Risk Factors and Moderators of Intimate Partner Violence

Victimization versus Perpetration among Women in Spain

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Abstract

Bidirectional intimate partner violence (IPV) appears highly prevalent, but the extant literature, which has been dominated by work in North America, has not adequately accounted for how victimization overlaps with perpetration and how potential resources may interact with risk factors. A community sample of Spanish women completed measures of IPV approval, mental health risk factors (psychological distress, problematic substance use), and interpersonal resources (partner and social satisfaction). Using Mplus accounting for victimization and perpetration overlap, findings indicate that greater psychological distress and substance use were associated with IPV perpetration and lower IPV approval was linked to victimization. Stronger partner satisfaction did not serve a buffering role but rather interacted to increase IPV perpetration; low social support was associated with victimization and exacerbated risk of perpetration.

Keywords: partner abuse; domestic violence; reciprocal violence; Spain; interaction effects; risk and resilience

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Intimate partner violence (IPV) involves physical, sexual, or psychological aggression toward a romantic partner (Breiding et al., 2015; World Health Organization [WHO], 2024). Although IPV researchers and clinicians have often focused on unidirectional IPV—primarily involving a male aggressor perpetrating violence toward a female victim—reciprocal, or bidirectional, violence has emerged as a prevalent IPV pattern among heterosexual couples (Holmes et al., 2019; Langhinrichsen-Rohling et al., 2012; Mochado et al., 2024). Although women are often victims of IPV, men nonetheless experience relatively high levels of IPV (Centers for Disease Control and Prevention, 2024; WHO, 2024). Understanding women as both victims and perpetrators is central to reducing violence against women (Straus, 2014). The bidirectional nature of IPV may be most evident in community samples and clinical samples, as opposed to criminal justice settings that tap the most severe and injurious violence (Hardesty & Ogolsky, 2020). Critically, accumulating evidence indicates that the nature of reciprocal violence significantly differs from unidirectional IPV on such dimensions as frequency, severity, context, and mental health sequelae (Bates, 2016; Charles et al., 2011; Pu & Rodriguez, 2022; Rhodes et al., 2009). The apparent gender asymmetry in IPV research and intervention may not only overlook men as victims (Rozmann & Ariel, 2018) but may also ignore how contributors to reciprocal aggression meaningfully differ for both men and women for a substantial proportion of IPV (Bates, 2016; Charles et al., 2011; Pu & Rodriguez, 2022). Thus, understanding which factors may characterize women as victims and/or perpetrators of IPV may clarify potential intervention targets in couples experiencing bidirectional aggression.

However, research on IPV remains dominated by samples from North America

(Mochado et al, 2024; Yakubovich et al., 2018), despite widespread recognition of the global impact of IPV (WHO, 2024). The current investigation focused on Spain, where intimate partner violence continues to be a public health concern for both female and male victims in Spain (WHO, 2024), with estimates that more than 1 in 10 women experience IPV (Gracia et al., 2019) with similar rates for male victims (Rozmann & Ariel, 2018). Empirical evidence suggests that bidirectional violence is also the most common IPV pattern in Spain (Arteaga et al., 2015; Graña Gómez et al., 2014), with some limited work in Spain that includes men as victims and women as perpetrators (e.g., Fernández-Montalvo et al., 2020; Ruiz-Pérez et al., 2018). Nonetheless, research on the pattern of risk factors for Spanish women as victims or perpetrators remains underdeveloped relative to the work in North America.

The current study on IPV factors adopted a risk and resilience framework (Keyes, 2018) by considering personal risk factors that may increase the likelihood of either IPV victimization or perpetration while simultaneously considering personal resources. One notable risk factor that has been consistently related to IPV involves attitudes that accept the use of IPV in romantic partnerships, essentially operating as a prerequisite for aggressive behavior. Acceptance of IPV remains widespread (Schwab-Reese & Renner, 2017; Tran et al., 2016), although women in the European Union tend to be less accepting of IPV perpetrated toward women than men (Gracia et al., 2020; Villagran et al., 2023). Prior research has indicated that greater self-reported acceptance of IPV is characteristic of both IPV perpetrators (Stith et al., 2004; Temple et al., 2016) as well as victims (Abramsky et al., 2011; Fernández-Antelo et al., 2020), suggesting that approval of violence may create an atmosphere conducive to IPV or that experiencing IPV normalizes violence. Women who have been criminally charged with IPV tend to approve of partner violence (Simmons et al., 2008), but women may also be more inclined to accept

