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Abstract: *Intimate partner violence is a serious and pervasive problem with substantial consequences for women's health such as depression, increased suicide risk, chronic pain, and poorer pregnancy outcomes. IPV is not well understood because of the interrelationships of current abuse to past exposure to violence, substance abuse, stressful life events, and other factors. Drawn from a larger study, this case illustrates themes related to development of male violence against intimate partners. Through in-depth exploration of one informant's experiences, these themes provide a partial answer to the question: "Why do men abuse women?" Depression, low self-esteem, and alcohol abuse were major problems for this informant with financial issues creating tension in his marriage. The informant's formative years were a vortex of shame, insecure attachment, unresolved conflicts and abuse. Current approaches for addressing intimate partner violence focus on tertiary interventions. This case study illustrates the importance of primary prevention with men who batter intimate partners.*

Key Words: *Grounded theory, case study, intimate partner violence, male batterers*

Development of Violence in Men Who Batter Intimate Partners: A Case Study

Violence against women is a serious and pervasive problem with substantial consequences for women's health (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts 2006), such as depression, increased risk for suicide, chronic pain, substance abuse, worse general health, reproductive disorders, and poorer pregnancy outcomes (Plichta, 2004). Worldwide surveys indicate between 10% and 50% of women have been hit or physically assaulted by intimate partners in their lifetime (Watts & Zimmerman, 2002). As many as 52% of women report an incidence of intimate partner violence (IPV) in the past year (Watts & Zimmerman). Intimate partner violence, the most common form of violence against women, takes various forms – physical violence, assaults with weapons, homicide, and sexual violence. These physical acts are often accompanied by emotional abuse including social isolation, belittlement and humiliation, intimidation, economic restriction, and other forms of control (Watts & Zimmerman).

IPV is a complex problem that is poorly understood because of the interrelationships of current abuse to past exposure to violence, substance use or abuse, stressful life events, presence of children, financial situations and other factors (Scott Tilley & Brackley, 2005). Dutton & Corvo (2006) suggest a propensity for perpetrating IPV is predictable during adolescence. Specifically, corporal punishment of adolescent males predicts perpetration of IPV in adulthood (Dutton, 1995). It is important to recognize and understand events and experiences associated with violence in the lives of men who perpetrate IPV to assist in the development of preventions specific to the times when the behavior is being learned or reinforced.

This article presents a case study of one informant from a larger study which led to a grounded theory describing development of male violence in intimate partner relationships from the perspective of the batterer. Case studies are an effective way to "retain the holistic and meaningful characteristics of real life events" (Hentz, 2007, p. 349). This informant was chosen for presentation as a case study because he was an exemplar of the major themes identified in the study and the case study approach reveals details not otherwise known.

Why This Problem?

Overwhelmingly, researchers agree violence against intimate

partners is a learned behavior reinforced by society, family, (Scott Tilley & Brackley, 2005) and the batterers' successful control of intimate relationships (Johnson & Ferraro, 2000). In contrast to nonviolent men, batterers are more likely to have depression, lower self esteem, to abuse alcohol and other substances more frequently, to have been physically abused as a child, to have witnessed violence between parents as a child, to be over-represented in lower socioeconomic status, and to have high levels of marital conflict (Boyle & Vivian, 1996; Brookoff, et al, 1997; Dutton, 1995; Fitch & Papantonio, 1983; Hanson, Cadsky, Harris & Lalonde, 1997; Jacobson & Gottman, 1998; Keenan, Ayam, & Balian, 1998; Kyriacou et al, 1999; Zlotnick, Kohn, Peterson, & Pearlstein, 1998). Dutton (1995) investigated childhood memories of both abusive and nonabusive men and found the seeds for adult abusive behavior seemed to stem from three distinct sources: being shamed, especially by one's father; an insecure attachment to one's mother; and the direct experience of abuse in the home. The purpose of the research from which this case study was drawn was to generate a theory regarding the process by which men become violent in intimate partner relationships from the batterers' perspective.

Why This Question?

