MEASURING PARTNER VIOLENCE IN THE RELIGIOUS COMMUNITY: CONTEXTUALIZING MARITAL SUBMISSION

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Measuring Partner Violence in the Religious Community:
Contextualizing Marital Submission

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Doctoral Dissertation
University of Rochester
Purpose

• The purpose of this quantitative research study is to establish what if any relationship exists between the religious practice of female-to-male submission in marital relationships and the prevalence of partner violence (PV) in the religious community.

• The study introduces the Marital Submission Scale as one of five instruments used in the Intimate Partner Relationship Questionnaire’s (IPRQ).

• This construct distinguishes between the Hierarchical Authoritarian (HA) and the Egalitarian Mutual Submission (EMS) perspectives on submission.
Current Assumptions

1. Rates of PV are the same in the religious community as the community at large.
2. Patriarchy is the cause of PV in the religious community.
3. Couples counseling is dangerous and is therefore never recommended or warranted.

This study addresses only the first two assumptions.
Literature Review

1. Feminist-based perspective has maintained a consistent anti-patriarchal stance.

2. The majority of the domestic violence religious resources support the egalitarian mutual submission perspective.

3. Conservative religious groups make a case for a more neutral view of patriarchy. However, their support for patriarchy exists more theologically and anecdotally than empirically.

4. Commonalities do exist between the feminist and conservative religious points of view.
Both perspectives are…

1. against all forms of family violence.
2. against pornography, prostitution and the sexual trafficking of any person.
3. for a strong ethic of care, respecting human dignity and self worth.
4. for sensitive cultural and religious service provision.
Brutz and Allen (1986) explored the relationship between religious commitment, peace activism and marital violence among Quaker couples.

Brinkerhoff, Grandin & Lupri (1992) examined the relationship between PV, denominational affiliation and church attendance.

Ellison, Bartkowski & Anderson (1999) focused on the link between male and female respondent’s denominational affiliation, religious attendance and the perpetration of PV.
Findings from Current Religious Research

Cunradi, Caetano and Shafer (2002) examined religious affiliation, attendance at religious services, alcohol usage and PV among 1635 US couples. They found that:

- Homogamous affiliated couples (those with similar beliefs) had the lowest rates of PV.
  10.5% for MFPV and 15.4% for FMPV

- Heterogamous affiliated couples (those with different beliefs) had moderate rates of PV.
  12.2% for MFPV and 16.9% for FMPV

- The unaffiliated couples had the highest rates of PV.
  18.9% for MFPV and 22.3% for FMPV
Drumm et al. (2006) studied lifetime partner violence in a conservative Christian denomination. Their sample included 1431 males and females. They found that:

- 65% experienced controlling demeaning behavior.
- 46% experienced common couple violence.
- 29% experienced sexual victimization.
- 10% experienced severe physical abuse.
Measurement Instruments of Partner Violence

1. There are 27 published PV instruments measuring attitude, prevalence or designed as an assessment or screening tool.

2. Very few paid attention to the submission construct strengthening the justification for establishing the Marital Submission Scale of the IPRQ.

3. These secular instruments do provide a framework for categorizing the religious research to date on PV.
Measurement of Partner Violence in the Religious Community

1. 138 different religious oriented instruments were reviewed (Hill and Hood Jr., 1999).

2. There are no religious scales specifically designed to detect PV in the religious community.

3. Three studies were found with questions related to the submission construct.
   a. The Shepherd Scale (Bassett et. al, 1981) – 1 Item
   b. Attitudes Toward Christian Women Scale (ACWS) (Postovoit, 1990) – 7 Items
   c. The Right Wing Authoritarianism Scale (Altmeyer, 1999 - 3 Items).
Research Goals

1. Remain neutral and let the evidence speak for itself.
   a. In support of current assumptions.
   b. As a challenge to current assumptions.

2. Educate and empower the religious community to confront PV.
Data Collection

- Baptist Church (HA) – Sunday Evening Service. Participants began together in their normal worship format and then split into male and female groups.