violence in bidirectional contexts, creating an environment that allows them to initiate or retaliate with aggression (Copp et al., 2019; Winstok, 2008). The majority of such work relies on self-reports of IPV approval, which can be compromised by social desirability responding. However, a reaction time analog task examining IPV approval attitudes indicated that male Spanish IPV offenders demonstrated slower responses relative to a comparison sample, suggestive of greater acceptance of IPV (Gracia et al., 2020; Romero-Martínez et al., 2019). Overall, the extant literature underscores that approval of IPV in romantic relationships is an important component to consider in IPV models.

Moreover, personal risk factors involving symptoms of psychopathology have often been observed in couples experiencing IPV. Psychological distress and depression have been previously identified as risk factors (Okuda et al., 2015; Spencer et al., 2019), among female perpetrators (Forgey & Badger, 2010; Spencer et al., 2022) and victims (Ruiz-Pérez et al., 2018; Stith et al, 2004; Iverson et al., 2022). Furthermore, substance use problems also exponentially increase the risk of reciprocal violence in both women and men (Abramsky et al., 2011; Caetano et al., 2005; Cafferky et al., 2016; Cunradi, 2007; Spencer et al., 2022), and are associated with both perpetration as well as victimization among women (Grest et al, 2018; Crane et al., 2014), including in Spain (Arteaga, 2015). Whereas psychological distress and problematic substance use may reflect etiological factors that contribute to the perpetration of IPV, such symptoms of psychopathology may also reflect the consequences of IPV victimization among women.

Yet relative to the attention to risk factors for IPV, the role of available positive resources and protective factors is relatively less well studied. For example, couples engaged in lower levels of reciprocal IPV report higher partner satisfaction (Forgey & Badger, 2010; Pu & Rodriguez, 2022), with greater couple dissatisfaction reported by female victims of IPV

(Ackerman & Field, 2011) and female perpetrators of IPV (Spencer et al., 2022). Furthermore, lower extrafamilial social support has been identified as a risk factor for victims (Ogbe et al., 2020; Raghavan et al., 2009; Ruiz-Pérez et al., 2018) but may also play a role in perpetration (Corvo, 2014; Okuda et al., 2015; Spencer et al., 2022), with evidence that women who are involved in reciprocal IPV report poorer social support satisfaction relative to those with unidirectional or no IPV (Pu & Rodriguez, 2022). Therefore, access to both couple satisfaction and extra-familial social support may be beneficial interpersonal resources in the context of reciprocal IPV.

But the potential role of both partner satisfaction and social support satisfaction to actually buffer the effects of risk factors like personal psychological distress and substance use has not yet been adequately considered. Social support has been identified as a potential buffer on depressive and anxious symptoms among female victims of IPV (Navarrete et al., 2021), and can be a particularly important resource to reduce psychological distress for female victims relative to male victims (Fortin et al., 2012). Considerably less work has examined the potential role for interpersonal resources to serve a moderating role for perpetration, although some have suggested that social support may moderate the role of alcohol use on IPV for men (Lee et al., 2023). More work is clearly needed to identify potential moderators for mental health risks in both IPV victimization and perpetration among women. Importantly, because victimization and perpetration often co-occur, the extent to which any previously identified factor or moderator characterizes either victimization or perpetration is clouded because of their common overlap. Prior research has not adequately disentangled whether these factors are more strongly related to the risk of IPV perpetration versus victimization.

Current Study

Given the prevalence of reciprocal violence, whether previously identified factors characterize both perpetration and victimization is unclear because prior work has not adequately reflected their potential overlap. The present investigation examined whether risk factors, including IPV approval and mental health (psychological distress, problematic substance use) in conjunction with interpersonal resources (partner satisfaction, social support), were associated with women's IPV victimization versus perpetration. We specifically tested whether the risks and resources were differentially associated with self-reported victimization or perpetration, as well as considered whether the interpersonal resources would moderate the effects of the women's mental health risk factors (see Figure 1).

Method

Participants

Participants were 101 mothers recruited from the community in Valencia, Spain for a study on parenting and family violence, in which women needed to have a target child aged 8 years or younger and be involved in a romantic relationship. Women's mean age was 38.09 years (*SD* = 9.17 years). Their median level of educational attainment was post-secondary, with a median annual household income level between 12,000-18,000€. Ninety-three percent were currently married or living with their intimate partner.