Numerous theories, models and concepts have been used to explain the phenomenon of partner or spousal abuse. Early studies of "domestic violence" emphasized personality traits of abusers and their disturbed relationships with the abused person, including sadomasochism, a sexually charged need to express (or submit to) power and control. Later models emphasized easy access, distorted thought, and deviant arousal as essential elements for an abuser to engage in violent acts against a spouse or partner, which were often highly sexualized, demeaning and cruel (Campbell & Campbell, 1993; Campbell, 1995; Campbell, Harris & Lee, 1995).

Co-dependency theory emerged in the early to mid-1980s and provided a useful framework for understanding and explaining the causes and consequences of addiction to a dangerously abusive partner (Uhle, 1994). Co-dependent individuals were predominantly women. Antecedent factors of co-dependency included an aloof, emotionally distant father or neglectful mother,

dramatic media influences, and the mystique of sexual partners with suspicious, even shady pasts.

Ostensibly “women who loved too much” (Norwood, 1985) harbored a defective social impulse, a need to master out-of-control relationships. As is true of any addiction, denial was a powerful force in the lives of these women for whom “denial feeds the need to control, and the inevitable failure to control [their circumstances] feeds the need to deny” (Norwood, 1985, p. 143). The fault of co-dependency theory when applied to survivors of partner or spousal abuse was that it blamed victims for abuse. The reason for abuse resided in the woman herself, not in the violent man she chose to marry or cohabit with.

The cumulative effect of efforts to understand “domestic violence” and explain its social dynamics led many researchers to ask the wrong questions. During the late 1980s and early ‘90s, the most popular question among researchers and health service professionals was: “Why don’t women leave?” (Quillian, 1996). Although this question examined reasons women stay in abusive relationships, including financial dependence, social isolation, concern for the well-being of their children, and fear of retribution or death, it failed to account for other important variables (Landenburger, 1998; Mayer & Coulter, 2002a & 2002b). Fortunately, pro-feminist thinkers and women’s advocates reframed the issue of partner violence (Johnson, 1990). Instead of asking “Why doesn’t she leave?” they asked “Why do men abuse women?” The case study presented in this article provides a partial answer to that question.

Why This Method?

Case study research is often used when the selected case might offer insight into a unique situation or when researchers want to know more about a particular phenomenon within a real-life context (Rosenburg & Yates, 2007). Using case study methodology, researchers are able to maintain the richness and complexity of the phenomenon being studied while illuminating the particularities involved in a single case (Hentz, 2007; Stake, 1995).

Although descriptive, exploratory, and explanatory case studies have different purposes, each type of case study uses multiple data sources and data collection methods to obtain a broad view of the phenomenon (Gerring, 2006). Descriptive case studies enable researchers to describe characteristic features or qualities of a heretofore unstudied person, institution or situation. Exploratory case studies provide an opportunity to clarify key concepts, ask more relevant questions, and better understand a phenomenon of interest, often as a prelude to major social research (Yin, 2002a). Used as pilot projects, explanatory case studies permit development of a conceptual framework, which can serve to organize the data collected in a larger study (Gerring, 2006). Explanatory case studies give new or refined meanings to previously explored phenomena while the researchers hold extant theories and prior assumptions in abeyance.

Among the many types and methods of case study, the single-case, explanatory study focuses on one specific case (Yin, 2002a). Even a single case allows researchers to generalize to other cases representing similar theoretical conditions (Stake, 1995). An analytic generalization can be made from a single case study because it employs only one case to illustrate or generalize to existing theory – not to other individuals, a different population, or a new situation. One bias of interviewing as a mode for conducting case study is the use of poorly constructed questions or prompts (Yin, 2002b). In case study research, one needs to strengthen credibility of findings by identifying and eliminating such bias (Gerring, 2006; Hentz, 2007).

Context for the Case Study

The case study presented here was drawn from a grounded theory study in which 16 informants participated individually in semi structured interviews. The specific aim of the study was to describe the development of male violence in intimate partner

relationships from the perspective of the batterer. To reduce bias, the semi structured interviews were carefully crafted based on a focus group pilot completed with men convicted of intimate partner assault (Scott Tilley & Brackley, 2005).

