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RESEARCH

# Psychometric Analysis of the Couple Resilience Inventory (CRI): Adaptation and Validation in a Spanish Sample

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## Abstract

Scientific literature has stated that resilience fosters well-being. However, research on couple resilience and its related constructs remains limited. Furthermore, the resilience measurements have focused on the individual level, remaining the couple resilience an underexplored construct, particularly in the Southern European context. The Couple Resilience Inventory (CRI) is one of the most widely used tools for couple resilience assessment. This study aimed to adapt and validate the CRI into Spanish, analysing its psychometric properties. The sample consisted of 341 individuals aged between 19 and 72 years ($M = 31.82$, $SD = 14.16$). Confirmatory factor analysis validated the two-factor correlated internal structure: Positive Couple Resilience (PCR) and Negative Couple Resilience (NCR), in line with the original study. The structural model showed good fit indices. Corrected item-total correlations (0.618–0.827) and internal consistency for both factors were adequate (PCR: $\alpha = 0.901$, NCR: $\alpha = 0.836$). Test-retest reliability demonstrated strong stability for both factors (PCR: ICC = 0.766; NCR: ICC = 0.856). Hierarchical regression analysis confirmed significant associations between couple resilience, dyadic coping, well-being and intimate partner violence. The psychometric properties of the Spanish version of the CRI have been empirically supported. Its interrelations with dyadic coping, well-being and intimate partner violence have been demonstrated. In conclusion, the CRI scale was satisfactorily adapted to and validated in Spanish and is a useful instrument to assess couple resilience.

**Keywords** Couple resilience · Dyadic coping · Well-being · Violence · Validation · Reliability

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## 1 Introduction

Couple resilience (CR) is an emerging dyadic construct that has gained increasing attention in the scientific literature. It refers to the processes through which couples engage in adaptive relationship behaviors to manage adversity effectively (Sanford et al., 2016). Theoretical frameworks of CR have identified key components that reflect the resilience process within couples. Lepore and Revenson (2006) proposed three core elements: resistance to adversity, where couples maintain functional equilibrium during the stressful event; recovery, where they return to pre-adversity state; and reconfiguration, in which couples adapt and reconstruct their relationship following adversity. As such, CR might be a crucial aspect of individual and couple well-being (Sanford et al., 2016).

In terms of assessment, many current studies on CR have primarily focused on individual measures of resilience (Hosseini et al., 2021; Lee et al., 2021; Mokhtari et al., 2022; Rullo et al., 2021; Terrill et al., 2023; Vatanparast et al., 2022; Zhang et al., 2021), often using the Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003). In fact, one of the latest systematic reviews on resilience measurement, emphasized that most of the existing instruments primarily assess resilience at the individual level (Windle et al., 2011). However, Fergus & Skerret (2015) highlighted that CR is a distinct phenomenon, encompassing unique qualities and processes. From this perspective, CR should be understood more than just the sum of the individual resilience of the intimate partners. To address this, Sanford et al. (2016) developed the Couple Resilience Inventory (CRI), a self-report instrument designed to assess couples' adaptative behaviors and responses in the face of adversity. Developed in the United States, the CRI conceptualizes CR through two key dimensions: positive couple resilience (adaptive behaviors that foster resilience) and negative couple resilience (maladaptive behaviors that hinder effective coping and adaptation to adversity). These two factors are distinct both conceptually and structurally, as the execution of positive behaviors differs fundamentally from the inhibition of negative ones (Sanford et al., 2016). Psychometric analyses of the original CRI demonstrated robust internal consistency, with Cronbach's alpha values exceeding 0.80 for both factors. Confirmatory factor analyses supported the two-factor structure with a good fit ($\chi^2(134)=334.20$, $p<.01$, SRMR = 0.05, CFI = 0.99). The CRI has shown strong construct and also external validity, as evidenced by its significant correlations with relationship satisfaction, quality of life, and individual well-being.

Recent studies, primarily conducted in the North American context, have supported the utility of the CRI (e.g., Haas & Lannutti, 2021; Rivers & Sanford, 2018; Sanford et al., 2017; Surijah et al., 2021). More recently, Bin Ibrahim et al. (2025) cross-validated the CRI within the LGTBIQ community, though this adaptation was still conducted in English. Therefore, there is currently a notable gap in adapting and validating the CRI for use it in other cultural and linguistic contexts.

