Correspondence Between Telephone and Written Assessments of Physical Violence in Marriage

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Clinic couples (N = 50) participated in a study examining the consistency of reported rates of aggression via telephone and written administrations of the Conflict Tactics Scale. Both husbands' and wives' reports of physical aggression were highly consistent between the telephone and written assessments. Reports of wife-to-husband aggression were significantly more consistent than reports of husband-to-wife aggression. As expected, wives reported significantly more husband-to-wife aggression than their husbands reported. Generally, there were no significant sex differences on reports of wife-to-husband aggression. The implications of these findings for various studies are discussed.

As spousal aggression increases as a focal point for research, large numbers of individuals and couples must be assessed. Meeting all possible subjects face to face is impractical. It is far more efficient to screen subjects over the telephone and choose whom to meet in person and assess systematically. Previous studies with in vivo assessment (O'Leary et al., 1989) found that approximately one out of three young married couples met the eligibility criteria for spousal aggression as measured by the Conflict Tactics Scales (CTS; Straus, 1979). In samples of couples seeking marital treatment, between 50% and 66% of women reported that their husbands had engaged in physical aggression against them in the past year (Holtzworth-Monroe et al., 1992; O'Leary, Vivian, & Malone, 1992). Given the relatively high prevalence of physical aggression in marriage, screening for such violence is an important procedure. However, the efficacy of telephone screening for spousal aggression via the CTS is not known.

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Telephone interviews are a cost-effective way to screen subjects for aggression. Indeed, telephone interviews are a common method of gathering survey data regarding the prevalence of aggression in relationships (Schulman, 1979; Smith, 1987, 1988a, 1988b; Straus & Gelles, 1990). Marital aggression has increasingly been related to a number of individual and relationship problems (e.g., depression, posttraumatic stress disorder, marital adjustment) and other areas of aggression research (e.g., psychological or sexual abuse; O'Leary, 1993). Consequently, researchers frequently use the CTS to assess large numbers of spouses or couples to determine eligibility or inclusion based on spouse abuse criteria. However, the consistency of such reports has not been established empirically.

Telephone interviews as a whole contain several advantages over written, in-person assessment. They can be used to screen couples for eligibility for studies and to collect data more efficiently; assessing subjects in clinics requires greater time and effort for both subjects and researchers. In-person assessments are also more expensive (Groves & Kahn, 1979). Telephone interviews are also less intrusive. Additionally, telephone interviews, compared to face-to-face interviews, can expand a sample's scope; subjects may be assessed across economic, social, and racial strata. (One exception may be homes without telephones, which are disproportionately low-income, and might not be as adequately represented by telephone surveys. Random-digit dialing telephone sample coverage is so good in examining data relevant to spousal abuse, though, that low-income bias is not considered a significant problem; Smith, 1989). Interviews can also be conducted more readily at the subject's convenience (i.e., day or evening), eliminating most scheduling problems and thus allowing for higher participation rates.

The present study assessed the utility of telephone screening for marital aggression by comparing the correspondence between telephone and written CTS scores in a clinical sample. Previous researchers have addressed the utility of telephone screening as a methodological tool. Krokoff (1989), in a study replicated by Gano-Phillips and Fincham (1992), examined telephone and written, in-person correspondence of another marital measure, the Marital Adjustment Test (MAT, Locke & Wallace, 1959). There was a high correlation between wives' telephone scores and their written MAT at 6 months ($r = .81$) and 12 months ($r = .85$). Additionally, Smith (1989) concluded that telephone surveys compared favorably with face-to-face surveys, when he examined interviews assessing violence against women in the context of intimate relationships. Straus and Gelles (1990) also discussed the differences between telephone and in-person assessments at length, as the differences applied to their two samples of survey data; they concluded that telephone interviews were a useful means of collecting such data. Still other researchers have examined issues

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1 Although a variant of reliability is being measured, the change in method of assessment prohibits an examination of test-retest reliability. Because there is no explicit assessment in this study of the degree to which any of these measures represent actual levels of spousal abuse, construct validity is not being examined, either. “Consistency” was determined to be the best way to convey the stability across methods being tested.
such as data quality and rate and accuracy of completion, when comparing telephone and face-to-face surveys (Groves & Kahn, 1979; Marcus & Crane, 1986). The current study, however, is the first to directly compare telephone and in-person, written assessments of marital violence. We believed that rates of physical aggression would be highly consistent when comparing across both methods of administration, supporting the practicality of telephone screening to assess clinic couples for the presence of physical aggression.