Informants were drawn from a population of men remanded to a batterers’ intervention and prevention program (BIPP) following intimate partner violence assault conviction. Informants volunteered to be interviewed in the facility where the BIPP was held. Each interview lasted approximately 45 minutes. The study received Institutional Review Board (IRB) approval prior to data collection. Informed consent was obtained from all informants, none of whom were prisoners.

This study combined methods to complement and fully elaborate on the experiences of men convicted of IPV. Interviews provided a sense of what happened in the informants’ life to promote development of violence, while quantitative measures provided a picture of current issues for informants that may be outside their own awareness. Quantitative measures were: The Center for Epidemiologic Studies Depression Scale (CES-D), the Attitudes Toward Women Scale (AWS), the Short Michigan Alcohol Screening Test (SMAST), and the Conflict Tactics Scale (CTS) (See Table 1).

In grounded theory, using quantitative measures to augment narrative data isn’t the anathema that purist, qualitative researchers believe it to be. In fact, grounded theory researchers generally assume that both qualitative and quantitative data are suitable for the generation of theory. Combining qualitative and quantitative methods of data collection can be used to expand the scope of understanding (Stange, Crabtree, & Miller, 2006; Williamson, 2005).

The coded narrative data revealed two major categories: dwelling with violence, and the influences of relationships. Twenty-three major themes were clustered under these categories (See Table 2). Because alcohol and substance use/ abuse and financial issues contributed to problems experienced in dwelling with violence as well as influences of relationships, these themes appear in both categories.

Presentation of the Case

The case study represents narrative data derived from one of sixteen informants who participated in semi-structured interviews and completed four quantitative measures. The case study informant’s quantitative measures scores are reported in Table 1. The case study informant volunteered to be interviewed. The interview took place in a quiet room with the informant’s back to the door. Rather than sitting across from the interviewer as most informants did, he chose a chair next to the interviewer, which limited eye contact.

Though he stated several times he was a private person who found it difficult to talk, he spoke for almost 90 minutes about his experiences with violence. He rarely looked directly at the researcher, but it seemed as though he was purging a lifetime of thoughts and feelings for the first time. He was a 37 year old Caucasian with dark hair, dark eyes and a pale boyish looking face. He seemed nervous, even in subsequent weeks after the interview had been completed. His affect was flat and his expression was blank, even when telling the researcher things that might seem difficult to talk about. The only time he expressed animation was when talking about the family vacation planned for later in the summer to a place he had enjoyed as a child.

Childhood Experiences

When describing his relationship with his mother, the informant told of how he and his brother were verbally abused by their mother. He recalled that his mother was “really mean” and often “put him down”, stating verbal abuse “stays with you”. He initially stated he and his brother were not physically abused, then added his mother slapped him frequently until he was about 15. He recalled that at age 15, he caught his mother’s hands as she prepared to slap him and “threw her on the bed” telling her he