- UM Church (EMS) – Two consecutive Tuesday evening midweek services. Female participants went first, and the male participants the following week.
Instruments

The IPRQ contains six sections:
(1) Demographics
(2) Marital Submission Scale (MSS)
   a. Hierarchical Authoritarian subscale (11 items)
   b. Egalitarian Mutual Submission subscale (6 Items)
   c. Husband Admonition subscale (3 items)
(3) Revised Fundamentalism Scale (FS) (12 items)
(4) The Revised Dyadic Adjustment Scale (RDAS) (14 items)
(5) The Woman’s Experience of Battering Scale gender neutralized (WEB) (10 items)
(6) Revised Conflict Tactics 2 Scale (CTS2 PV Subscales)
Research Hypotheses

• Hypothesis #1-Respondents who identify with the Hierarchical Authoritarian (HA) perspective will score higher on the Fundamentalism Scale than those identifying with the Egalitarian Mutual Submission (EMS) perspective.

• Hypothesis #2-Female respondents from both the HA perspective and the EMS perspective will endorse the Husband Admonition Subscale at higher rates than male respondents

• Hypothesis #3 - Respondents from the HA perspective will report higher relationship satisfaction levels than respondents from the EMS perspective.
• Hypothesis #4- Respondents who identify with the HA perspective on submission will report lower rates of PV than those respondents who identify with the EMS perspective on submission.

• Hypothesis #5 - Reported rates of PV will be lower for the homogamous religious couple than for the heterogamous couple.

• Hypothesis #6 - PV rates for the HA male will be lower than the EMS male.
Plan of Analysis

1. All six hypotheses used an independent sample t-test to determine whether the Baptist (HA) and United Methodist (EMS) groups are significantly different based on scores on the FS, the MSS, the RDAS, the WEB and the CTS2.

2. In addition, a MANOVA determined which of the fixed factors associated with hypotheses 4-6 differentiate PV the most.
<table>
<thead>
<tr>
<th>Variable</th>
<th>BC Group</th>
<th>UM Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Average = 46-50</td>
<td>Average = 46-50</td>
</tr>
<tr>
<td>Marital Status</td>
<td>73% Married</td>
<td>82% Married</td>
</tr>
<tr>
<td></td>
<td>19% Remarried</td>
<td>12.5% Remarried</td>
</tr>
<tr>
<td>Length of Marriage</td>
<td>7.4% 1-5 Years</td>
<td>1.8% 1-5 Years</td>
</tr>
<tr>
<td></td>
<td>34.1% 6-14 Years</td>
<td>30.3% 6-14 Years</td>
</tr>
<tr>
<td></td>
<td>26.6% 15-29 Years</td>
<td>28.6% 15-29 Years</td>
</tr>
<tr>
<td></td>
<td>31.9% 30+ Years</td>
<td>39.3% 30+ Years</td>
</tr>
<tr>
<td>College Education</td>
<td>37.2%</td>
<td>83.8%</td>
</tr>
<tr>
<td>Employment</td>
<td>71.5%</td>
<td>66.1%</td>
</tr>
<tr>
<td>Income mean</td>
<td>$46-50,000</td>
<td>$46-50,000</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>92.7% Caucasian</td>
<td>100% Caucasian</td>
</tr>
<tr>
<td></td>
<td>4.4% Hispanic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.5% African American</td>
<td></td>
</tr>
<tr>
<td>Community setting</td>
<td>75.2% Suburban</td>
<td>87.5% Suburban</td>
</tr>
<tr>
<td></td>
<td>13.1% Urban</td>
<td>8.9% Urban</td>
</tr>
<tr>
<td></td>
<td>11.7% Rural</td>
<td>3.6% Rural</td>
</tr>
</tbody>
</table>
### Church Demographics: N=193