Measures

Intimate Partner Violence

Women completed the *Revised Conflict Tactics Scale-Short Form* (CTS-2S; Straus & Douglas, 2004, Spanish version Muñoz-Rivas et al., 2007), a frequently used 20-item self-report measure regarding the experience of physical and psychological aggression in the past year. Each of the 8 items on victimization (e.g., "My partner pushed, shoved, or slapped me") is paired with

an item on perpetration (e.g., “I pushed, shoved, or slapped my partner), providing IPV Victimization and Perpetration scores. Each item used a standardized weighting system for frequency of occurrence: scores of 0, 1, or 2 times in the past year receive those scores; 3-5 times receives a score of 4; 6-10 times receives a score of 8; 11-20 times receives a score of 15; more than 20 times receives a score of 25. Evidence of concurrent validity is provided by the authors (Straus & Douglas, 2004).

Risk Factors

IPV Approval. Two measures were employed to assess women’s approval of IPV—one self-report and one analog measure. The *Inventory of Beliefs about Wife Beating* (IBWB; Saunders et al., 1987) is a self-report measure of approval of violence toward women on a 7-point scale, from 1 (*strongly agree*) to 7 (*strongly disagree*). The 12-item Justification Scale inquires about respondents’ beliefs that IPV is acceptable, (e.g., “There is no excuse for a man beating his wife”). Item scores were summed for a total score, with higher scores suggesting stronger approval of IPV. For the current sample, internal consistency was good at $\alpha = .82$.

An implicit, analog measure of IPV approval was also administered, the *Partner Violence Acceptability Movie task* (PVAM, Gracia et al., 2015). The PVAM includes 90-sec video segments from seven commercially available films dubbed in Spanish presented in random order; each segment involves a scene that includes psychological and physical partner violence toward women. Respondents are asked to stop the video if and when they believe the interaction has become violent with the computer tracking the number of milliseconds before the respondent stops video. Longer latency (higher scores) thus suggests greater acceptability of IPV. Prior work has demonstrated the reliability and validity of this analog task (Gracia et al., 2015). Strong internal consistency was obtained for the PVAM in this study ($\alpha = .85$).

Psychological Distress. The *Brief Symptom Inventory-18* (BSI; Derogatis & Melisaratos, 1983; Spanish version, Ruipérez et al, 2001) asks about respondents' experience of 18 symptoms of depression and anxiety (e.g., "Feeling lonely" or "Feeling fearful") in the prior week, with each item rated on a 5-point Likert scale from 0 *(not at all)* to 4 *(extremely).* Items are summed for a total score, with higher scores conveying greater psychological distress. The BSI has previously demonstrated strong internal consistency and validity (Prinz et al., 2013). Similarly, the BSI had excellent internal consistency in this sample (α = .93).

Substance Use. The *Substance Abuse and Mental Illness Symptoms Screener* (SAMISS; Whetten et al., 2005) brief screening measure was administered. The SAMISS presents 7 items on the frequency of alcohol and illicit drug use (e.g., "How often do you have 4 or more drinks on 1 occasion?"), with higher total scores indicative of greater problematic substance use. The SAMISS has documented evidence for effectively screening substance use diagnoses (Whetten et al., 2005). The Substance Use scale demonstrated acceptable internal consistency in the current sample (α = .68).

Resources

Partner Satisfaction. The *Couple Satisfaction Index* (CSI; Funk & Rogge, 2007) assesses intimate partner satisfaction; ten Likert-scale items were selected for this study (e.g., "My relationship with my partner makes me happy"), with higher total scores indicating greater relationship satisfaction. Prior work indicates the CSI demonstrates discriminant validity and convergent validity with alternative measures of dyadic, marital, or relationship satisfaction (Funk & Rogge, 2007). The CSI demonstrated high reliability in this sample (α = .97).

Social Support Satisfaction. The *Social Support Resources Index* (SSRI; Vaux & Harrison, 1985) measures satisfaction with social support. Mothers were asked to consider two

individuals who provide support (e.g., emotional, instrumental, practical) and rate their level of satisfaction with each supporter on a 5-point Likert scale from 1 *(not satisfied)* to 5 *(extremely satisfied)*. Items are summed across supporters, with higher total scores reflecting greater satisfaction. Previous investigations support internal consistency and convergent validity of the SSRI (Vaux & Harrison, 1985), with high internal consistency in the current sample ($\alpha = .90$).