TABLE 1: *Quantitative Measures*

MEASURE & AUTHORS	AUTHORS' DESCRIPTION	REPORTED RELIABILITY	RECOMMENDED SCORING	CASE INFORMANT SCORE
Center for Epidemiologic Studies Depression Scale (CES-D) (McDowell & Newell, 1996)	<p>19 items</p> <p>Commonly used to screen for depression</p> <p>Example item: I felt hopeful about my future.</p> <p>Response choices are 0 for rarely or none of the time, 1 for some or little of the time, 2 for occasionally or a moderate amount of the time, and 3 for most all of the time.</p>	<p>Cronbach's alpha = .85</p> <p>Is reported to have a high sensitivity for detecting depression in various groups.</p>	<p>Sum responses Range of scores is 0-57.</p> <p>A score of 18 or greater, or experiencing six symptoms the previous week, is indicative of depression.</p>	22 indicating depression
Attitudes Toward Women Scale (AWS) (Spence & Helmreich, 1972)	<p>55 items</p> <p>Measures the extent of agreement with statements about the rights and roles of women along a traditional-liberal continuum.</p> <p>Example Item: The satisfaction of her husband's sexual desire is a fundamental obligation of every wife.</p> <p>Response choices are A is agree strongly, B is agree mildly, C is disagree mildly, and D is disagree strongly</p>	Cronbach's alpha = .89	<p>Assign numerical value as follows: A = 4 B = 3 C = 2 D = 1</p> <p>Sum Responses. Range of possible scores is 55 to 220</p> <p>Higher scores indicate more conservative or traditional attitudes</p>	136 indicating a moderately liberal attitude toward the role of women
Short Michigan Alcohol Screening Test (SMAST) Selzer, M.L.,	<p>10 items</p> <p>Example Item: Have you ever had problems at work because of drinking?</p> <p>Response choices are yes and no</p>	<p>Weighted reliability = .80 suggests the MAST and SMAST may produce scores of similar and adequate reliability for most research purposes (Shields, Howell, Potter, & Weiss, 2007)</p>	<p>Each yes response is worth 1 point and each no response is worth 0 points.</p> <p>Assign numerical value and sum.</p> <p>Range of scores is 0-10</p> <p>Scores above 5 indicate a potential problem with alcohol. As scores increase above 5, so does the likelihood of a problem with alcohol use.</p>	Did not complete and wrote on the the measure he was a recovering alcoholic.
The Conflict Tactics Scale (CTS) (Straus & Gelles,	<p>19 items with three subscales (reasoning, verbal aggression, physical aggression)</p> <p>Example Item: Threw, smashed, hit, or kicked something.</p> <p>Response choices are in the past year have you: 1 = once 2 = twice 3 = 3-5 times 4 = 6-10 times 5 = 11-20 times 6 = more than 20 times 0 = never Subjects are then asked to use the same scale regarding their spouse.</p> <p>A third column asks for items marked 0 = never, has it ever happened, yes or no.</p>	<p>Reasoning Schedule: Cronbach's alpha = .42 to .61</p> <p>Verbal aggression subscale Cronbach's alpha = .62 to .85</p> <p>Physical Aggression subscale Cronbach's alpha = .42 to .92.</p>	<p>Range of possible scores is 0-144.</p> <p>For this study, scores were obtained by standardizing each of the scales on a 0-100 scale, indicating a percentage of the possible total score.</p>	<p>10 (56% of norm) for reasoning.</p> <p>28 (69% of norm) for verbal aggression.</p> <p>11 (20% of norm) for physical aggression.</p>

TABLE 2: Categories and themes

<p>DWELLING WITH VIOLENCE <i>Alcohol and Substance use *</i> <i>Finances *</i> Mutual violence * Minimizing violence Justifying violence Social acceptance of violence * Desensitization Violence as a private problem * Childhood exposure to violence * Childhood experience of violence *</p>	<p>RELATIONSHIPS <i>Alcohol and Substance use*</i> <i>Finances *</i> Parenting * Ambivalent relationships * Immaturity * Mistrust * Jealousy * Social isolation * Power and control Traditional views of the roles of women Objectification of women Social and familial influences *</p>
<p>* = experienced by the informant presented in this case</p>	

was not “going to be slapped around” anymore. He attributed his marriage at a young age to his wish to move away from home and his mother.

The informant acknowledged his father was abusive to his mother, but he didn’t elaborate. When asked to describe episodes of his father’s violence toward his mother and their influence on him, the informant simply said “I usually went outside.”

Marital Relationship

When describing his social life, the informant exemplified the theme of social isolation. He said he didn’t have friends and didn’t have time to maintain social relationships outside of his family obligations. He described being an “outdoors person” and verbalized a sense of loss that he couldn’t spend more leisure time outdoors. The informant described his marriage as “more like roommates”. His wife was a single parent to a son when he married her. He described how she continued to allow her son to sleep with her while the informant slept in another room.

