

**A Sociologist's Perspective on Domestic Violence:
A Conversation with Michael Johnson, Ph.D.**

**Interview by
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Building Bridges: Marriage, Fatherhood, and Domestic Violence

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Intro (Ooms): Michael, you describe yourself as a sociologist, a feminist and domestic violence advocate. For over three decades you have been on the faculty of The Pennsylvania State University conducting research and teaching courses on domestic violence, women's studies and African American studies. You have also been actively involved in supporting your local domestic violence program.

Q. How did you first become interested in the issue of domestic violence?

A. I became an active feminist in the 1960s, when violence against women was one major focus of our activism because rape and domestic violence were still being treated as personal rather than social problems. Violence against women has been a major focus of my women's studies courses since I began teaching in the early 1970s. Domestic violence became the major focus of my research much later, when I joined a group of feminist family scholars on a trip to Vietnam in 1993 in which our goal was to offer information that would help the Vietnamese government to address a variety of women's issues, including domestic violence.

Q. The Domestic Violence movement is around three decades old and has accomplished much in increasing public awareness, in getting protective laws enacted and creating an extensive network of services around the country. Traditionally, how has the movement defined and described the term "domestic violence"?

A. Well, the standard definition of domestic violence in the battered women's movement has been what I call "intimate terrorism," the kind of violence in which men control "their women" using a variety of coercive control tactics, including physical and sexual violence. Virtually every women's shelter and feminist domestic violence program around the country uses the Power and Control Wheel (see diagram) to describe and define domestic violence as a pattern of violent coercive control in which the coercive partner makes use of violence in combination with variety of other tactics such as psychological or economic abuse to take virtually complete control over his partner.

Q. Meanwhile, in academia there has been what you have called a "sometimes acrimonious" debate about the "gender symmetry" of domestic violence. Can you explain what this debate is about?

A. To put the argument very simply, it has to do with whether there are as many "battered husbands" as there are "battered wives." One group argues that women are as likely to be violent as are men in intimate relationships, the other that domestic violence is perpetrated almost entirely by men. The reason the argument has lasted so long is that each group has been able to provide credible research evidence for its position. The reason the debate has been so acrimonious is that the gender symmetry position has sometimes been used as an attack on feminism in general, and on the battered women's movement in particular. To those in the battered women's movement this attack is seen to put battered women's lives at risk, and emotions can run very high.

Q. You have published extensively on domestic violence, and within the last decade you have explained that the seemingly contradictory research findings regarding gender can be reconciled by recognizing both that there is more than one kind of violence in intimate relationships and that the major sources of data on domestic violence tap different kinds of violence. Can you briefly

describe the three main types of intimate partner violence, and which are the most prevalent?

- *Situational couple violence* is the most common form of intimate partner violence. It is the sort of violence that enters a relationship when a disagreement that turns into an angry argument escalates into violence. The violence can be mild or severe, and although often this is an isolated incident in a relationship, some couples have a recurring pattern of such violence that is extremely dangerous. Although this type of violence is almost as likely to be perpetrated by women as by men, men do more serious damage and their violence is more likely to introduce fear into a relationship and to get the authorities involved.
- *Intimate terrorism* is the kind of intimate partner violence that involves a batterer who terrorizes and takes complete control of his partner through the use of violence in combination with other control tactics such as threats and intimidation, economic control, psychological abuse, isolation, and the assertion of male privilege. In heterosexual relationships, intimate terrorism almost always involves a man terrorizing a woman, although in rare cases men are terrorized by their women partners. Although intimate terrorism is much less frequent than is situational couple violence, it is estimated that more than two million women are victims of this kind of abuse in the United States each year—and this is the intimate violence that is most likely to destroy lives.
- *Violent resistance* is the violence involved when a victim of intimate terrorism fights back. This is the violence of women trying to physically resist domination by abusive men. It is often transitory because of men's usual ability to dominate a woman physically, and most women who resist violently soon turn to other means of coping with their abuse.

Just so there's no misunderstanding, let me add that all three types of violence can be dangerous, even life-threatening, and some sort of intervention is called for in each type of intimate partner violence.

Q. Can you explain how the biases of the major sources of data about domestic violence have produced misunderstandings about the role of gender?

A. There are two major sources of data about domestic violence. The first is public agencies such as the police, the courts, hospitals, and shelters. Those data are dominated by intimate terrorism and violent resistance because intimate terrorism is much more likely than situational couple violence to produce the fear that leads victims to turn to such agencies for help, the injuries that require help from the health system, or the call from friends and neighbors for intervention. Thus, researchers who work with such agency data see violence that is primarily male in perpetration.