It is also important to note that, compared to alternative instruments, the CRI offers stronger empirical evidence and psychometric support. For instance, the Relational Resilience Scale (RRS; Aydogan & Ozbay, 2018) has only undergone preliminary validation. In fact, a recent systematic review of resilience measurements (Terrana

& Al-Delaimy, 2023) concluded that the CRI is currently the only validated measure specifically designed to assess CR.

In the broader context of related constructs, dyadic coping is a construct that is closely related to CR. Dyadic coping (DC) refers to the ways in which couples manage stress together (Bodenmann, 2005), where either one partner supports the other in his/her own coping efforts or both partners engage together in shared problem-solving or joint emotion-regulation (Bodenmann et al., 2019). Since DC enhances couples' ability to successfully cope together with a common stressor (Einerson et al., 2023; Meyers et al., 2020), thereby improving relationship satisfaction and overall well-being (Canzi et al., 2019), it has been shown to play a significant role in fostering CR. Therefore, theoretically, CR and DC appear to be interrelated processes. However, on the one hand, CR represents a broader, overarching process that encompasses a set of components that people naturally perceive in their relationships (Sanford et al., 2016). On the other hand, DC specifically focuses on the strategies employed by couples to cope with external stressors when it is perceived (Bodenmann, 2005). Specifically, CR refers to the adaptive or maladaptive behaviors that either foster or hinder a couple's long-term capacity to adapt to and recover from adversity, ultimately emerging stronger together. In contrast, DC describes the interactive, often short-term processes through which partners manage daily stressful events, either by providing individual support or engaging in joint coping efforts (Donato et al., 2009). Thus, while CR emphasizes the couple's overall functioning and growth in response to significant adversity, DC centers on the behavioral, communicative, and problem-solving strategies couples use to cope with everyday stressors. It is noteworthy that both resilience and coping constitute predictors of well-being and adaptive capacity across the lifespan (Mayordomo et al., 2021).

Intimate partner violence (IPV) has also emerged as a relevant factor in resilience research. Several recent studies have demonstrated a relationship between resilience and IPV, suggesting that fostering positive relationship dynamics can be an important preventive factor for IPV, especially during periods of stress and adversity (Fernández-Álvarez et al., 2022; Kalokhe et al., 2019; Mengo et al., 2021). Despite this, research exploring the link between CR and IPV remains limited (Neustifter & Powell, 2015; Scrafford et al., 2019; Wathen et al., 2012).

Despite the growing body of literature examining how couples manage adversity by strengthening their relationships, much of this research still relies on individual self-reports rather than dyadic data. Consequently, understanding how individuals perceive and evaluate their couple's resilience remains an important aspect to be explored. Providing the scientific community with validated tools to assess perceived CR thus represents a significant gap in the psychometric field. Confirmatory factor analysis (CFA), used to test a hypothesized internal structure of a scale, has not been performed on the Spanish version of the CRI. Thus, this study aimed to adapt the original CRI into Spanish. The psychometric properties, including its factor structure, reliability, and criterion validity were empirically tested. Moreover, to further understand and conceptualise CR, this research aims to examine the relationship of CR with well-being and IPV.

Based on existing literature, we hypothesize that the Spanish version of the CRI will exhibit a two-factor correlated internal structure, demonstrating adequate fit

indices and strong psychometric properties. Specifically, we expect that positive CR will be positively associated with well-being and positive DC styles (e.g., supportive, delegated, and common coping styles) and negatively associated with negative coping style and IPV factors (e.g., physical and sexual abuse, harassment, surveillance, cyberbullying, dominance, and denigration). Conversely, negative CR is expected to show inverse associations with these variables.

## 2 Method

### 2.1 Participants

The sample consisted of 341 individuals from the general population, aged between 19 and 72 years ($M$=31.82, $SD$=14.16; $M_{\text{Women}}$ = 31.45, $SD_{\text{Women}}$ = 13.93; $M_{\text{Men}}$ = 33.28, $SD_{\text{Men}}$ = 15.07). The majority of participants were women (79.8%), heterosexual (82.1%), and without children (72.1%). All participants were residents of Spain and Spanish-speakers. In terms of educational background, nearly half of the participants had completed university studies (46.2%). Regarding employment status, approximately two-thirds were employed (65.1%). Income distribution resulted heterogeneous across the sample. Nearly all participants reported being in a closed/monogamous relationship (92.9%), with over half cohabiting with their partner (54.1%). Note that 7.1% of participants were in nonmonogamous relationships. On average, individuals in a relationship reported being together for 9.02 years. The inclusion criteria for participation were as follows: being 18 years or older, being in a romantic relationship lasting at least 3 months, holding Spanish nationality and residing in Spain.

