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Domestic Abuse and Forgiveness among Military Spouses

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ABSTRACT

Living with veterans who suffer from post-traumatic stress disorder (PTSD) is associated with elevated distress in spouses. Moreover, military spouses are at an elevated risk for domestic abuse, which might exacerbate their plight. Forgiveness is posited to have a healing effect for individuals, both in general as well as in the context of marital relations. Yet, the outcomes of forgiveness under conditions of ongoing abuse are not well understood. The current study fills this gap. Military spouses ($n = 245$) were assessed 30 (T1) and 38 (T2) years after the 1973 Yom-Kippur War. Abuse inflicted upon the spouses, spouses' forgiveness, spouses' distress (self-rated health and psychiatric symptomatology) and veterans' PTSD symptoms were assessed. Domestic abuse was associated with spouses' distress beyond the effect of the veterans' PTSD. Furthermore, domestic abuse moderated the associations between forgiveness and distress. Whereas forgiveness predicted reduced distress among spouses who reported a lower frequency of domestic abuse, its effects were non-significant among spouses who reported a higher frequency of domestic abuse. Results imply that the protective effect of forgiveness dissolves in the face of an elevated frequency of ongoing abuse and that promoting forgiveness as a part of psychotherapy for individuals who undergo abuse might be ineffective.

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Combat; domestic abuse; forgiveness; generalized distress; trauma

Combat is one of the most brutal man-made traumas wherein individuals are exposed to threats of death and injury and the malicious nature of human cruelty (Nash, 2007). Such a traumatic experience often has long-term ramifications (e.g., Galea et al., 2012; Marmar et al., 2015), with post-traumatic stress disorder (PTSD) being the most conspicuous psychiatric sequela (American Psychiatric Association, 2013).

The negative repercussions of combat may affect not only veterans but also their significant others. Living with a traumatized veteran can present such difficulties as caregiver burden, having to take on extra responsibilities in the household, and a decrease in marital quality (e.g., Caska & Renshaw, 2011;

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Manguno-Mire et al., 2007). Given these difficulties, it is not surprising that spouses of traumatized veterans are at a high risk for elevated generalized distress, manifested in a multitude of ways, such as severe psychiatric symptomatology and negative self-rated health (SRH) (e.g., Greene, Lahav, Bronstein, & Solomon, 2014; Manguno-Mire et al., 2007; Renshaw, Blais, & Caska, 2011).

Moreover, as combatants who suffer from PTSD symptoms often experience an elevated propensity for anger outbursts (APA, 2013), spouses of traumatized veterans might be at greater risk of domestic abuse (e.g., Beckham, Moore, & Reynolds, 2000). This risk is compounded by the higher rates of male-perpetrated domestic abuse (Bohannon, Dosser, & Lindley, 1995; Sherman, Sautter, Jackson, Lyons, & Han, 2006) as well as a greater severity of violence and increased risk for resulting injury (Shupe, Stacey, & Hazlewood, 1987) among military couples, as compared to civilian counterparts. Research has consistently indicated relations between the severity of veterans' PTSD and levels of domestic abuse (Samper, Taft, King, & King, 2004), even when other domestic abuse risk factors are controlled for (Orcutt, King, & King, 2003).

The ramifications of domestic abuse that is manifested in physical and psychological violence have been consistently demonstrated. Studies among civilian couples have indicated domestic abuse to be linked to elevated psychiatric symptoms (e.g., Bian & Moller, 2002) and poor physical health (e.g., Campbell, 2002). Although there are a limited number of studies specifically among partners of traumatized veterans, it has also been shown that enduring domestic abuse has been associated with psychological maladjustment, even when accounting for veterans' PTSD symptoms (Calhoun, Beckham, & Bosworth, 2002; Street, King, King, & Riggs, 2003). The present study aims to extend this body of knowledge by assessing the implications of domestic abuse on military spouses' generalized distress (reflected by levels of psychiatric symptomatology and SRH), above and beyond the effects of veterans' PTSD symptoms. Furthermore, this study adds novel information to the literature by investigating whether the effects of military spouses' forgiveness toward their partners are moderated by domestic abuse.

Forgiveness

Forgiveness is a multifaceted concept, with different meanings across different contexts (e.g., forgiveness of oneself, God, or entire societies). Forgiveness towards others, which is the focus of the present study, is defined as a wholehearted openness to abandon one's right to resentment, negative attitude or indifferent behavior toward an offender, while also fostering compassion, generosity, and even understanding toward him or her (Enright &

Coyle, 1998). Thus, forgiveness involves not only a reduction of negative emotions, but also an increase in positive emotions toward the offender (McCullough, Fincham, & Tsang, 2003).