Procedures

Self-report measures not already available in Spanish were first translated by native speakers, with back translations confirmed with different Spanish speakers until consensus was reached. Participants were recruited at local schools and with flyers posted and distributed at public venues, with eligibility criteria specified as mothers of a child under the age of 8 currently in a romantic relationship. Women provided informed consent and then completed all measures anonymously on laptop computers wearing headphones. The study protocol was approved by the university Institutional Review Board.

Data Analytic Plan

Preliminary analyses were performed with SPSS 28. For the primary analysis, multiple regression was conducted using Mplus 8.1 with full information maximum likelihood models. Both IPV victimization and perpetration were simultaneously regressed to control for their overlap on the full collection of predictors (see Figure 1): IPV approval (including self-report and analog task), psychological distress, substance use, interpersonal resources (social satisfaction and partner satisfaction) as well as the interaction terms for the resources with both forms of psychopathology (psychological distress symptoms and problematic substance use). Interaction terms were standardized multiplicative terms of the resources by the psychopathology risk factors. This multiple regression strategy identifies whether a given predictor is more

strongly associated with victimization or perpetration, in the context of the statistical associations among the full set of predictors, while minimizing the total number of statistical tests. Because the model was fully identified, model fit indices are not informative, and the primary focus involves examination of path coefficients. All coefficients are standardized. Simple slopes analyses were used to probe significant interaction effects at one standard deviation above and below the mean.

Results

Preliminary Analyses

Table 1 displays the means, standard deviations, and correlations among the measures. Notably, IPV victimization and perpetration were significantly associated with both indicators of psychopathology but only IPV victimization was significantly associated with both proposed resources. Because educational level and income were strongly intercorrelated, both variables were standardized and combined into a socioeconomic (SES) covariate for the primary analyses.

Primary Analyses

Results of the Mplus multiple regression analyses are presented in Table 2. Using the analog task of IPV approval, the main effects were significant for IPV victimization but not perpetration; in other words, women reporting greater victimization were less likely to approve of IPV toward women and marginally more likely to report lower social support satisfaction. Those reporting they had engaged in greater perpetration were significantly more likely to report greater psychological distress and problematic substance use.

With respect to interaction effects, couple satisfaction interacted with psychological distress to significantly predict less victimization but marginally more perpetration. In addition, perpetration was significantly predicted by couple satisfaction interacting with substance use and

marginally predicted by social support satisfaction interacting with psychological distress. Simple slopes analyses indicated that at higher levels of psychological distress, lower levels of couple satisfaction exacerbated women's reported victimization, $t = 2.04$, $p < .05$. In contrast, at higher levels of psychological distress, higher levels of couple satisfaction was associated with more reported perpetration, $t = 2.76$, $p < .01$. Women reporting higher levels of couple satisfaction in the context of higher substance use were similarly more likely to report IPV perpetration, $t = 3.77$, $p < .001$. But women with higher substance use reported more perpetration when they perceived lower levels of social support, $t = 2.70$, $p < .01$.

Discussion

The present study aimed to elucidate factors associated with IPV victimization versus perpetration in a sample of Spanish women, drawing from a risk and resilience framework. Mothers self-reported their perpetration and experience of IPV and completed measures of IPV approval, psychological distress, problematic substance use, social support, and partner satisfaction. The current study found greater psychological distress and substance use were associated with greater IPV perpetration, and lower IPV approval was associated with more experience of victimization. For women with higher psychological distress, less couple satisfaction was associated with less perpetration but more victimization. Higher levels of couple satisfaction with more problematic substance use was also associated with more IPV perpetration. Whereas lower social satisfaction was only marginally associated with victimization, women with lower levels of social support and higher levels of substance use reported more perpetration. Results highlight the complexity inherent to studying IPV given that prior work has not statistically accounted for potential overlap due to reciprocal violence.