<table>
<thead>
<tr>
<th>Category</th>
<th>BC Group</th>
<th>UM Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>I grew up in a home where decisions were made by</td>
<td>59.3% Both Male &amp; Female</td>
<td>71.4% Both Male &amp; Female</td>
</tr>
<tr>
<td></td>
<td>20.7% Male</td>
<td>21.4% Male</td>
</tr>
<tr>
<td></td>
<td>20% Female</td>
<td>7.1% Female</td>
</tr>
<tr>
<td>In my current home decisions are made by</td>
<td>82.5% Both Male &amp; Female</td>
<td>94.6% Both Male &amp; Female</td>
</tr>
<tr>
<td></td>
<td>10.9% Male</td>
<td>3.6% Male</td>
</tr>
<tr>
<td></td>
<td>4.4% Female</td>
<td>1.8% Female</td>
</tr>
<tr>
<td>In my current home I wish decisions were made by</td>
<td>83.9% Both Male &amp; Female</td>
<td>75.0% Both Male &amp; Female</td>
</tr>
<tr>
<td></td>
<td>9.5% Male</td>
<td>19.6% Male</td>
</tr>
<tr>
<td></td>
<td>1.5% Female</td>
<td></td>
</tr>
<tr>
<td>The Church I grew up in taught that decisions should be made by</td>
<td>61% Both Male &amp; Female</td>
<td>59.3% Both Male &amp; Female</td>
</tr>
<tr>
<td></td>
<td>23.5% Male</td>
<td>20.7% Male</td>
</tr>
<tr>
<td>My current Church teaches that decisions should be made by</td>
<td>70.8% Both Male &amp; Female</td>
<td>92.9% Both Male &amp; Female</td>
</tr>
<tr>
<td></td>
<td>27.7% Male</td>
<td>1.8% Male</td>
</tr>
<tr>
<td>Church Membership</td>
<td>127 yes</td>
<td>47 yes</td>
</tr>
<tr>
<td></td>
<td>9 no</td>
<td>9 no</td>
</tr>
<tr>
<td></td>
<td>1 in the membership class</td>
<td></td>
</tr>
<tr>
<td>Membership Length</td>
<td>58.4% over 11 years</td>
<td>52.2% over 11 years</td>
</tr>
<tr>
<td></td>
<td>19.7% 1-5 years</td>
<td>19.6% 1-5 years</td>
</tr>
</tbody>
</table>
## Results

**New Sample Size**

N = 172

<table>
<thead>
<tr>
<th>BC (HA) Church</th>
<th>UM (EMS) Church</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male/Female</td>
<td>Male/Female</td>
</tr>
<tr>
<td>62</td>
<td>18</td>
</tr>
<tr>
<td>82</td>
<td>33</td>
</tr>
</tbody>
</table>
Hypothesis #1 is fully supported

- The more traditional BC respondents scored significantly ($p = .000$) higher (32.9) than the UM respondents (-3.7) on the FS.
- BC respondents also scored significantly ($p = .000$) higher on 11 of the 12 individual statements of the FS.
- Significant findings emerged from the MSS at the .05 level between the two church groups in 14 of the 20 scripturally-based statements including all 11 of the hierarchical authoritarian (HA) subscale statements.
Hypothesis #2 is not supported

- The BC total score is significantly ($p = .000$) higher than the UM group on 14 of the 20 MSS line items including 2 of the 3 line items for the Husband Admonition subscale.

- The BC group also scored higher on both the Egalitarian Mutual Submission subscale and the Husband Admonition Subscale.

- BC males are more egalitarian than the UM males and more supportive of the scriptural husband admonition statements.

- The males of both groups endorse the Husband Admonition Subscale statements at a higher rate than the females of each group.
Hypothesis #3 is supported as a non-significant trend

- A score of 48 or lower on the RDAS indicates marital distress.
- Both groups scored above 48 on the RDAS indicating little marital distress with the BC group having a slightly higher total mean score (BC=51.9, UM=51.8).
- This difference was also apparent when examining the RDAS subscales for:
  a. consensus (Baptist 26.38 versus UM 25.76)
  b. satisfaction (Baptist 14.84 versus UM 14.78)
  c. but not for cohesion (UM 11.39 versus Baptist 11.18).
- However, an additional frequency analysis revealed that 27% of the BC group and 30.4% of the UM group scored less than 48.
WEB Results

• According to Smith, Earp and DeVellis (1995), a score of 20 or greater on the WEB classifies respondents as experiencing severe emotional abuse.

• The BC group (15.4) reports higher levels of emotional abuse than the UM (15.2) group. UM females reported the highest score (15.9) and the UM males reported the lowest (14.4). BC females WEB scores (15.7) are slightly higher than BC males (15).

• Though differences exist between the church groups they are not statistically significant, nor do these scores classify either group as experiencing severe emotional abuse.