Forgiveness (and a lack thereof) have been claimed to have implications on both emotional and somatic distress (Worthington, Berry, & Parrott, 2001). Resentment entails stress that may detrimentally impact one's health through hyperarousal of the sympathetic nervous system (Worthington et al., 2001). Alternatively, forgiveness gives rise to positive emotions and reduces maladaptive coping, such as substance use and social isolation, thus enhancing mental and physical health (e.g., Worthington et al., 2001).

The beneficial effects of forgiveness are prominent in the context of marital relationships (Gordon, Hughes, Tomcik, Dixon, & Litzinger, 2009). Given that the quality of a couple's relationship affects each individual partner's well-being (Proulx, Helms, & Buehler, 2007) and that forgiveness improves relationship quality (Fincham, Beach, & Davila, 2004), the potential mitigating effect of forgiveness on spouses' distress deserves attention.

Research has supplied abundant evidence regarding the advantages of forgiveness. Previous findings have indicated associations between forgiveness and greater well-being (e.g., Berry & Worthington, 2001), lower depression (Brown, 2003), enhanced medical indicators (e.g., Berry & Worthington, 2001) and positive SRH (Toussaint, Williams, Musick, & Everson, 2001). Studies conducted among couples have also revealed that forgiveness is related to increased psychological well-being (Bono, McCullough, & Root, 2008) and fewer mental health symptoms (Miller & Worthington, 2010).

Forgiveness and domestic abuse

Yet, the above-mentioned studies assessed forgiveness generally in the context of non-abusive relationships. Scrutiny of the literature indicates that this subject is far from being fully understood. On the one hand, some posit that maintaining resentment toward an abuser might be an obstacle to recovery (e.g., Seagull & Seagull, 1991) and that forgiveness is an important part of the healing process. In accordance with this view, previous findings have revealed associations between some aspects of forgiveness and positive outcomes, such as higher self-esteem and lower distress, among sexual abuse survivors (Noll, 2003).

On the other hand, it has also been claimed that forgiveness might pose a risk for further abuse and could be harmful (Engel, 1989), particularly when the perpetrator has not shown remorse, the abuse is severe, or the resulting injuries are recent (e.g., Worthington, Sandage, & Berry, 2000). For example, forgiveness among women residing in domestic violence shelters predicted their intention to return to the abusive partner (Gordon, Burton, & Porter, 2004).

In addition to the limited degree of research in this area and the mixed findings that have emerged, the scant research to date has also suffered from significant limitations. To the best of our knowledge, the few studies that have explored the effects of forgiveness were conducted after the abuse had ended. One may wonder what the implications would be of forgiveness under ongoing domestic abuse – would forgiveness towards the abusive husband lessen the stressor-like impact of resentment and, thus, reduce the victims' distress, or alternatively, would it be ineffective or even harmful? While research among partners in non-abusive relationships implied the former, the special features of domestic abuse suggest the latter.

Ongoing abuse within a relationship creates complex coercive interactions between the victim and the perpetrator, consisting of a combination of violence and dependence (Babcock & DePrince, 2013; Herman, 1992; Platt, Barton, & Freyd, 2009). Under these conditions, positive aspects of a wife's forgiveness towards her abusive husband could deepen her dependency, hinder her ability to protect herself, and strengthen the perpetuation of abuse (e.g., McNulty, 2011). Furthermore, negative feelings, such as anger or resentment, could be adaptive while experiencing significant threats and possibly serve as an important alarm, helping the individual to protect one's self (Leary & Baumeister, 2000). Hence, a wife's forgiveness toward her abusive husband could be counterproductive, hindering self-protective behavior and increasing her vulnerability. These effects of forgiveness might be particularly relevant for the population of military spouses who are also subjected to ongoing domestic abuse. One could postulate that these spouses perceive their partners in a contradictory fashion, both as traumatized victims who need their support and, at the same time, as abusive and dangerous. Forgiveness under these unique conditions could intensify abused spouses' confusion and hamper their ability to identify risks of potential abuse correctly.

The current prospective study among military spouses explores these issues by examining: (1) associations between domestic abuse and military spouses' generalized distress (psychiatric symptomatology and SRH) above and beyond the effects of veterans' PTSD symptoms; and (2) the moderating role of domestic abuse within the association between spouses' forgiveness toward their partners and their generalized distress.