### 2.2 Measures

#### 2.2.1 Couple Resilience

The Couple Resilience Inventory (CRI; Sanford et al., 2016) is a 14-item self-report questionnaire assessing CR on a six-point Likert scale, ranging from 1 (*Definitely did NOT happen*) to 6 (*Certainly happened and I can think of two or more examples*). The scale has a two-factors correlated structure: (F1) Positive Couple Resilience (PCR: items 1–9; $M$=3.97, $SD$=1.16) and, (F2) Negative Couple Resilience (NCR: items 10–14; $M$=2.14, $SD$=1.19). The CRI demonstrates excellent internal consistency (PCR: $\alpha$=0.89, NCR: $\alpha$=0.93; George & Mallery, 2018).

#### 2.2.2 Individual Resilience

The Resilience Scale (RS-14; Wagnild & Young, 2009) is a 14-item self-report measure ranging from 1 (*Completely disagree*) to 7 (*Completely agree*), assessing Personal competence and Acceptance of self and life. The Spanish adaptation (Sánchez-Teruel & Robles-Bello, 2015) showed acceptable internal consistency ($\alpha$=0.79). The RS-14

was used to assess the divergent validity of CRI factors, as couple and individual resilience are distinct constructs (Fergus & Skerret, 2015).

#### 2.2.3 Dyadic Coping

DC was assessed using the Dyadic Coping Inventory (DCI; Bodenmann, 2008b), with the Spanish version (Falconier et al., 2013). The DCI consists of 37 items rated on a 5-point Likert scale ranging from 1 (*Very rarely*) to 5 (*Very often*). The DCI has a seven-factor structure: (F1) Stress communication, (F2) Emotion-focused supportive DC, (F3) Problem-focused supportive DC, (F4) Emotion-focused common DC, (F5) Problem-focused common DC, (F6) Delegated DC, and (F7) Negative DC. The internal consistency was excellent for the total DC score ($\alpha = 0.94$) and acceptable to excellent across the subscales ($\alpha = 0.64$–$0.92$). DC refers to the process by which partners jointly manage daily stressful events as a couple (Donato et al., 2009). Thus, in the present study the DCI was used to analyze both concurrent and divergent validity of the CRI.

#### 2.2.4 Intimate Partner Violence

The Multidimensional Scale of Violence (EMVN; García-Carpintero et al., 2018) is a 64-item self-report tool measuring perpetrated and suffered violence, using a six-point Likert scale ranging from 0 (*Never*) to 5 (*Always*). The EMVN includes two subscales: perpetrated violence (items 1–32) and suffered violence (items 33–64). The perpetrated violence scale has a six-factor structure: (F1) Physical and sexual abuse (Physical violence dimension), (F2) Harassment, (F3) Surveillance, (F4) Cyberbullying (Coercive control dimension), (F5) Domination, and (F6) Denigration (Emotional violence dimension). The suffered violence scale has a five-factor structure, excluding cyberbullying. According to the original authors, the EMVN allows for the calculation of both total and factor-specific scores, and has demonstrated excellent internal consistency for the perpetrated ($\alpha = 0.93$) and experienced ($\alpha = 0.91$) subscales, with acceptable to excellent reliability across individual factors ($\alpha = 0.61$–$0.91$). In the present study, the EMVN was used to assess the divergent validity of the PCR factor and the concurrent validity of the NCR factor, given the link between CR and IPV (Neustifter & Powell, 2015; Scrafford et al., 2019).

#### 2.2.5 Well-Being

The Subjective Well-Being Scale (EBS-8; Calleja & Mason, 2020) is an 8-item self-report questionnaire ranging from 1 (*Disagree / Almost never*) to 6 (*Completely agree / Always*), assessing individual well-being across two dimensions: (F1) Life Satisfaction and (F2) Positive Affect. The EBS-8 demonstrates excellent internal consistency, for both Life Satisfaction ($\alpha = 0.95$) and Positive Affect ($\alpha = 0.96$) subscales. The scale also shows adequate criterion validity, evidenced by convergent correlations with the optimism, gratitude, and happiness variables, as well as divergent correlation with the solitude variable.