The second major source of data is so-called random sample surveys that claim to be much more representative of reality than agency data. Researchers who use these data often argue that agency data are biased but survey data are not. What is little known to the public is that survey data also have a major source of bias—in non-response. Although such surveys start with representative samples, many of the people contacted actually refuse to participate—40% refuse in the major family violence surveys. Of course, the 40% who refuse includes almost all of the intimate terrorists and their victims, the former to protect themselves from outsiders, the latter to protect themselves from their abusers who would be likely

to attack them for telling their story to researchers studying family life. Thus, such surveys are heavily dominated by situational couple violence, which involves as many women as men.

So, you can see how the debate can go on. Researchers using agency data cite FBI statistics that men are the violent ones in intimate relationships, while those using survey data can show that women are as violent as men. In fact, they are talking about two completely different phenomena (intimate terrorism and situational couple violence), but both are using the same term (domestic violence) to describe what they study.

Q. To some of us these different perspectives have created a good deal of confusion, as we try to reconcile these different points of view, and think about how to respond to the problems. **In your judgment, what kinds of errors and confusions has the failure to acknowledge these different types of domestic violence led to?**

A. When we think about domestic violence, our major concern is usually the intimate terrorist, the abuser, the batterer. But all too often the data we use to inform our discussions comes from general surveys, which include very little such abuse, being dominated as they are by situational couple violence. This is the error that leads some to claim that there are as many battered husbands as there are battered wives.

Or here is another example. Survey research seems to indicate that there is more intimate partner violence among poor people than among those who are better off. For many people, this conjures up an image of domestic violence that centers on the “working-class brute” terrorizing his partner. How can we reconcile this with the battered women’s movement people who tell us that domestic violence cuts across all social classes? Well, the surveys are really about situational couple violence, not intimate terrorism, and the most appropriate image from the survey findings should be one of the tensions and conflicts that poverty can impose on family life, leading sometimes to arguments that escalate to violence. In our research, when we distinguish between such situational couple violence and intimate terrorism, we find that intimate terrorism is no more likely among the poor than it is among the well off.

Q. Well, that leads directly to another question I was planning to ask you. It is commonly noted that rates of domestic violence are higher in disadvantaged communities and communities of color. **Is this correct, and if so which types of violence do you think are more prevalent in these communities (than in better-off populations), or are the data simply not good enough to know?**

A. Well, I’ve already spoken to economic disadvantage. The higher rates of intimate partner violence among the poor are due primarily to situational couple violence. Before I go on to issues of race and ethnicity, however, let me emphasize that even in groups with “higher” rates of violence, the vast majority of couples are not violent. Even among poor Americans more than four out of five couples have experienced no violence in the previous twelve months, and most of those who have experienced some violence have not experienced serious violence. We have to be careful not to stereotype individuals on the basis of average group differences.

The situation is similar for ethnic differences. In all race and ethnic groups, most couples do not have a problem with violence. When it comes to observed ethnic differences in rates of intimate partner violence,

however, there are an additional two complications that we must always take into account. First, there is a strong relationship between race/ethnicity and economics in the United States. For example, if we lump together all African-Americans and all Euro-Americans for comparison with each other, we end up comparing groups that differ considerably in terms of average income or wealth. The comparison confounds race and social class. It turns out that although rates of situational couple violence are higher for blacks than for whites in the United States, the difference disappears if we compare only blacks and whites who are similarly economically situated. The difference seems to have more to do with economics than race.

This should also serve as a reminder that although *average* incomes among various racial and ethnic groups are clearly different, there is tremendous variability within those groups. Let's not forget that there are many poor whites and wealthy blacks, middle-class Latinos and poverty-stricken Asians. That issue of variability within groups is the source of the second major complication of ethnic comparisons. In some sense there *are* no Latinos. Rather there are Mexicans and Columbians and Dominicans, and so on—and we lump them all together as Latinos even though their cultural and historical experiences may be different in many ways. Similarly, it makes little sense to lump Vietnamese together with Japanese, Hmong with Koreans, or Cambodians with Pakistanis just because their ancestors happened to have emigrated from the same continent. Furthermore, there are important differences within each of these specific groups in terms of immigration status. Some came to this country months ago, some decades ago; others were born and raised here by parents who emigrated years ago; yet others come from families that have been here for centuries. All of this leads me to say that I don't think we can make any simple statements about ethnic differences in intimate partner violence, other than to say that we need to understand the specific economic, cultural, and historical situation of any particular group that we wish to serve.