Methods

Procedure and participants

The present study is part of a longitudinal study on the psychological implications of war among male veterans from the 1973 Yom Kippur War as well as their spouses (Solomon, Horesh, Ein-Dor, & Ohry, 2012, for full

details). The current study utilizes data collected from the military spouses in 2003 (T1) and 2011 (T2), and from the veterans in 2003 (T1).

A total of 520 male combat veterans who served in the Israel Defense Forces (IDF) land forces during the 1973 Yom Kippur War, some of whom were former prisoners-of-war, were sampled from Israeli Ministry of Defense records and computerized data banks. A total of 227 and 294 combat veterans participated in T1 and T2, respectively (43.7% and 56.5% response rates, respectively). The current study utilized the data regarding the veterans' PTSD symptoms in T1 only.

In T1, 213 veterans were married. In T2, the number of married veterans increased to 250. In T1, 165 female military spouses participated in the study (77.4% response rate). In T2, the number of military spouse participants increased to 171 (68.4% response rate). The mean age for the military spouses in T1 was 50.70 ($SD = 6.36$), mean years of schooling was 14.18 ($SD = 3.18$); the majority were secular (57.9%), with a higher than average income (35.0%).

Following approval from Tel Aviv University Review Board, participants (veterans and their spouses) were contacted. Participants completed the research questionnaires either in their homes or at a location of their choice. All participants read and signed an informed consent agreement prior to their participation. Participants who reported domestic abuse were referred for treatment.

Handling missing data

Substantial attrition and addition are common in longitudinal designs (Collins, Schafer, & Kam, 2001). In the current study, both occurred from the T1 assessment to T2. Furthermore, data were missing across variables, with some variables having more missing data than others. Hence, we assessed the differences between valid and missing data for all of the variables in each measurement.

To handle the missing data and create the most reliable and complete data set, we used an anchor wherein only military spouses were included who participated in at least one wave of measurement, and the data of their veteran partners in T1 were valid. A total of 245 participants filled these criteria [$n = 74$ (participated only in T1), 80 (participated only in T2), 91 (participated both in T1 and T2)]. It is noteworthy that all of the military spouses who participated in this study were married to the same veteran at both measurements. None of the military spouses who participated in the study left their partners over the course of the study. Data regarding the veterans' PTSD symptoms in T1 were used only for the military spouses who participated in the study.

No differences were found between military spouses who participated in T1 only, in T2 only, or in both waves on the following variables: country of

birth, $\chi^2(2, n = 163) = 0.33, p = .88$; number of children, $F(1,160) = 0.17, p = .68$; years of marriage/cohabitation, $F(1,164) = 1.83, p = .18$; psychological treatment in the past, $\chi^2(1, n = 161) = 3.34, p = .07$; and number of traumatic events other than indirect exposure to combat via the relationship with the veteran partner, $F(1, 167) = 3.02, p = .09$. Additionally, no differences were found between these groups in the frequency of domestic abuse, $F(1, 149) = 0.75, p = .39$; forgiveness, $F(1, 159) = 0.01, p = .93$; psychiatric symptomatology in T1, $F(1, 157) = 3.44, p = .06$, or T2, $F(1, 167) = .06, p = .81$; as well as in SRH, $F(1, 167) = 0.55, p = .46$.

Overall, 0–35.1% of data were missing. To decide whether the data had missing values in a random pattern, we conducted Little's Missing Completely at Random (MCAR) test (Collins et al., 2001). Although the analysis revealed that the data were missing completely at random, $\chi^2(345) = 307.27, p = .929$, a more advanced method of maximum likelihood (ML) imputation was conducted using SPSS 25. As the current data are longitudinal, the ML method was considered to be the optimal method for both attrition and addition of participants over time (Collins et al., 2001). The ML is a highly efficient way to avoid biased data (Schafer & Graham, 2002), as compared to conventional methods such as arithmetic mean, listwise or pairwise deletion. Use of ML in regard to missing responses is deemed as highly effective when conducted in a longitudinal model that borrows information from across waves to serve as auxiliary variables (Schafer & Graham, 2002). This study utilized variables measured for military spouses across waves to increase the likelihood for optimal estimations of missing values. The final sample (after ML was implemented) comprised of 245 military spouses.