The current study examined the role of IPV approval in women's victimization versus

perpetration using both a self-report and an analog task (which is less vulnerable to social desirability responding), incorporating all factors simultaneously. Prior research has suggested that women in the European Union are less accepting of IPV toward women than men (Gracia et al., 202l; Villagran et al., 2023), but that victims may nonetheless demonstrate approval of IPV (Abramsky et al., 2011; Fernández-Antelo et al., 2020). However, the majority of this research has relied on self-report measures. The current findings from the primary analyses indicated that women who are victims of IPV were *less* likely to approve of IPV using an analog task, contrary to the findings of prior work suggesting greater approval. Our findings of less approval of IPV among victims is conceptually consistent with evidence that the women are less accepting of IPV compared to men (Gracia et al., 202l; Villagran et al., 2023). However, this finding may also reflect a difference in methodology given that women's self-report of greater IPV approval was indeed significantly associated with greater victimization—as previously observed in the literature (Abramsky et al., 2011; Fernández-Antelo et al., 2020). Note the analog task for IPV approval involved women as IPV victims. Thus, not only would it be useful to consider whether other behaviorally oriented analog tasks yield similar results, but future research may also wish to explore developing analog tasks that assess IPV attitudes toward female and male partners to be more inclusive of potential bidirectional violence.

In line with previous findings with women (Forgey & Badger, 2010; Spencer et al., 2022), psychological distress emerged as a significant risk factor for IPV perpetration but not victimization when considered concurrently statistically. Importantly, psychological distress was significantly correlated with women's report of both IPV victimization and perpetration, but when entered into the same model, greater psychological distress emerged as linked to perpetration. Thus, although the current bivariate results support prior findings of psychological

distress linking to victimization (Ruiz-Pérez et al., 2018; Iverson et al., 2022), such research has not considered perpetration simultaneously. A similar pattern emerged for substance use, wherein bivariate results support previously identified associations between problematic substance use and both IPV victimization and perpetration in women (Artega, 2015; Grest et al, 2018; Crane et al., 2014), but the main analyses that adjust for overlap across factors identified a significant link primarily between problematic substance use and greater perpetration. As noted earlier, such mental health issues as psychological distress and substance use problems may serve as etiological process in IPV perpetration but reflect IPV repercussions for victims. Because of the prevalence of bidirectional IPV, the possibility that a specific factor may be more or less relevant for those involved in reciprocal versus unidirectional IPV has clear clinical implications for interventions whose focus has traditionally treated individuals as solely victims or perpetrators.

Although comparatively less research has considered possible resources, the current study identified some potential interesting interaction effects, particularly for partner satisfaction. Prior work has indicated that partner dissatisfaction is apparent in couples engaged in bidirectional IPV (Forgey & Badger, 2010; Pu & Rodriguez, 2022). In the current study, women who reported greater psychological distress but higher levels of couple satisfaction were more likely to report more IPV perpetration. Results further indicated that those with more problematic substance use but greater partner satisfaction also reported more perpetration. Perhaps women feel more satisfied with relationship when they can alleviate distress by aggressing toward their partner; or perhaps women who experience distress or engage in more substance use but have greater confidence in their intimate relationship believe their relationship is strong enough to withstand engaging in aggressive behavior. Hence, future work needs to examine the reasons

underlying this pattern. In contrast, those women reporting greater psychological distress combined with lower levels of partner satisfaction were more likely to report victimization; IPV victimization may result in both partner dissatisfaction and psychological distress, although partner dissatisfaction could also be exacerbating victims' psychological distress.

The current findings suggests that weaker social support satisfaction may be more associated with IPV victimization, although for women reporting more substance use, low levels of social support was also associated with more perpetration. Prior work has documented the adverse effect of poor social support on both IPV victimization (Ogbe et al., 2020; Ruiz-Pérez et al., 2018) and perpetration (Okuda et al., 2015; Spencer et al., 2022). Interestingly, results align with a recently advanced three-factor model pointing to an interaction between social isolation, substance misuse, and increased reciprocal aggression in couples (Eckhardt et al., 2022). Future research should consider more closely the potential buffering role of social support in reciprocal IPV given evidence that poor social support appears particularly problematic for those involved in bidirectional violence (Pu & Rodriguez, 2022).

Several study limitations should be considered. First, cross-sectional findings limit the potential to draw causal inferences between putative risk factors, protective resources, and reciprocal IPV. Longitudinal studies could clarify how such relations and interactions evolve over time. Moreover, reporting biases such as social desirability or recall errors can compromise the validity of many self-report measures. Obtaining data from both partners about IPV experiences would be preferrable to a single-informant model, although both partners can also be influenced by social desirability. Future research could also include additional risk and protective factors within the same model, such as emotion regulation, empathy, and attachment, all of which relate to perpetration and victimization (Maloney et al., 2022; Spencer et al., 2019).