Q. Once again you anticipate my next question. The work of Julia Perilla and others emphasizes that cultural, economic and historical factors need to be taken into account to get a better understanding of domestic violence for a particular population group (or community), which in turn will then shape the appropriate public response. **Do you agree with this? Are your two perspectives different (in conflict) or complementary?**

A. There is no conflict between our positions. My work simply implies that as we take into account those historical, cultural and economic differences, we do so with a recognition that all violence is not the same, that the impact of culture on intimate terrorism may not be the same as its impact on situational couple violence or violent resistance. And most importantly, we need to take these group differences into account when we design services and create policies.

Q. If these different types of violence were better understood and accepted, what are the implications for the kinds of questions that need to be considered for:

(i) Clinical services & legal interventions? Let me start with legal intervention because I'm not sure the distinctions make a big difference with respect to the criminal justice system. We need to hold people accountable for violence against others be it strangers or members of their own family. That said, the nature of the penalties should certainly take the type of violence into account, and in the case of violent resistance a case can sometimes be made that the violence was justified.

As for clinical services, in my view the distinctions are critical. The appropriate clinical interventions for situational couple violence (anger management, couple communication, impulse control, and so on) are not only inappropriate for intimate terrorism, they are dangerous. Asking a woman whose partner terrorizes her to come into a session to discuss their relationship honestly puts her at risk of another beating. I think that clinicians need to assume that they are dealing with intimate terrorism whenever they encounter violence and do the appropriate safety planning before they consider the possibility that the problem might be one of situational couple violence (SCV). If the clinician begins to believe that an SCV intervention might be appropriate, he or she should start with the individual counseling approaches (anger management, impulse control, etc.) before moving to couples counseling. We should only be doing couples counseling when we are absolutely certain that such an intervention would be safe. Of course, if the clinician's client is involved in violent resistance, then in addition to safety planning for the victim, some sort of batterers counseling or education for her partner would be appropriate—if it could be done safely.

(ii) Healthy Marriage, educational programs? The issues are a little different for educational programs. Because in many cases the participants do not have to reveal anything about their own relationships, such programs are less likely to put clients at risk of increased violence. However, many programs *have* been screening for violence, accepting only couples that have no serious problem with violence. In general, they find that there are very few if any couples that have to be screened out, and some programs are now dropping the screening altogether.

In addition to screening issues, there is also the question of the incorporation of some information about violence into the educational materials. Most marriage education programs do address conflict management issues and many of them discuss violence in connection with conflict. Some are now incorporating some version of the types that I have discussed above, so that couples can not only think about how to prevent the escalation of arguments, but can also be sensitized to signs of impending intimate terrorism. Many programs now include information about services available in the local area, so that participants who feel that they are in danger find out about places they can go for help.

(iii) For Responsible Fatherhood programs? I think the issues for responsible fatherhood programs are similar to those for marriage education programs. The goal should be to help fathers who are at risk of situational couple violence to learn how to communicate effectively with their partner about the inevitable conflicts of family life and to manage their own anger effectively when necessary. Education about respect and equality in relationships (which is included in many programs) can serve as a preventive with respect to intimate terrorism.

(iv) Public health messages? As for public health messages, I think the emphasis should be on the unacceptability of any violence. I don't believe it would be wise to try to make distinctions that the general public might misinterpret, believing for example that situational couple violence is not dangerous. Any violence in a relationship needs to be addressed—because any of the three major types *can* be life-threatening.

Q. Your recent work suggests the importance of getting information about the individual couple's personal situation to be able to decide what type of violence we are dealing with. Do you think we know enough and that people can be trained to be able to do this?

A. Yes, in order to work effectively with an individual couple experiencing violence it would be important to ask them about the power and control issues involved in their relationship, and about the presence of fear in their relationship. However, I'm not sure that that kind of individual assessment is appropriate for the sort of programs we have just discussed. Most of these programs are not designed to work one-on-one with an individual or a couple who is experiencing violence. That sort of work should be left to advocates and clinicians who are trained to deal with couples who are in trouble, clinicians who can take the time to gather the information needed to make a well-informed judgment about what kind of violence is involved.

For more general programs, such as healthy marriage or responsible fatherhood programs, any violence screening that the organizers do should be kept simple, either screening out anyone who is experiencing any violence or anyone who is experiencing violence beyond a simple slap or shove. I think it is important, however, that such programs emphasize the dangers of violence in relationships and provide referral information to local clinicians and advocates to whom individual couples could go if they are experiencing relationship problems.

Selected References (These articles and chapters can be accessed by clicking on “Research on Domestic Violence” at Dr. Johnson’s Web site: www.personal.psu.edu/mpj.)

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