Straus (1979) divided physical aggression items on the CTS into “minor” and “severe” acts. We examined reports by spouses categorized as mild aggressors with reports by subjects classified as severe aggressors to determine whether the level of correspondence varied, based on the severity of the aggression. We hypothesized that a high rate of correspondence between the two methods would exist for reports of both mild and severe aggression.

Method

We conducted the current study within an ongoing larger study evaluating different modes of treatment for physical aggression in marriage. Subjects responded to newspaper advertisements offering free therapy for spouses experiencing marital conflict. Interviewers screened both partners over the telephone with the CTS. Within 2 weeks, subjects completed a laboratory-based assessment battery, including the written CTS.

Subjects

Married individuals (N = 525) responded to advertisements for treatment; 139 of them did not participate in the telephone screen after obtaining information about the complete study, whereas 386 individuals completed the telephone screen. Fifty of those couples (N = 100 individuals) met criteria for the general study and completed the in-person assessment battery.

2 Of those, 27 callers stated that there was no physical aggression in their relationship. Twenty-five people did not meet requirements stipulated in the overall treatment study (e.g., couple was currently separated, couple was not married, one or both partners had active alcohol abuse problems). Nineteen callers chose not to participate in the phone screen once learning about the overall treatment study: one caller stated they as a couple did not want therapy for physical aggression, five wives did not want group therapy, one husband did not want group therapy; and twelve callers said they as a couple would not be able to attend the therapy groups at the time they were offered. Sixty-eight people were not interested in the overall study, although they did not specify a reason: 61 people said as a couple they were not interested, five husbands were not interested, and three wives were not interested.

3 Of those, 286 did not participate in the written assessment. Eighteen were disqualified due to stipulations in the overall treatment study (e.g., couple was currently separated, couple was not married, one or both partners had active alcohol abuse problems). One hundred fourteen individuals did not report any H→W physical aggression (needed to qualify for the study): 30 husbands and 8 wives did not report any H→W physical aggression, nor did 76 people. Thirty people did not report the two tactics of H→W physical aggression needed to qualify for the study, and 33 partners stated separately that the woman was the sole or more severe physical aggressor. (In all cases, both partners stated this fact at separate times.) Thirteen people screened chose not to continue in the study: two partners stated they as a couple did not want to participate
For eligibility in the treatment study, at least one partner had to report two or more tactics of husband-to-wife (H→W) physical aggression. However, couples were not informed that the focus of the treatment was on H→W aggression until both telephone and written CTS were completed in order to foster unbiased reports. Because both partners were agreeing to participate in therapy for H→W physical aggression, neither partner could report the absence of such aggression.

Forty-nine White couples and one African American couple constituted the final sample, with an average educational level of 13.27 (SD = 1.85) for wives and 13.23 years (SD = 1.74) for husbands. The average age was 33.08 (SD = 7.63) for wives and 34.94 (SD = 7.14) for husbands. The wives’ mean income was $13,062 (SD = $14,264), and the husbands’ mean income was $28,530 (SD = $18,619). Mean scores on the telephone version of the Locke-Wallace MAT (Krokoff, 1989) were in the severely distressed range: M = 60.88 (SD = 23.39) for wives and M = 77.81 (SD = 21.22) for husbands.

**Measures**

*The Conflict Tactics Scales.* The CTS (Straus, 1979) is an 18-item self-report inventory of conflict tactics. It is a commonly used measure in studies of physical aggression in marriage and intimate relationships, and has high internal consistency (Straus & Gelles, 1990). The present study used the Physical Aggression Scale of the CTS. High scores on the Physical Aggression Scale have been repeatedly associated with marital discord, depression of the victim, and psychological aggression (Straus & Gelles, 1990; O’Leary, 1993).

Item 15, “hitting or trying to hit partner with something,” was eliminated from the written CTS due to clerical error; however, this item was included in the telephone screen. Correlations were computed, comparing telephone reports of CTS scores with this item included to the same telephone reports omitting this item from the overall CTS scores. Correlations ranged from .98 to 1.00. Thus, we did not include this item in the analyses.