• However, a frequency analysis of respondents by denomination and gender identified that 10% of the UM males, 13.2% of the BC males, 14.8% of the UM females and 15.5% of the BC females acknowledged severe emotional abuse.
Recommended Methods of Scoring the CTS2 (Straus, 2004)

- Acts of violence are measured over a given time frame in two ways:
  1. An annual chronicity score (Summation of incidences)
  2. An annual frequency score (Uses the midpoint score)

[For clinical use with a population known to be violent, the preferred scoring method is Annual Frequency.]

- Prevalence scores reflect the percent of partner violence within a sample over a given time frame such as annual or lifetime.

- Severity levels can be taken into account by examining the subscales for minor and severe assault or as a three level ordinal measure.
Chosen Methods for Scoring the CTS2

- This study’s goal is to provide a complete and accurate picture of the current levels of PV in two religious populations.

- Annual frequency and prevalence scores were chosen over lifetime rates.

- Subscales for minor and severe assault were chosen to specifically isolate both type and severity.
CTS2 Results

- **Perpetration** - BC chronicity rates are higher on three of the four CTS2 subscales and BC prevalence rates are higher on all four of the identified CTS2 subscales than UM rates.
- **Victimization** - BC chronicity rates are higher than UM on six of the seven CTS2 subscales and higher on five of the seven CTS2 subscales for prevalence.
- The only statistically significant CTS2 subscales for chronicity and prevalence are physical assault minor and severe. In both cases BC rates are higher than UM rates.
Hypothesis #4

• Based on this evidence hypothesis #4 cannot be fully supported as it is clear that the BC group has higher PV perpetration rates and higher victimization rates on the majority of the CTS2 subscales. The BC group also has higher WEB scores.

• However, Hypothesis #4 cannot be totally rejected since there are several instances in which the UM rates of PV are higher than the BC rates.
Hypothesis #5

• There is no statistically significant support for Hypothesis #5 according to the CTS2 findings.

• However, heterogamous couples reported higher chronicity rates for the perpetration of minor physical assault and minor sexual coercion. Prevalence rates are also higher for the perpetration of minor injury and minor sexual coercion.

• The homogamous couples in this study had higher chronicity rates for the perpetration of severe physical assault and minor injury, while their prevalence rates are higher for the perpetration of both minor and severe physical assault.
Hypothesis #5 Continued

• Heterogamous couples experience more psychological aggression, both minor and severe, more minor physical assault and minor sexual coercion. Their victimization prevalence rates are higher for physical assault minor and severe, minor injury and minor sexual coercion.

• Homogamous couples victimization chronicity rates are higher for severe physical assault, minor injury and severe injury, while their victimization prevalence rates are higher for minor and severe psychological aggression and for severe injury.
Hypothesis #6

- BC male rates of perpetration for both chronicity and prevalence are higher in each of the identified categories with the exception of the prevalence of minor sexual coercion.
- BC males also experience higher rates of psychological aggression, physical assault, minor injury and minor sexual coercion.
- Hypothesis #6 therefore does not hold true for the perpetration or victimization of violence.
MSS Pertinent Findings

1. Significant differences were found between both church groups not only regarding their total scores but across each of the scales 12 items on the FS and on all 12 items of the hierarchical authoritarian (HA) subscale of the MSS (alpha=.93).

   • The consistency in both scores and significance between the two church groups on both the FS and the MSS increases confidence that the comparison groups of this study are different and that the BC church represent a more traditional view of marital roles.

   • However, it cannot be assumed that all of the BC participants endorse the fundamentalist perspective on husband wife relationships, nor can it be assumed that all of the UM participants endorse the egalitarian mutual submission (EMS) perspective.
2. The MSS is the initial attempt to provide an accurate scripturally-based description of the two different views of submission, namely, hierarchical authoritarian (HA) and egalitarian mutual submission (EMS).

- The MSS total alpha score and the higher alpha score for the HA subscale indicate that the MSS is reliably measuring what it intended to measure.

- However, there were no additional measures to assist in understanding the other two MSS subscales whose alpha scores were weak (.56 and .53). The small sample size and multivariate nature of the items may account for this finding.
3. The highest rated MSS item by BC respondents is item #13 “Wives should submit to their husbands as is fitting in the lord”. This stands in contrast to item #11, “Wives should submit to their husbands in everything with no exceptions”, which was negatively scored by BC respondents.