Future research could replicate the current analyses with a larger sample size to continue exploring interaction effects with models that consider both victimization and perpetration simultaneously. A particularly interesting line of research would consider such models with men as well to begin identifying what may uniquely relate to their IPV perpetration versus men's victimization. Additionally, research considering risk factors and moderators for IPV victimization and perpetration with same-sex couples is also needed. Further, the generalizability of the results from a community sample of Spanish women to other cultural contexts are limited. Although the current study adds to the IPV literature that is dominated by work based in North America (Mochado et al, 2024; Yakubovich et al., 2018), caution should be exercised when extrapolating these results to other populations. Differences in sociocultural norms and legal frameworks across countries can influence how IPV transpires. Moreover, the sample was not identified from clinical or legal contexts; some evidence suggests that community and clinical samples may be more likely to demonstrate reciprocal violence (Hardesty & Ogolsky, 2020), suggesting future work could examine how patterns may differ by IPV severity level. For example, couple satisfaction may not serve a buffering role for IPV in community samples where IPV may be less severe.

Overall, the current findings highlight the importance of mental health problems for women's perpetration of IPV and that couple satisfaction may not serve a buffering role relative to the potentially beneficial effects of social support in lower-risk samples. Research should continue to parse how a given factor characterizes victims versus perpetrators, separately by gender, to better tailor interventions; some factors may be uniquely related to victimization or perpetration, whereas others may be relevant to both. Substantially less work has examined women as both victims and perpetrators in Spain, but bidirectional violence does appear to be a

prevalent pattern (Arteaga et al., 2015; Graña Gómez et al., 2014). Most batterer intervention programs in Spain (cf. Ferrer-Perez & Bosch-Fiol, 2018) seldom reach women, but the current findings suggest more clinical attention is needed to address what contributes to women's risk as not only victims but also as aggressors.

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Table 1

Means, Standard Deviations, and Simple Bivariate Correlations among Measures

		1.	2.	3.	4.	5.	6.	7.	8.
1. BSI (Psych Distress)									
2. SAMISS (Substance Use)		.03							
3. IBWB (IPV Approval self-report)		.39***	.11						
4. PVAM (IPV Approval analog)		-.04	-.00	.23*					
5. CSI (Couple Satisfaction)		-.48***	-.20*	-.14	-.03				
6. SSRI (Social Satisfaction)		-.25**	-.25**	-.06	-.02	.30**			
7. CTS IPV Victimization		.34***	.25**	.20*	-.13	-.34***	-.28**		
8. CTS IPV Perpetration		.24*	.26**	.17	-.07	-.12	-.14	.30**	
	Mean	14.85	2.85	15.28	5.53	47.61	39.90	5.51	4.36
	SD	11.48	2.59	5.62	9.55	10.81	6.69	12.69	7.61

Note. BSI = Brief Symptom Inventory; SAMISS = Substance Abuse and Mental Illness Symptoms Screener; IBWB =Inventory of Beliefs about Wife Beating, Justification total; PVAM = Partner Violence Acceptability Movie task; CSI = Couple Satisfaction Index; SSRI = Social Support Resources Index; CTS = Conflict Tactics Scale Revised Short Form.