The three items analyzed that constitute “minor aggression” include: (a) “throwing something at partner”; (b) “pushing, grabbing, or shoving”; and (c) “slapping.” Acts of severe aggression included in the analyses were: (a) “kicking, biting, or hitting with a fist”; (b) “beating up”; (c) “threatening with a knife or gun”; and (d) “using a knife or gun.” Spouses rated the frequency in therapy focusing on physical aggression; one husband and one wife decided they did not want therapy focusing on physical aggression; one husband chose not to participate in group therapy; four people stated as a couple that they were unavailable to attend therapy when it was offered, as did three husbands and one wife. Forty-one people said they as a couple were no longer interested but did not specify further reasons, and 28 husbands and 4 wives were not interested but did not specify further. Five subjects reported physical aggression severe enough to warrant hospitalization. All subjects not continuing in the study were provided with referrals to hotlines, shelters, victim support groups, and/or aggression control groups.

* Questions concerning race or ethnicity were not asked at any time, nor were they relevant in determining eligibility for the present study.
of each physically aggressive act on the following scale (Straus, 1979): (0) never, (1) once, (2) twice, (3) 3 to 5 times, (4) 6 to 10 times, (5) 11 to 20 times, and (6) more than 20 times. Possible scores for the population could range from 0 (a response of “never” for each of the seven aggressive behaviors) to 42 (a response of “more than 20 times” for each of the seven items).

Procedure

Couples responded to newspaper advertisements offering 14 weeks of free treatment for “couples experiencing marital conflict.” Before beginning any portion of the study, interviewers assured all spouses of confidentiality. Both partners completed telephone and written assessments before beginning treatment. Following the recommendation of Jouriles and O’Leary (1985), partners completed reports of both self and partner aggression.

Telephone assessment. Spouses were asked if they had privacy to complete the telephone screen. Subjects were also urged to keep responses confidential; indeed, almost all wanted assurance that their responses would be kept confidential from their partners. During the telephone assessment, subjects provided demographic information and completed Krokoff’s telephone version (1989) of the Locke-Wallace MAT (Locke & Wallace, 1959) and the CTS. The telephone version of the MAT is a 16-item self-report inventory of marital adjustment and satisfaction.

Written assessment. Eligible couples came to the State University of New York at Stony Brook approximately 2 weeks after completing the telephone assessments. The assessment included a number of written questionnaires and an interview. Similar to the telephone procedure, subjects first completed a measure of marital adjustment and then the CTS. Additional assessments and interviews followed.

Results

Intraspousal Consistency for Overall Reports

Intraspousal consistency of telephone and written reports of one’s own aggression via the CTS was moderate for husbands ($r = .66$) and excellent for wives ($r = .84$). The difference in these correlations was significant, $z = 2.02$, $p < .05$.

Intraspousal consistency of reports of one’s own physical victimization, as assessed by the CTS, was excellent for husbands ($r = .80$) and moderate for

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5 Callers reporting physical danger or victimization resulting in hospitalization ($n = 5$) were excluded from treatment, given a 24-hour hotline number, and referred to an agency for victims (and aggressors) of domestic violence. Because both gender-specific and couple treatments were being conducted, every effort was made to avoid having a wife participate in couple treatment with a husband whom she feared significantly and/or in whose presence she would feel uncomfortable expressing her feelings.
wives ($r = .59$). Again, the difference in these correlations was significant, $z = 1.98, p < .05$.

**Intraspousal Consistency for Mild & Severe Aggression**

To examine intraspousal consistency of reports of one's own aggression, subjects' reports of their own aggression via the CTS were used to categorize their aggression as "mild" or "severe." Spouses who did not report engaging in any acts of aggression categorized as "severe" by Straus (1979) were classified as mild aggressors. Subjects who reported engaging in any "severe" acts were classified as severe aggressors. Similarly, to examine intraspousal consistency of subjects' victimization, spouses' telephone reports of their victimization were used to categorize such victimization as none, mild, or severe.