### 2.3 Procedure

Data were collected via the SurveyMonkey online platform (SurveyMonkey Inc., n.d.) between February and December 2024. All participants were asked to complete the survey. All instruments were self-reported.

In the first phase, permission was obtained from the original authors of the CRI to translate and adapt the test into Spanish. The translation followed the back-translation method, adhering to guidelines for adapting and translating psychological tests (International Test Commission [ITC], 2017). Three native Spanish-speaking translators (one of whom was a sworn translator) independently translated the original CRI into Spanish. A native English translator then translated the Spanish version back into English. The research team compared the original English version with the back-translated version to ensure semantic and conceptual equivalence. The retranslated English version and the original English version were then compared to check if the semantic and conceptual meaning of each item had been maintained. Also, grammatical, cultural and conceptual appropriateness were revised. Discrepancies were discussed and agreed upon by both the research team and the back-translator. In this sense, item 11 ("A partner was abusive") was slightly modified to better suit the Spanish context. Specifically, the word "abusive" was translated as "violent" to avoid the strong negative connotations associated with the term "abusive" in Spanish (e.g., emotional, physical and/or sexual abuse).

Following the translation and adaptation, the CRI was piloted (T0: Time 0) with a controlled sample ($n=40$) to assess the psychometric properties of the items, including their difficulty, variance, and discrimination. The pilot results indicated that all items had adequate means and variances, with significant correlations to their respective factors, suggesting good item discrimination. As for difficulty, all items had mean scores near the midpoint of the Likert scale (3.5). Items 1 to 9 (PCR factor) tended to skew toward higher response options ($M=4.65$–$5.45$), while items 10 to 14 (NCR factor) showed the opposite pattern, favoring lower options ($M=2.50$–$3.80$). These response trends align with the conceptual nature of each factor, indicating appropriate item difficulty. Variance values were sufficiently large and not close to zero for any item, reflecting adequate response variability. Item discrimination was strong across the CRI, with all items significantly and positively correlating with their respective factors (Spearman's $rho \geq 0.500$; PCR: 0.622–0.786; NCR: 0.687–0.867), demonstrating clear differentiation between levels of positive and negative CR.

In the second phase (T1: Time 1), the full set of psychometric measures (CRI, RS-14, DCI, EMVN and EBS-8) was administered to the overall sample, following the pre-defined inclusion criteria. Data collection of T1 was conducted using a non-probabilistic snowball sampling method (Goodman, 1961). To ensure internal validity of the study, participants who had participated in the pilot test were excluded from the main data collection. In the third phase (T2: Time 2), the CRI and EMVN measures were administered 6 months after the initial assessment (T1). T1 and T2 data were matched using an anonymised identification code. Accordingly, the confirmatory factor analysis was performed using T1 data, while matched T1-T2 data was used for test-retest reliability assessment ($n=91$, 26.69%).

### 2.4 Data Analysis

Descriptive analysis, confirmatory factor analysis (CFA), reliability analysis, concurrent and divergent validity analysis and comparisons of means were performed using IBM SPSS Statistics v. 29.0.1 software (IBM Corp., 2023a), while IBM SPSS AMOS v. 29.0.1 software (IBM Corp., 2023b) was used for the goodness-of-fit analysis of the tested models.

