or may inflate the level of IPA in their reports.

For veterans, having higher PTSD symptom severity was associated with reporting lower levels of their own and partners' physical IPA perpetration relative to partners' reports. However, for partners, having higher PTSD symptom severity was associated with reporting higher levels of their own and veterans' physical IPA perpetration relative to veterans' reports. Paired samples *t*-tests revealed that veterans had much greater PTSD symptom severity ($M = 43.20$, $SD = 28.13$) than did partners ($M = 16.36$, $SD = 20.88$), $t(229) = 12.90$, $p < .001$, $d = .85$. This corroborates the findings of the prior study (LaMotte et al., 2014) while improving on its methodology by using clinician-assessed rather than self-reported PTSD symptoms. One possibility is that for the veterans, who had higher levels of PTSD symptoms overall, the disorder was associated with memory limitations when attempting to recall instances of IPA. PTSD in veterans has been linked to impairments in autobiographical memory (McNally, Lasko, Macklin, & Pitman, 1995). Another possibility is that the veterans with more severe PTSD were more dissociative during the relationship conflict itself, and thus had greater difficulty recalling it (Finley et al., 2010). For the partners, whose PTSD symptoms were not as severe, higher symptom scores may have been indicative of an inclination to be more forthcoming about their personal problems, including both psychological distress and IPA.

Veterans' and partners' relationship attributions were correlated their relative reporting of IPA. Specifically, making more positive than negative relationship attributions was associated with reporting less IPA perpetration and victimization than one's partner reported, while making more negative than positive relationship attributions was associated with reporting more IPA perpetration and victimization than one's partner reported. Overall, veterans ($M = 0.50$, $SD = 1.59$) made more positive/less negative attributions than did partners ($M = -0.21$, $SD = 1.82$), $t(224) = 4.55$, $p < .001$, $d = .30$. To our knowledge, this is the first study to examine relationship attributions as a correlate of IPA reporting discrepancies. These findings suggest that people tend to under-report IPA when they place less responsibility on themselves and their partners for negative relationship events and place greater responsibility on themselves and their partners for positive relationship events. The former may relate to a process of rationalizing and minimizing negative behavior including IPA (Dunham & Senn, 2000), and the latter may relate to a propensity to depict their relationship in a good light (Fowers, Lyons, & Montel, 1996). Findings also suggest that people may over-report IPA when they place greater responsibility on themselves and their partners for negative relationship events and less responsibility for positive relationship events. Those who blame themselves and their partners for negative occurrences in their

relationships may also tend to interpret positive or neutral behaviors as being more hostile (e.g. talking loudly across the house is interpreted as shouting or yelling at one's partner).

This study is not without its limitations. The inability to know the true frequency of IPA in the relationship allows for more than one interpretation, as it is unclear if one partner is under-reporting or the other partner is over-reporting (or perhaps both). This is a common limitation of IPA concordance studies. Under- and over-reporting could be examined more precisely if the level of IPA being reported is kept constant. For instance, participants could be told to empathize with one partner in a video of couple conflict and then report the number of IPA acts directed toward him or her. An additional limitation of the study is that gender was tied to veteran- and partner-status. Some IPA concordance studies have found an effect of gender on reporting (e.g. Panuzio et al., 2006), with females reporting IPA more often than males. However, this finding has not been consistent across concordance studies (e.g. Marshall et al., 2011), and the current study found that disagreement on IPA perpetration more often resulted from the (mostly male) veterans reporting the IPA and the (mostly female) partners not reporting it. Still, we urge future IPA concordance studies of veterans and partners to examine the possible influence of gender.

Limitations notwithstanding, this study holds important implications for the assessment of IPA and adverse behaviors more broadly. Results suggest that general views about a domain (e.g. one's relationship) may influence the reporting of specific adverse aspects of that domain (e.g. IPA). Clinically, information about factors that affect IPA reporting could be used to identify cases in which obtaining collateral reports of IPA are particularly warranted. Findings for relationship attributions are perhaps the most notable and innovative findings of this study, and offer a direction for future research. While this study examined partners' attributions for more general relationship events, it could be valuable to investigate the influence of attributions about particular IPA incidents, which may be more specifically related to the reporting of IPA. Another potentially fruitful avenue for the IPA concordance literature to explore is the influence of memory ability. For instance, a study utilizing a neuropsychological battery with polysubstance abusers found that memory ability was related to interpartner disagreement on the most recent IPA episode (Medina, Schafer, Shear, & Armstrong, 2004). The influence of memory ability would be relevant to IPA reporting in any sample, but may be particularly germane to veterans, considering PTSD's connection to memory impairment (McNally et al., 1995). Improving the quality of IPA assessment will be a challenging but worthy endeavor, and its achievement would greatly assist IPA research and intervention efforts.

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Table 1

Inter-partner Concordance on the Occurrence and Frequency of Physical and Psychological IPA

Type of IPA	Percent of Occurrence Agreement	Kappa	Yule's Y	Kendall's tau-b
Veteran Physical IPA	29.8	.36	.48	.35
Partner Physical IPA	33.9	.41	.53	.41
Veteran Psychological IPA	82.2	.32	.44	.38
Partner Psychological IPA	79.0	.28	.41	.39

Note. Abbreviations: IPA, Intimate Partner Aggression.

Table 2

Bivariate Correlations among Predictor Variables

Variable	1.	2.	3.	4.	5.	6.
1. Veteran QMI						
2. Partner QMI	.54***					
3. Veteran CAPS	-.27***	-.20***				
4. Partner CAPS	-.10	-.16*	.20**			
5. Veteran Relationship Attributions	.28***	.19**	-.17*	.01		
6. Partner Relationship Attributions	.11	.30***	-.04	-.13 [†]	.08	

Note. Abbreviations: QMI, Quality of Marriage Index; CAPS, Clinician Administered PTSD Scale.

*
 $p < .05$.

**
 $p < .01$.

 $p < .001$.

[†]
 $p = .05$.

Partial Correlations with IPA Difference Scores: Relationship Satisfaction, PTSD Symptoms, and Relationship Attributions

Table 3

Type of IPA	Veteran QMI	Partner QMI	Veteran CAPS	Partner CAPS	Veteran Relationship Attributions	Partner Relationship Attributions
Veteran Physical IPA	.08	.16*	-.14*	-.16*	.02	.15*
Partner Physical IPA	.08	.19**	-.16*	-.15*	.04	.10
Veteran Psychological IPA	-.19**	.09	.12	-.02	-.14*	.21**
Partner Psychological IPA	-.22**	-.08	.07	-.03	-.18*	.19**

Note. Positive correlations signify that the variable is associated with the veterans reporting higher IPA frequencies than the partners reported, and negative correlations signify that the variable is associated with the partners reporting higher IPA frequencies than the veterans reported. Multivariate analyses did not find any consistent unique contributors to IPA reporting discrepancies. Abbreviations: IPA, Intimate Partner Aggression; QMI, Quality of Marriage Index; CAPS, Clinician Administered PTSD Scale.

* p < .05.

** p < .01.