Intraspousal consistency of husbands' telephone and written reports of their own aggression via the CTS remained moderate for both mild ($r = .60$) and severe aggressors ($r = .65$). Intraspousal consistency of wives' reports via the CTS remained excellent, whether they were classified as mild ($r = .73$) or severe ($r = .71$).

Intraspousal consistency of husbands' reports of their own victimization remained excellent for both mild ($r = .83$) and severe levels ($r = .76$). Intraspousal consistency of wives' reports remained moderate for mild ($r = .61$) and severe victimization ($r = .52$).

**Telephone Versus Written Assessment for Overall Reports**

Means for reports of husbands' physical aggression were analyzed using a $2 \times 2$ (telephone and written CTS scores) repeated measures ANOVA. There was a significant main effect for sex, with wives reporting higher average rates of husbands' aggression than did their husbands ($F(1,90) = 22.77, p < .001$; wives, $M = 8.37, SD = 4.65$; husbands, $M = 4.48, SD = 2.94$; range = 0-42 acts of aggression). There was no significant difference between telephone and written physical aggression scores, $F(1,90) = .42, n.s.$, nor was there a significant interaction, $F(1,90) = .19, n.s.$

A repeated measures ANOVA was also conducted for reports of wives' physical aggression. There was no significant difference for sex, $F(1,90) = .07, n.s.$ There was also no significant difference between telephone and written physical aggression scores, $F(1,90) = .73, n.s.$ No significant interaction effect was found between sex and method of administration, $F(1,90) = .05, n.s.$
Telephone Versus Written Assessment for None, Mild, & Severe Aggression

Husbands' aggression. For ANOVAs examining mild and severe aggression, spouses' written reports of victimization were used to categorize subjects' aggression based on severity. Means for reports of husbands' physical aggression, when husbands were classified as mild and severe, were analyzed using a 2 (classification as mild or severe) × 2 (sex) × 2 (telephone vs. written CTS scores) repeated measures ANOVA. There was a significant main effect of mild or severe classification, although this result only validated the split, $F(1,90) = 27.92, p < .001$, with 12 husbands categorized as mild and 34 as severe. There was no significant difference between telephone and written physical aggression scores, $F(1,90) = .16$, n.s. There was no significant interaction between categorization and telephone versus written CTS scores, $F(1,90) = 1.11$, n.s.

There was a significant main effect for sex, $F(1,90) = 61.15, p < .001$, with wives reporting higher average rates of husbands' aggression than did their husbands (wives, $M = 8.37$, $SD = 4.65$; husbands, $M = 4.48$, $SD = 2.94$).

There was a significant interaction between sex and categorization as mild or severe, $F(1,90) = 9.07, p < .001$ (mild: wives, $4.65$, $SD = 2.02$; husbands, $M = 2.63$, $SD = 1.42$; severe: wives, $M = 9.68$, $SD = 4.60$; husbands, $M = 5.13$, $SD = 3.07$). There was a significant simple effect of sex for the mild category, $F(1,90) = 7.82, p < .001$. There was also a significant simple effect of sex for the severe category, $F(1,90) = 112.42, p < .001$.

There was no significant interaction between sex and telephone versus written CTS scores, $F(1,90) = .14$, n.s. There was no significant three-way interaction for categorization as mild or severe, telephone versus written CTS scores, and sex, $F(1,90) = 3.33$, n.s.

Wives' aggression. Means for reports of wives' physical aggression, when wives were classified as none, mild, or severe, were analyzed using a 3 (classification as none, mild, or severe) × 2 (sex) × 2 (telephone vs. written CTS scores) repeated measures ANOVA. There was a significant main effect for classification as none, mild, or severe, although this only validated the split; $F(2,89) = 18.06, p < .001$, with 3 wives categorized as nonaggressive, 13 as mild, and 30 as severe.

There was no significant difference between telephone and written CTS scores, $F(1,89) = 3.48$, n.s. There was no significant interaction between categorization of aggression and telephone versus written CTS scores, $F(2,89) = .58$, n.s.

There was no significant sex difference, $F(1,89) = .01$, n.s. There was also no significant interaction between sex and categorization of aggression, $F(2,89) = .34$, n.s. There was no significant interaction between sex and telephone and written CTS scores, $F(1,89) = .01$, n.s. There was no significant three-way interaction for categorization of aggression, telephone and written CTS scores, and sex, $F(2,89) = .29$, n.s.