First, IBM SPSS was used to assess the psychometric properties of the items in the pilot phase. Second, descriptive statistics (mean, standard deviations, skewness and kurtosis) of CRI items were analysed. Third, the CFA was carried out with T1 data to test the two-factor correlated model proposed by the original authors. According to original CRI validation, due to the two factors were allowed to correlate with each other (Sanford et al., 2016) and given the Likert scale response format of the CRI (Brauer et al., 2023), CFA was performed using the oblimin oblique rotation through Kaiser normalization, maximum likelihood and robust standard errors (MLR) estimation methods. The following absolute, comparative and parsimony goodness-of-fit indices were analysed: Root Mean Square Error of Approximation (RMSEA), Standardized Root Mean square Residual (SRMR), Goodness-of-Fit Index (GFI), Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Normed Fit Index (NFI), Parsimonious Normed Fit Index (PNFI) and Parsimony ratio index (PRATIO). The cut-off values to determine a good fit were equal or lower than 0.08 for SRMR (Hu & Bentler, 1999; Kyndt & Onghena, 2014), values close to 0.90 for GFI (Greenspoon & Saklofske, 1998), CFI, TLI and NFI (Schermelleh-Engel et al., 2003), and equal or higher than 0.50 for PNFI and PRATIO indices (Mulaik et al., 1989). As for RMSEA, values below 0.10 are generally interpreted as indicating acceptable model fit (Marcoulides & Yuan, 2017) and a reasonable degree of approximation error (MacCallum et al., 1996). To further assess the robustness of the factorial structure, a two-factor uncorrelated model and a unifactorial model were also tested and compared with the original two-factor correlated model. Model fit was evaluated using the previously reported goodness-of-fit indices, as well as Akaike's Information Criterion (AIC; Akaike, 1974), which balances goodness-of-fit with model parsimony. According to established guidelines, the model with the lowest AIC value is considered to provide the best fit among the nested models (Brown, 2015). Fourth, given that the data were non-normally distributed ($p<.05$), concurrent and divergent validity was examined through Spearman's correlation and hierarchical regression analysis, testing the relationship between CRI, RS-14, DCI, EMVN and EBS-8 factors. Specifically, stress communication and positive DC styles (supportive, delegated and common), as well as well-being subscales were used to assess the concurrent validity with positive couple resilience (PCR) and divergent validity with negative couple resilience (NCR). In contrast, negative DC style, individual resilience factors (personal competence and acceptance of self and life) and intimate violence factors (physical and sexual abuse, harassment, surveillance, cyberbullying, dominance and denigration) were used to analyse concurrent validity for NCR and divergent validity for PCR. Fifth, reliability analysis was conducted by means of both internal consistency Cronbach's alpha ($\alpha$) and McDonald's omega ($\omega$), with values higher than 0.80 considered good and higher than 0.90 considered excellent (George & Mallery, 2018). Reliability was also

tested by means of corrected item-total correlation method, applying the criteria of values higher than 0.50 (Nunnally & Bernstein, 1994). Finally, test-retest reliability was examined by means of intraclass correlation coefficient (ICC; Koo & Li, 2016) and absolute agreement methods.

## 3 Results

### 3.1 Descriptive Analysis of Items

Table 1 presents the descriptive statistics for the CRI items. The mean, standard deviation, skewness, and kurtosis values were consistent across all items, with the exception of items 5, 9, and 11. For factor 1, the kurtosis of item 5 was notably lower than that of the other items in the same factor, suggesting a more even response distribution and greater proximity to normality. In contrast, item 9 exhibited higher skewness and kurtosis than the other items within factor 1, indicating a tendency toward extreme responses and low response variability. Overall, the items from factor 1 exhibited mean values above 5 on the 6-point Likert scale, indicating high levels of positive CR within the sample. Regarding factor 2, item 11 showed higher skewness and lower kurtosis compared to the other items in the same factor, reflecting a tendency toward extreme responses and greater variability than the remaining items.

**Table 1** Item descriptive statistics for CRI Spanish version

| Item | M (SD) | Skewness | Kurtosis |
|---|---|---|---|
| 1. Either you or your partner helped the other view the situation from a good perspective. | 5.07 (1.26) | -1.578 | 2.036 |
| 2. Either you or your partner was attentive to the other's needs. | 5.23 (1.22) | -1.801 | 2.631 |
| 3. One partner helped the other (or both partners helped each other) by maintaining a positive attitude and being optimistic. | 5.17 (1.16) | -1.729 | 2.813 |
| 4. One partner helped the other (or both partners helped each other) by remaining calm, stable, and strong in the face of a difficult situation | 5.00 (1.31) | -1.522 | 1.705 |
| 5. One partner helped the other (or both partners helped each other) by using special skills or abilities for addressing the situation | 4.72 (1.41) | -1.032 | 0.171 |
| 6. You and your partner were clear and accurate in their communication | 4.46 (1.56) | -0.748 | -0.598 |
| 7. You and your partner worked together like a team | 4.58 (1.58) | -0.898 | -0.348 |
| 8. You and your partner laughed together or enjoyed humor together | 4.62 (1.67) | -0.933 | -0.451 |
| 9. You and your partner spent time together doing things as a couple | 5.39 (1.13) | -2.272 | 4.988 |
| 10. Either you or your partner withdrew from your communication | 3.45 (1.78) | -0.005 | -1.387 |
| 11. Either you or your partner was abusive | 2.32 (1.72) | 0.950 | -0.591 |
| 12. Either you or your partner denied, ignored, or downplayed the seriousness of a problem | 3.27 (1.79) | 0.060 | -1.421 |
| 13. Either you or your partner was critical, or hostile, or blamed the other | 3.37 (1.79) | 0.070 | -1.387 |
| 14. Either you or your partner decided that it was best to avoid discussing a topic | 3.59 (1.74) | -0.166 | -1.266 |