Measures

Domestic abuse inflicted upon the military spouses, military spouses' forgiveness towards their veteran partners, and the veterans' PTSD symptoms were measured in T1. Military spouses' SRH was measured in T2 only. Military spouses' psychiatric symptomatology was measured in both T1 and T2.

Domestic abuse (T1)

Military spouses' experience of domestic abuse was assessed using the Conflict Tactics Scale (Straus, 1979). This is a self-report scale that includes 6 items measuring psychological violence (e.g., insults or swearing, yelling) and 13 items measuring physical violence (e.g., throwing things, pushing, grabbing, or shoving). Spouses were asked to rate how often they were subjected to each type of aggressive behavior, as perpetrated by their veteran partners, over the previous year, from *never* (1) to *every day* (6). One index reflecting the frequencies of physical and psychological aggression combined was computed. Due to the fact that none of the participants reported being

threatened with a knife or being burned as a result of domestic abuse, these two items were not included, and the final score was based on 17 items only. The Conflict Tactics Scale has an established internal consistency ranging from .88 to .95 in samples of husbands and wives (Straus, Gelles, & Smith, 1990). In the present study, Cronbach's alpha was .92.

Forgiveness towards the veteran partner (T1)

Military spouses' forgiveness was assessed using the Family Forgiveness Scale (Pollard, Anderson, Anderson, & Jennings, 1998). Spouses were asked to indicate the level of their forgiveness on a 4-point Likert-type scale ranging from 1 (*never true*) to 4 (*almost always true*). To specifically assess the spouses' forgiveness towards their veteran partners, and not forgiveness in the family in general, we computed a mean of the three items that described spouses' forgiveness towards their partners (i.e., "It is hard for me to accept an apology from my husband"; "My husband never understands my feelings when he offends me"; "I never forget a wrong done to me by my husband"). We reverse-scored the items, so that a higher score reflected a higher level of forgiveness.

Veterans' PTSD symptoms (T1)

PTSD symptoms of the veterans were assessed via the PTSD-Inventory (PTSD-I; Solomon et al., 1993), a 17-item self-report questionnaire. The items on the PTSD-I correspond to the DSM-IV-TR diagnosis for PTSD. Veterans rated posttraumatic symptoms (relating to combat exposure) experienced in the previous month on a scale ranging from 0 (*not at all*) to 4 (*almost always*). The number of positively endorsed symptoms was calculated by the items answered as 3 (*often*) or 4 (*almost always*), as these responses best capture the DSM-IV-TR criteria of a persistent experiencing of symptoms. The total score was then calculated by adding the number of positively endorsed items, such that the score of persistent posttraumatic symptoms ranged from 0 to 17. The validity of PTSD-I was examined relative to structural clinical interviews (SCID) and the Impact of Events Scale (IES) (Solomon et al., 1993). The PTSD-I has proven psychometric properties with good convergent validity (e.g., Solomon et al., 1993). In the present study, Cronbach's alpha was .95.

Psychiatric symptomatology (T1 & T2)

Levels of emotional distress were assessed by the General Severity Index (GSI) from the Symptoms Checklist-90 (SCL-90; Derogatis, 1977). The SCL-90 is a well-validated, 90-item, self-report questionnaire measuring a range of psychological issues. Items were rated on a scale from *not at all* (0) to *extremely* (4) for the 2-week period prior to completing the questionnaire. The SCL-90 has been found to have good validity (Peveler & Fairburn, 1990).

and reliability (Solomon, Shklar, & Mikulincer, 2005). In the present study, Cronbach's alpha was .97 in T1 and .96 in T2.

Self-rated health (T2)

SRH was assessed by the commonly used question: "How would you define your physical health status at present?" Participants answered this question on a 6-point scale from 1 (*excellent*) to 6 (*very bad*) (Benyamini & Idler, 1999). Thus, high scores reflected poorer SRH.

Data analysis

Pearson correlations were conducted to assess the associations among the study's variables. To examine whether domestic abuse was associated with military spouses' generalized distress (psychiatric symptomatology and SRH), above and beyond the effects of the veteran partners' PTSD symptoms, two regression analyses were conducted. The analyses included 2 steps. The first step consisted of veterans' PTSD symptoms, and the second step consisted of domestic abuse as reported by the spouses.