Adequacy of the Telephone Screen

One additional way to evaluate the adequacy of the telephone screen was to assess the percentage of spouses who met the eligibility criterion by reporting aggression by the husband on both the telephone screen and written assessment. The criterion for admission into the study stipulated that two or more
instances of husband-to-wife physical aggression must be reported. The first 50 couples who met this criterion during the telephone screen were admitted into the study. During the written assessment, 49 of the 50 women (98%) and 50 of the 50 men (100%) also fulfilled this criterion, supporting the adequacy of their telephone screen reports.

Discussion

As hypothesized, telephone screening is a reliable method of assessing physical aggression in clinic married couples. Telephone reports of physical aggression did not significantly differ from written reports. Because the correlations were all highly significant and ranged from .52 to .84, telephone screening seems reasonable for the assessment of physical aggression.

Furthermore, researchers can readily collect reports of physical aggression from both spouses using the telephone screen as an efficient first step in the selection process. This applicability extends to determining the presence of aggression, eligibility for prevention and treatment programs, and assessing rates of aggression in clinic couples. The methodological value of telephone screening may also be of great interest to researchers who study or treat psychological problems where high comorbidity with marital aggression has been documented (e.g., depression, marital discord, PTSD, and sexual abuse; cf. O'Leary, 1993), and wish to examine the presence or rates of such aggression in these samples.

We found that reports of W→H aggression were more consistent across telephone and written assessments than comparable reports of H→W aggression. Additionally, wives reported significantly more H→W aggression than their husbands did; husbands' and wives' reports did not differ on reported levels of W→H aggression. Although prior research does not support a sex difference in only H→W aggression (and not W→H aggression), this finding is consistent with past research examining severely distressed couples. Indeed, Langhinrichsen-Rohling and Vivian (1994) and Waltz, Babcock, Jacobson, and Gottman (1991) also found differences in reports of only H→W aggression and not W→H aggression. Our sample was similarly severely distressed, yielding mean MAT scores of 77.81 for husbands and 60.88 for wives.

Because the overall study determined eligibility based on the presence of aggression in clinic couples, the current sample does not include consistency of reports on the nonoccurrence of aggression. In a recent analysis of data collected at the University Marital Clinic at Stony Brook, a community sample of 64 couples was screened for nonaggression initially on the telephone and later in written assessments. The consistency of the reports was 80% (Vivian, 1995). Thus, it is reasonable to expect that inclusion of those couples reporting nonoccurrence in our sample would yield comparable results.

Given the sample, the results might not be generalizable to other populations. First, our sample consisted of severely distressed couples; screening with the general population may yield different results. Second, our sample consisted primarily of moderately violent couples; as such, the results might not be generalizable to more violent samples. However, subjects voluntarily
presented for "therapy for marital conflict," not for therapy focusing on violence. Potential subjects would therefore not have screened themselves out due to a reluctance to discuss severe (or any) violence. Additionally, these spouses volunteering for therapy may be different from other samples (e.g., random surveys of the population, couples volunteering for research but not for treatment, or couples recruited via advertisements that do not refer to marital conflict). Further research is required to examine the generalizability of our results to this broader spectrum of couples.

Other strengths and weaknesses are inherent in a study examining different methods of administration within a 2-week period. By testing subjects so close together, the measured phenomenon (i.e., level of physical aggression within the past year) remains the same. This is an advantage over previous studies assessing differences in various aspects of marriage over several months (Krokoff, 1989). However, it is impossible to ascertain whether subjects remembered their responses from the telephone administration when completing the written administration.

Because the primary aim of this study was to investigate the utility of telephone screening in determining the presence of aggression in clinic couples, no attempt was made to counterbalance the order of assessment. Given that no difference was found between mean reports of aggression, and given the high correspondence between the two methods, the telephone assessment of both H→W (the primary target of many prevention and treatment programs) and W→H physical aggression seems very useful and practical. Because of the difference in reports of husbands' aggression, we concur with Jouriles and O'Leary's (1985) recommendation that all studies of marital aggression collect reports from both husbands and wives. Future studies may wish to assess the utility of the telephone screen to examine the absence of physical aggression in couples.

References


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