A good deal of conflict in his marriage seemed to stem from parenting issues. The couple parented a child from the wife’s previous marriage and their own daughter. In addition to the feelings of social isolation that he felt resulted from family obligations, he described how he and his wife had different views on how to handle discipline with a son who had Attention Deficit Hyperactivity Disorder and multiple problems at school. He described situations in which his wife would be arguing with their son and he would intervene on her behalf, only to be accused by her of picking on the child. He described how both of their children would get involved in arguments between him and his wife. The violent event leading to his arrest occurred as a result of a dispute about parenting.

With regard to mutual violence, the informant described a wife who used a good deal of verbal aggression but not physical aggression. He described his wife as one who used little or no reasoning in conflict resolution, saying she “takes everything to the extreme instead of trying to solve problems in a normal, calm way.” He described how he often left early for work just to get away from her “nagging”.

Mistrust and Jealousy

The informant described mistrust of almost everyone in his life, including his wife. He described his relationship with his wife as mutually mistrustful. They often hid things from one another and went through each others’ personal papers in secret. Financial issues were a major source of conflict for this informant and his wife. He said at one point in the interview, “Oh money!

Money is always a big issue in my life”. He described how financial constraints kept him and his wife socially isolated; they often fought about spending priorities. Jealousy, though not reported as a major issue for the informant, was an issue in his marriage. He described how his mother was a jealous wife, how his wife was often jealous and how his first wife was unfaithful. He did not describe himself as jealous.

Anger Mismanagement and Aggression

Ineffective anger management was a major theme for this informant. He described having one of the nicest fences on the block because for years when he was angry he would either tear down the existing fence or re-build a recently torn down fence in an effort to manage his feelings of anger. He described other dysfunctional ways he dealt with his anger, including, “just don’t think about it”, spending money, and letting anger build up then exploding.

With regard to social and familial influence, the informant described situations in which his violence against women was reinforced. Before he married, his roommates encouraged him to stop being “too nice” to the women he dated and to follow their example of using violence to control relationships, citing the adage, “Nice guys finish last”. When his parents became aware of his use of violence in his marriage, the use of violence was further reinforced. The informant stated his father “didn’t react”. His mother said to his wife, “No wonder he wants to knock you around”.

Alcohol Abuse and Violence

This informant epitomized how alcohol contributed to violence in his life, even eight months after he had stopped drinking. Rather than complete the alcohol screening measure, he simply wrote across the bottom that he was a recovering alcoholic. Early in the interview, he mentioned he was a recovering alcoholic and speculated his history of alcoholism might have contributed to his problems with anger. He started drinking “a little bit here and there” at age 14, mostly on weekends until he was 30. He reported he started drinking heavily at age 30. He received his first driving while intoxicated charge at that time.

In some cases, the informant’s drinking was the direct cause of conflict. He and his wife would argue because she didn’t want him to drink. At other times, his drinking indirectly caused other problems in the relationship, and his family began to experience financial problems related to his drinking. He lost several jobs because of his drinking. He would go drink at lunch while working. As a result, his female supervisor would “gripe at” him, and

then when he got home his wife would do the same. He believed he had problems obtaining quality employment as a result of his drinking.

Sober, but angry. Despite the informant's recent sobriety, much of his professional knowledge was lost due to the physical toll of alcohol on his intellect. His wife, a physical therapist, earned a larger salary than his, and he resented her spending money on herself. He believed that their income should be shared. Because of his money problems, he was driving an old vehicle with no air conditioning. When his wife bought a new car, he was angry he was driving an old car while she replaced a vehicle only a few years old.

Refusal to forget. The couple's trust issues stemmed from the informant's alcohol history. Her spoke of how his wife searched his wallet and treated him like a child, even though he had been sober for eight months. He described his wife as a controller and acknowledged this was probably due to his history of drinking. He never directly said it, but her "gripping" or nagging may have stemmed from his alcohol abuse. He talked about how she refused to forget the past. Although his family seemed to express little opinion about his drinking history, many times his wife's parents encouraged her to leave him because of his drinking.