To examine the moderating role of domestic abuse within the association between military spouses' forgiveness towards their veteran partners and the military spouses' generalized distress, two regression analyses were conducted for psychiatric symptomatology and SRH in T2, respectively. Psychiatric symptomatology and SRH in T2 were treated as dependent variables, level of spouses' forgiveness as an independent variable, and domestic abuse as a moderator. Veterans' PTSD symptoms were treated as a control variable in both models. Additionally, military spouses' psychiatric symptomatology in T1 was treated as a control variable for the model predicting their psychiatric symptomatology in T2. All the variables' scores were standardized. Significant interactions were probed using the PROCESS (model 1) computational macro (Hayes, 2012).

Results

A vast majority of military spouses (72.2%) reported that they had experienced at least one incidence of domestic abuse inflicted by their partners during the past year. Of these, 58.7% reported that the incidences of domestic abuse had occurred a few times a year, 23.8% reported incidences of domestic abuse that had occurred a few times a month, 11.9% reported incidences of domestic abuse that had occurred a few times a week, and 5.5% reported incidences of domestic abuse that had occurred a few times a day or almost every day.

Descriptive statistics and inter-correlations among the study's variables are presented in Table 1. Pearson correlations indicated significant associations among the veterans' PTSD, domestic abuse reported by military spouses,

Table 1. Descriptive statistics and inter-correlations between the study variables (n = 245).

Measure	1	2	3	4	5	6
1. Veterans' PTSD symptoms (T1)	-					
2. Domestic abuse reported by military spouses (T1)	.42***	-				
3. Spouses' forgiveness towards their veteran partners (T1)	-.19**	-.37***	-			
4. Spouses' psychiatric symptomatology (T1)	.40***	.61***	-.30***	-		
5. Spouses' psychiatric symptomatology (T2)	.30***	.35***	-.24***	.78***	-	
6. Spouses' SRH (T2)	.26***	.25***	-.04	.49***	.57***	-
M (SD)	6.76 (5.09)	1.21 (.27)	3.16 (.46)	.63 (.52)	.93 (.60)	2.66 (.93)
Range	17.00	3.04	2.67	3.48	4.59	4.76

Note. PTSD = posttraumatic stress disorder; SRH = self-rated health. ** = $p < .01$, *** = $p < .001$

spouses' levels of forgiveness towards their veteran partners, and spouses' generalized distress. The higher the level of the veterans' PTSD, the more frequently the domestic abuse reported by their spouses, the lower the spouses' forgiveness towards their veteran partners, the higher the spouses' psychiatric symptomatology and the more negative their SRH. The more frequent the domestic abuse reported by military spouses, the lower their levels of forgiveness towards their veteran partners, the higher their psychiatric symptomatology and the more negative their SRH. In addition, the higher the levels of spouses' forgiveness, the lower their psychiatric symptomatology.

Domestic abuse and military spouses' generalized distress

The regression model predicting psychiatric symptomatology by domestic abuse and veterans' PTSD was significant, $F(2, 242) = 21.62$, $p < .001$ (see Table 2). The analysis revealed a significant positive association of domestic abuse with psychiatric symptomatology, above and beyond the effects of the veterans' PTSD, indicating that the more frequent the domestic abuse reported by the military spouses, the higher their psychiatric symptomatology.

The regression predicting SRH by domestic abuse and veterans' PTSD was also significant, $F(2, 242) = 11.64$, $p < .001$ (see Table 2). The analysis revealed a significant positive association of domestic abuse with SRH, above and beyond the effects of veterans' PTSD, indicating that the more frequent the domestic abuse reported by the military spouses, the more negative their SRH.

The moderating role of domestic abuse

Due to the high associations among psychiatric symptomatology in T1 and psychiatric symptomatology in T2 (see Table 1), we assessed multicollinearity before conducting the first regression model. This was done using Variance Inflation Factors (VIF) and corresponding tolerance (Smith, Koper, Francis,

Table 2. Regression standardized coefficients predicting military spouses' generalized distress symptoms at T2 (n = 245).

	Psychiatric Symptomatology		SRH	
	β	R^2 change	β	R^2 change
Step 1				
Veterans' PTSD symptoms (T1)	.30***	.09	.26***	.07
Step 2				
Veterans' PTSD symptoms (T1)	.18**	.06	.18**	.02
Domestic abuse reported by military spouses (T1)	.27***		.17*	

Note. PTSD = posttraumatic stress disorder; SRH = self-rated health. * $p < 0.05$ ** $p < 0.01$. *** $p < 0.001$.