*$p \leq .05$, **$p \leq .01$, ***$p \leq .001$

Table 2

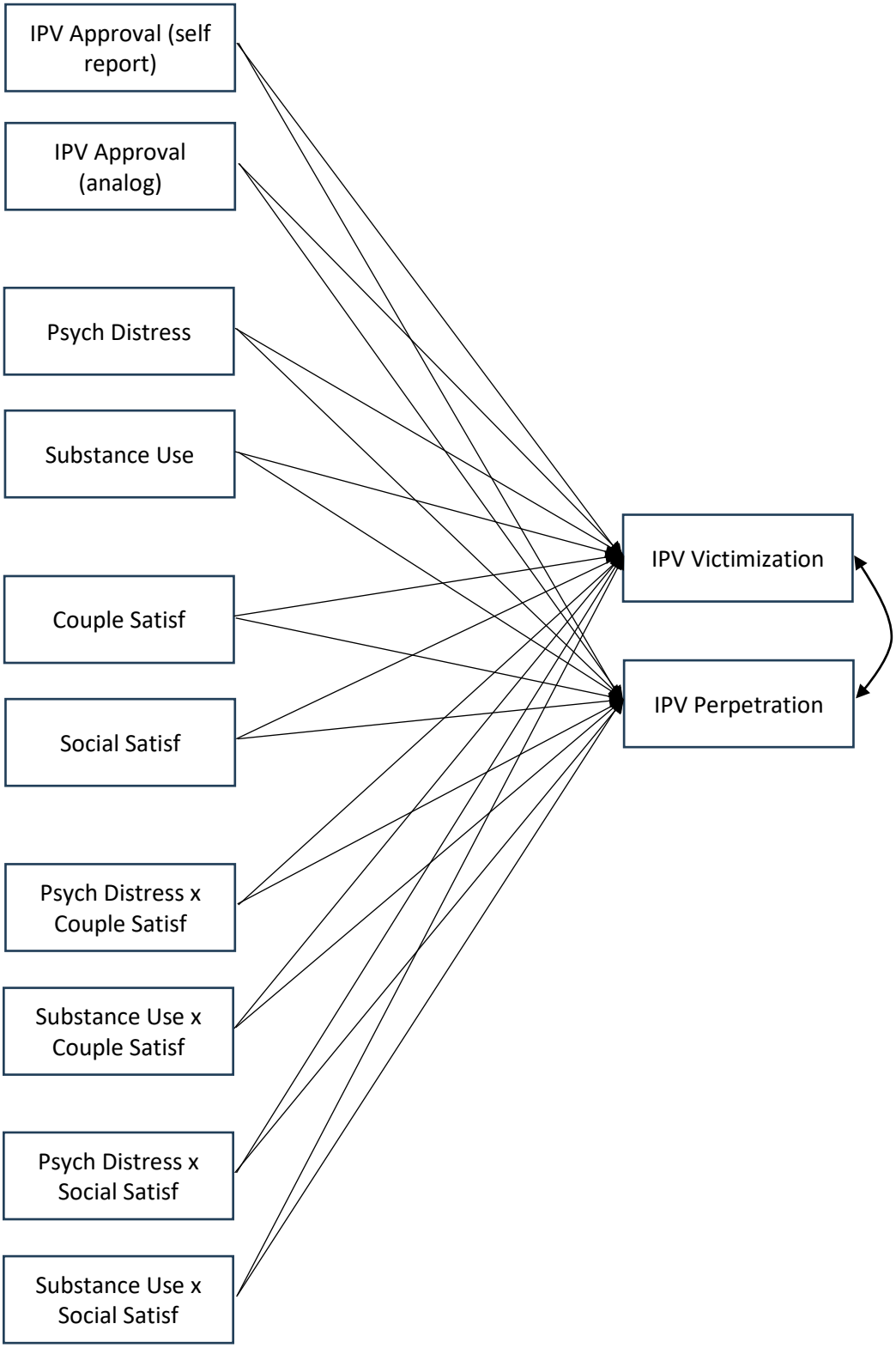
Standardized Coefficients for IPV Victimization v. Perpetration

	Victimization		*Perpetration*	
	β	*p*	*β*	*p*
IPV Approval Self-Report → CTS	.08	.482	-.02	.874
IPV Approval Analog → CTS	**-.19**	**.047**	-.08	.490
Psychological Distress → CTS	.06	.605	**.23**	**.047**
Substance Use→ CTS	.19	.211	**.19**	**.046**
Couple Satisf → CTS	-.12	.286	.01	.910
Social Satisf → CTS	*-.19*	*.068*	-.03	.763
Couple Satisf x BSI → CTS	**-.21**	**.045**	*.18*	*.088**
Couple Satisf x Subst Use → CTS	-.18	.203	**.23**	**.007***
Social Satisf x BSI → CTS	-.12	.203	*.18*	*.063**
Social Satisf x Subst Use → CTS	.09	.583	-.10	.301

Note. Controlling for SES. Conflict Tactics Scale Revised Short Form. **Bolded** values denote statistical significance; *italicized* values are only marginally significant at $p < .10$. Asterisks denote significant differences in interactions between victimization versus perpetration.

Figure 1

Regression model of risk factors, resources, and interaction effects predicting IPV Victimization v. Perpetration



Note. IPV = Intimate Partner Violence; Psych Distress=Psychological Distress; Satisf = Satisfaction; covariances among predictors not shown.