A mean drunk. The informant acknowledged he and his wife probably needed marital counseling; however, they were in no position financially to acquire such counseling. Instead, he encouraged his wife to attend Alanon (Alcoholics Anonymous family support groups), but she refused. He recognized he could not help her forget the past or cope with problems created by his drinking. He talked about how he used to be a quiet drunk and gradually evolved into "one of them mean drunks", which contributed to problems between him and his wife. He believed alcohol is a problem for many families who experience intimate partner violence. He speculated alcohol makes people more willing to fight, less willing to "take crap" from people.

Analysis of the Case

This single case exemplifies identified risk factors for the development of male violence against intimate partners. While this case does not allow for generalization to other individuals or groups, it can illuminate or refine existing theory.

This informant experienced almost all of the concepts identified in the larger study related to the development of intimate partner violence. The only concepts not present in his interview were desensitization to violence, objectification of women, minimizing violence, power and control, and justifying violence (see Table 2) (Scott Tilley & Brackley, 2005). In addition to being an exemplar for the larger study, this case generalizes to what is already known about men who perpetrate IPV (Boyle & Vivian, 1996; Brookoff, et al, 1997; Dutton, 1995; Dutton & Corvo, 2006; Fitch & Papantonio, 1983; Hanson, Cadsky, Harris & Lalonde, 1997; Jacobson & Gottman, 1998; Keenan, Ayam, & Balian, 1998; Kyriacou et al, 1999; Zlotnick, Kohn, Peterson, & Pearlstein, 1998). Depression, low self esteem, and alcohol abuse were major problems for this informant and financial issues created tension in his marriage.

Violent behaviors are learned and reinforced, often beginning in childhood and are predictable during adolescence. The informants' formative years were a vortex of shame, insecure attachment, unresolved conflicts, and abuse. Though this informant is at high risk for continued violence, he left the researcher with the impression that he somehow would be able to create order from the chaos of his current situation.

Implications for Clinical Practice

This case was selected for its potential to illuminate practitioners' understanding of experiences in men's lives that might contribute to the development of violence against intimate partners, thus informing clinical practice. Current approaches to addressing IPV focus primarily on tertiary interventions which

aim to minimize the complications of violence after it has already occurred. The informant presented in this case study illustrated the importance of primary prevention with men who batter their intimate partners.

Screening and referral. A simple but often overlooked intervention is screening men for perpetration of violence. This informant's openness about his violence reinforces the notion that, when asked, men will often disclose their violence against intimate partners (Adams, 1996). Earlier detection of IPV in men who batter affords practitioners the opportunity to offer treatment for exacerbating factors such as substance abuse and referral to a BIPP (batterers' intervention and prevention program).

Anger management. One of the most striking features of this case is the notion of ineffective anger management. This informant illustrated the problem of young men who are told not to hit when they are angry but are not taught useful alternatives for expressing their angry feelings. As a result, the informant expressed his anger in an ineffective way, even when he refrained from hitting his wife. Despite the argument that some types of batterers manage their anger enough to refrain from violence outside the home, such behavior does not reflect effective anger management. Controlling anger does not necessarily equate with effective anger management. Teaching young people how to effectively deal with their feelings of anger is an important aspect of prevention.

Intimate relationships. Recommended interventions should be individualized to clients. Education about effective parenting for the informant and his wife may have mitigated some of the violence in their family. Health care providers caring for women in their childbearing years should be attuned to the heightened risk these women face, particularly in cases where substance abuse is also present (Curry, 1998; Curry, Doyle & Gilhooly, 1998; Dutton 1995; Hanson et al, 1997; Straus & Gelles, 1996). *Treatment of alcohol or substance abuse* problems is an important intervention for prevention of IPV. Alcohol-related problems experienced by this informant and his family were substantial and ongoing, and they magnified other problems.

Conclusion

This case, drawn from a larger study, illustrates themes that might lead to the development of male violence against intimate partners. These themes provide a partial answer to the question: Why do men abuse women? The case allowed an in-depth exploration of the details of one informant's experiences. These details illuminate the problem of male violence from the perspective of the batterer. The informant's case is a clear illustration of experiences contributing to male violence, which allow for analytic generalization to existing theory. This insight is important to refine theories about development of male violence against intimate partners and reform intervention and prevention programs for men who batter women.

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