• Based upon these findings that the BC group more closely aligns with the “liberated traditionalists of Maddox’s (1986) typology as opposed to the traditionalists.

• It could also be argued that item #11 results were skewed by the addition of the words “with no exceptions”.
4. The BC group scored higher on both the EMS and the Husband Admonition Subscale.

- Given the low alpha scores for these two subscales (.51 and .56), it is difficult to accurately interpret these findings.

- What is apparent is that the BC group regarded the scriptures related to egalitarian decision making and the respectful treatment of females by males more highly than the UM group.

- This supports a more neutral view of patriarchy as suggested by Bartkowski (1997) and Bendroth (2001) and that there are positive aspects of conservative views of marriage that should not be dismissed.
PV Pertinent Findings

1. WEB results yielded no significant findings between the two church groups. Emotional abuse is reported to be present in both groups and experienced by both genders and at similar rates.

2. The only assertion that can be substantiated regarding marital submission as identified in this Baptist church is that there is an increase risk of minor physical assault as compared to the UM church as measured by the CTS2.

3. All of the rates for both groups across the identified CTS2 subscales for both perpetration and victimization are lower than the average CTS2 scores by gender for the college student sample as cited in the CTS2 Handbook (2003, p.48).
4. The results support the notion that men and woman both perpetrate PV and are victimized by PV at varying rates depending on the type of violence being measured.

5. They support the notion that religious beliefs may be a mediating factor in at least reducing severe levels of PV.

6. Taken as a whole, these findings suggest that measuring the relationship between patriarchal views of marital submission and PV is a complex endeavor.

7. The mixed results, however,
   a. demonstrate the need for neutrality when dealing with religious couples with traditional views of marital submission and
   b. affirm the absolute importance of a thorough assessment process when dealing with any form of PV.
Limitations

1. Separating the men from the women at the time of data collection did not account for all possible latent consequences.

2. The potential for respondents to minimize or deny behavior or simply not respond accurately, especially regarding the PV results must be given consideration.

3. The self report method looks only at association and cannot infer causality.

4. The low sample size especially for UM males and for heterogamy reduces both statistical power and generalization.
Future Considerations

1. Study replication, locally, by denomination, by region and nationally.

2. Secondary analysis examining the PV levels of 9.5% of the BC respondents and the 19.6% of the UM respondents who wished their husbands made more decisions with the PV level of the total group.

3. Compare distressed and non-distressed participants as identified in the RDAS with their WEB and CTS2 results by church, gender and homogamy.

4. Allow members and non members to participate. Comparing these results may further our understanding of the mediating effects of religion on PV for all church attendees.
5. Since the median age in both groups is relatively high, it might prove fruitful to examine the lifetime rates of PV based upon age.

6. Adding the Haven of Safety Scale (Morris, 2008) as an additional tool or as a replacement for the RDAS could not only further educate respondents but assist in the decision making process regarding staying or leaving an abusive relationship.

7. Finally, after careful PV assessment and where safety is assured, it may be possible to identify religious respondents as couples experiencing mild to moderate PV. Such a study could follow the intervention procedures outlined by Horwitz, Santiago, Pearson and LaRussa-Trott (2009, in press).
Conclusions

1. These findings confirm that though present, PV in these two religious communities may not be as high or as severe as some in the literature would suggest.

2. Identifying rates, types and severity of PV in the religious community begins to fill a gap in the literature and increases our understanding of the nature of PV.

3. It also serves to increase our sensitivity to the needs of all victims of PV, regardless of their view of marital submission, their gender, or religious affiliation.

4. All of our current PV policies should be reexamined to ensure their continued relevance across all populations.

5. Finally, the goal of any future PV research effort is to reinforce by any means possible that any rate of violence in any given community is too high.
Special Thanks to my Dissertation Committee

• Dr. Kathryn Douthit – Advisor and Chair from the University of Rochester Warner School

• Dr. Dena Swanson – Committee Member and Quantitative Consultant from the University of Rochester Warner School

• Dr. Susan Horwitz – Committee member at large, mentor and Director of the Partner Violence Intervention Project (PVIP), Institute for the Family, Dept. of Psychiatry, University of Rochester Medical Center