& Fahrig, 2009). Preliminary regression in predicting psychiatric symptomatology in T2 by psychiatric symptomatology in T1 revealed multicollinearity indices of equals as 1.00 (usually more than 10 is highly collinear) and corresponding tolerance, which indicates low multicollinearity (Smith et al., 2009). Thus, military spouses' psychiatric symptomatology in T1 was included as a control variable in the regression model predicting psychiatric symptomatology in T2.

In predicting psychiatric symptomatology, the interaction between domestic abuse and forgiveness was significant, indicating that domestic abuse moderated the association between forgiveness and psychiatric symptomatology (See Table 3). Similarly, this interaction was also significant in the regression model predicting SRH (See Table 3).

The significant interactions were probed by computing their conditional effects at 1 SD below and 1 SD above the mean of the moderator, i.e., the frequency of domestic abuse. These interactions are depicted in Figures 1 and 2. As can be seen, the overall trend is similar for psychiatric symptomatology and SRH. Among military spouses who reported a relatively lower frequency of domestic abuse, forgiveness was associated with lower psychiatric symptomatology ($\beta = -0.18$, $p = .001$) and positive SRH in T2 ($\beta = -0.17$, $p = .02$). In contrast, among military spouses who reported a relatively higher frequency of domestic abuse, forgiveness was non-significantly associated with psychiatric symptomatology ($\beta = -0.05$, $p = .58$) and SRH ($\beta = -0.03$, $p = .62$).

Table 3. The moderating role of domestic abuse within the association between forgiveness and generalized distress in military spouses (n = 245).

	Psychiatric Symptomatology		SRH	
	β	R^2	β	R^2
Spouses' psychiatric symptomatology (T1)	.88***	.64	—	.13
Veterans' PTSD symptoms (T1)	.10		.17*	
Spouses' forgiveness towards their veteran partners (T1)	-.04		-.01	
Domestic abuse reported by military spouses (T1)	-.12		.11	
Domestic abuse X forgiveness (T1)	.06*		.12**	

Note: All study variables were standardized. PTSD = posttraumatic stress disorder; SRH = self-rated health * $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

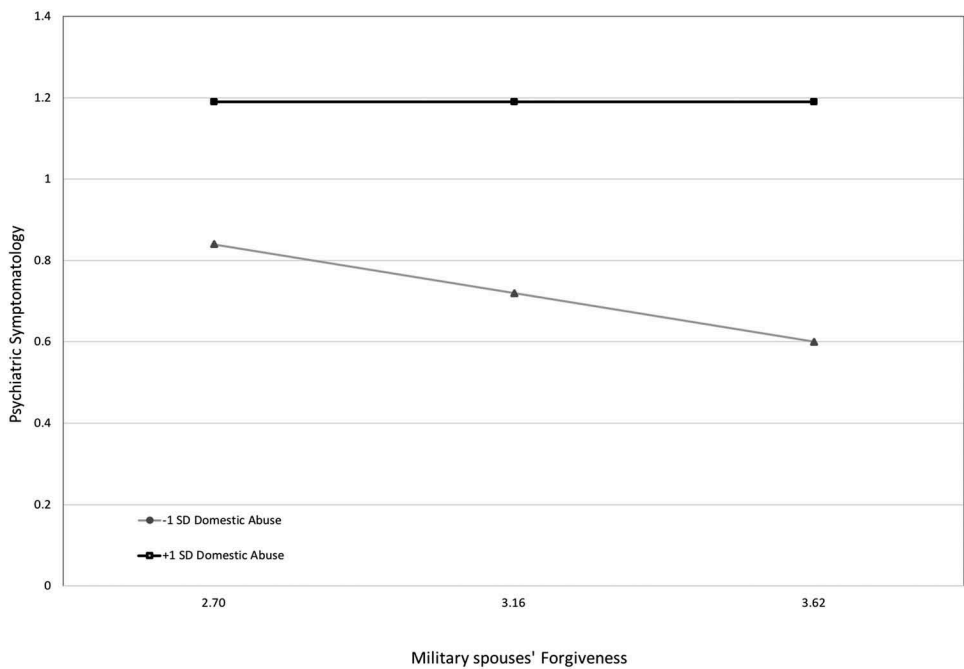


Figure 1. The moderating role of domestic abuse within the association between spouses' forgiveness and their psychiatric symptomatology.

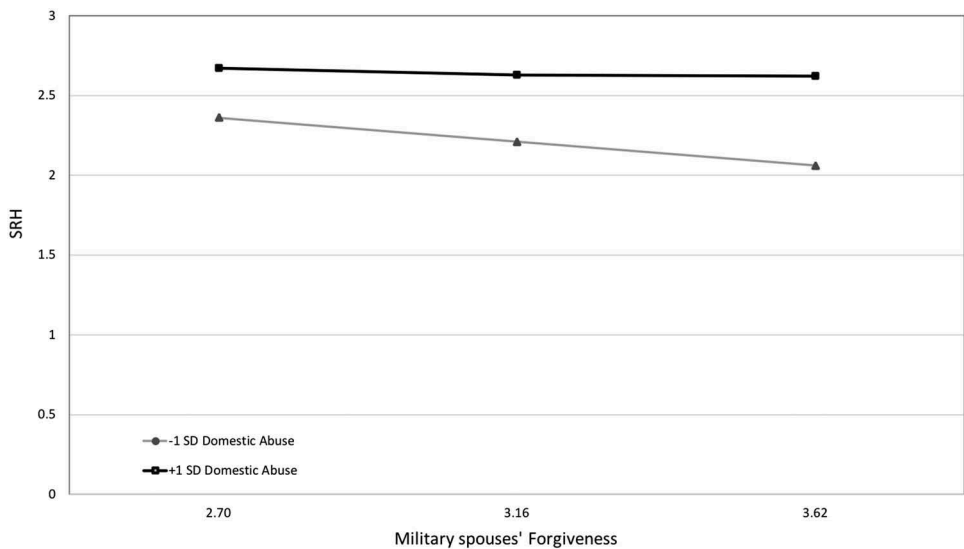


Figure 2. The moderating role of domestic abuse within the association between the spouses' forgiveness and their SRH.

Discussion and limitations

This study investigated the moderating role of domestic abuse in the association between military spouses' forgiveness towards their veteran partners and

their generalized distress. Results revealed that domestic abuse inflicted upon the spouses was associated with greater generalized distress symptoms, even after accounting for the veterans' PTSD symptoms. Moreover, the associations between spouses' forgiveness and their levels of distress were moderated by the domestic abuse. Whereas forgiveness acted as a protective factor among military spouses who were subjected to a low frequency of domestic abuse, its effects became non-significant among spouses who reported a higher frequency of domestic abuse.

The present results are in line with previous empirical evidence regarding the ramifications of domestic violence (e.g., Campbell, 2002). Our findings demonstrated that, although domestic abuse was associated with the veterans' posttraumatic reactions, it had a unique effect on the military spouses' difficult situation, deepening their distress. As research has demonstrated, living with a traumatized veteran can take a significant toll. Caregiver burden, frequent conflicts, and low marital satisfaction are some of the difficulties that military spouses face, which could lead to increased distress (e.g., Caska & Renshaw, 2011). Yet, should the spouses also be subjected to domestic abuse, their distress may become more severe, and they could suffer from elevated psychiatric symptomatology and negative perceived health.

Exploring the associations between military spouses' forgiveness towards their partners and their distress levels revealed differentiated patterns, which were dependent on the spouses' exposure to domestic abuse. Our findings indicated that while forgiveness served as a protective factor, predicting lower levels of distress among military spouses who were subjected to a low frequency of domestic abuse, it had non-significant effects among spouses who suffered from a higher frequency of domestic abuse. These findings suggest that forgiveness is a complex phenomenon, and that its outcomes might be shaped by the quality of harm inflicted by the person being forgiven.

In cases of no or relatively low abuse, forgiveness was found to be related to lower distress. This finding is consistent with theory and research regarding the healing effect of forgiveness (e.g., McCullough & Witvliet, 2002). As these effects were detected while controlling for the veterans' PTSD symptoms, these findings suggest that forgiveness might be advantageous for trauma survivors' significant others. Couples in which one partner has experienced combat and suffers from PTSD often experience more communication problems and conflicts, as well as lower marital satisfaction (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004). Under these circumstances, military spouses' forgiveness towards their partners could act as an important buffer, limiting marital discord and enhancing the relationship. These positive effects on the marital domain might, in turn, further enhance the military spouses' psychological and somatic health (Proulx et al., 2007). Additionally, whereas resentment might act as additional source of strain,

military spouses' forgiveness might relieve their stress and their associated physical and mental struggles (e.g., Worthington et al., 2001).

In contrast, in situations of relatively higher abuse (as reported by spouses), the link between forgiveness and reduced distress was not found. These findings are incongruous with former studies that have indicated positive effects of forgiveness among survivors of abuse (e.g., Noll, 2003). However, as opposed to previous studies which referred to abuse that had ended, this study explored ongoing abuse and thus could shed light on the effects of forgiveness within a currently abusive relationship.

Spouses who are subjected to domestic abuse experience multiple severe stressors. They endure threats to their psychological and physical integrity and continuing attacks aimed at shattering the most basic perceptions regarding their own sense of self (Smith, Smith, & Earp, 1999). Compared to these tangible hazards, the potential benefits of forgiveness in reducing stress might be like a drop in the ocean and, hence, do not substantially relieve the military spouses' plight. Furthermore, while facing an ongoing danger in their own home, positive feelings towards the abusive partners, manifested in forgiveness, may require additional efforts and energy that counteract any potential positive effects of forgiveness over time (Breh & Seidler, 2007).

One should note that our findings among military spouses who suffered from a higher frequency of domestic abuse did not reveal any negative implications of forgiveness. These results are inconsistent with both theory (Worthington et al., 2000) and research (Gordon et al., 2004) regarding the potentially harmful effects of forgiving the perpetrator in cases of an abusive relationship and are therefore highly surprising. How can one explain the non-harmful effects of the abused spouses' forgiveness?

One explanation for the present findings could be drawn from betrayal trauma theory (Freyd, 1994, 1996). According to this perspective, abuse that occurs within a close relationship, such as with domestic abuse, constitutes a significant betrayal as the victim is often highly invested in and dependent upon the perpetrator (e.g., Platt et al., 2009). Under these conditions, acknowledging and reacting to the betrayal might present a substantial threat to the victim. Withdrawal from the relationship or confronting the abusive partner could lead to an escalation of abuse, loss of financial support or other challenges that might risk the victim's survival. Conversely, remaining blind to or unaware of the abuse could enable the victim to behave in ways that maintain the relationship.

Based on this rationalization, one might suggest that the reports of military spouses' forgiveness towards their partners reflected efforts to detach from the painful realization of betrayal in their relationship. This dissociation protected the spouses from the harsh threats associated with ending the relationship but, at the same time, led them to stay in abusive relationships. A previous study among

women who resided in domestic violence shelters provides some support to this argument, indicating that spouses' forgiveness towards their abusive partner predicted their intentions to return to their partners (Gordon et al., 2004). Thus, it could be that the present study, which included spouses who stayed married and did not assess spouses' intention to leave their partners, was not able to detect this particular negative effect of forgiveness.

Alternatively, the present findings may suggest that the spouses' reports of forgiveness did not reflect genuine absolution. Perhaps, spouses' forgiveness towards their partners served as a means to reduce cognitive dissonance (Festinger, 1962) caused by staying in a harmful abusive relationship. Thus, by forcing themselves to "forgive," or put the abuse behind them, they experienced less psychological dissonance while staying in the relationship. Lastly, one might suggest that, in military spouses who are subjected to greater abuse, the effects of veterans' PTSD symptoms and extent of abuse simply overrode any potential positive or negative effects of forgiveness. This possibility may be even greater than detected in this study, given our limited measure of forgiveness.

The present findings should be acknowledged in the context of several limitations. First, the relatively small sample size and attrition/addition across time points, inevitable in longitudinal studies (Collins et al., 2001), may restrict the generalizability of our findings, thus necessitating further research. Second, this study was based on self-report measures, which may be subjected to response biases and shared method variance. Third, our measures of military spouses' forgiveness towards their veteran partners did not include an assessment of the quality of forgiveness. In future studies, it would be important to further assess the features of forgiveness among currently abused individuals. Lastly, the present study did not have information regarding variables that might shape the effects of forgiveness, such as intentions to leave the abusive partner. Future studies should assess these variables to uncover processes underlying forgiveness among abused spouses.

Despite these limitations, the present findings have important theoretical and clinical implications. The current results demonstrate that forgiveness is a complex phenomenon. Though forgiveness might lessen one's distress in many cases, this healing effect might not be applicable for individuals who are subjected to ongoing abuse. This study suggests that, under the condition of highly frequent domestic abuse, forgiveness toward an abusive partner might not be beneficial. Under these circumstances, clinical interventions that encourage the person being abused to acknowledge the destructiveness of the relationship and to break the cycle of abuse may be of the utmost importance.

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Disclosure statement

Yael Lahav., Keith D. Renshaw., & Zahava Solomon declare that they have no conflicts to report.

Ethical standards and informed consent

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation [institutional and national] and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all patients for being included in the study.

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