### 3.2 Internal Structure

The CFA results (see Table 2) confirmed the hypothesized two-factor correlated internal structure, explaining the 63.17% of variance. The standardized factor loadings ranged from 0.626 to 0.844 for the factor 1 (PCR) and from 0.621 to 0.803 for the factor 2 (NCR). The outcomes showed that all items load strongly on their intended factor ($\lambda \geq 0.32$, Tabachnick & Fidell, 2013) and only weakly and negatively on the opposite factor, suggesting minimal cross-loading and supporting the distinctiveness of the two-factor correlated structure. Communalities ranged between 0.390 and 0.715, indicating a moderate to strong level of variance explained by the factors for the majority of the items. The correlation between the two CRI factors resulted inverse and statistically significant ($rho = -0.299$, $p < .001$, $R^2 = 0.089$). Also, the descriptive statistics obtained for both factors (PCR: $M = 4.92$, $SD = 1.03$; NCR: $M = 3.20$, $SD = 1.37$) were similar to those of the original study.

### 3.3 Reliability: internal consistency and test-retest

Table 2 displays the corrected item-total correlations and the three coefficients obtained from the reliability analyses. Regarding the internal consistency measures, both Cronbach's alpha and McDonald's omega yielded excellent results for the PCR ($\alpha = 0.901$, $\omega = 0.901$) and good outcomes for the NCR ($\alpha = 0.836$, $\omega = 0.836$) scale scores. Further item analyses revealed that all items contributed positively to the internal consistency

**Table 2** Factor loadings and communalities from the CFA of CRI items

| | Positive couple resilience (PCR) | | Negative couple resilience (NCR) | | |
|---|---|---|---|---|---|
| | Factor loading | Corrected item-total rho | Factor loading | Corrected item-total rho | Communalities |
| Item 1 | 0.700 | 0.671*** | −0.129 | — | 0.497 |
| Item 2 | 0.718 | 0.715*** | −0.160 | — | 0.519 |
| Item 3 | 0.801 | 0.748*** | −0.199 | — | 0.644 |
| Item 4 | 0.844 | 0.776*** | −0.205 | — | 0.715 |
| Item 5 | 0.772 | 0.778*** | −0.198 | — | 0.598 |
| Item 6 | 0.597 | 0.761*** | −0.288 | — | 0.405 |
| Item 7 | 0.704 | 0.796*** | −0.311 | — | 0.540 |
| Item 8 | 0.669 | 0.717*** | −0.261 | — | 0.451 |
| Item 9 | 0.626 | 0.618*** | −0.176 | — | 0.392 |
| Item 10 | −0.125 | — | 0.621 | 0.720*** | 0.390 |
| Item 11 | −0.269 | — | 0.690 | 0.738*** | 0.480 |
| Item 12 | −0.279 | — | 0.803 | 0.827*** | 0.646 |
| Item 13 | −0.284 | — | 0.748 | 0.805*** | 0.563 |
| Item 14 | −0.153 | — | 0.690 | 0.782*** | 0.480 |
| ***Reliability coefficients*** | | | | | |
| Cronbach's $\alpha$ | 0.901 | | 0.836 | | |
| McDonald's $\omega$ | 0.901 | | 0.836 | | |
| Intraclass correlation | 0.766 | | 0.856 | | |

*Note.* *** $p \leq .001$

of both factors, as no item removal led to an increase in reliability. The corrected item-total correlations exceeded 0.50, indicating satisfactory reliability (Nunnally & Bernstein, 1994). The test-retest outcomes demonstrated excellent reliability over time for both factors, with PCR showing an ICC of 0.766 (95% CI = [0.646–0.846]) and NCR yielding an ICC of 0.856 (95% CI = [0.782–0.905]). Both intraclass correlation coefficients were well above the threshold of 0.75, demonstrating strong stability reliability.

### 3.4 Model Goodness-of-Fit Assessment

With regards to the goodness-of-fit of the model (see Fig. 1), obtained data showed an acceptable fit to the two-factor correlated model ($\chi^2(76)=336.032$, $p<.001$, SRMR = 0.065, RMSEA = 0.100, 90% CI [0.090, 0.111], GFI = 0.855, CFI = 0.889,

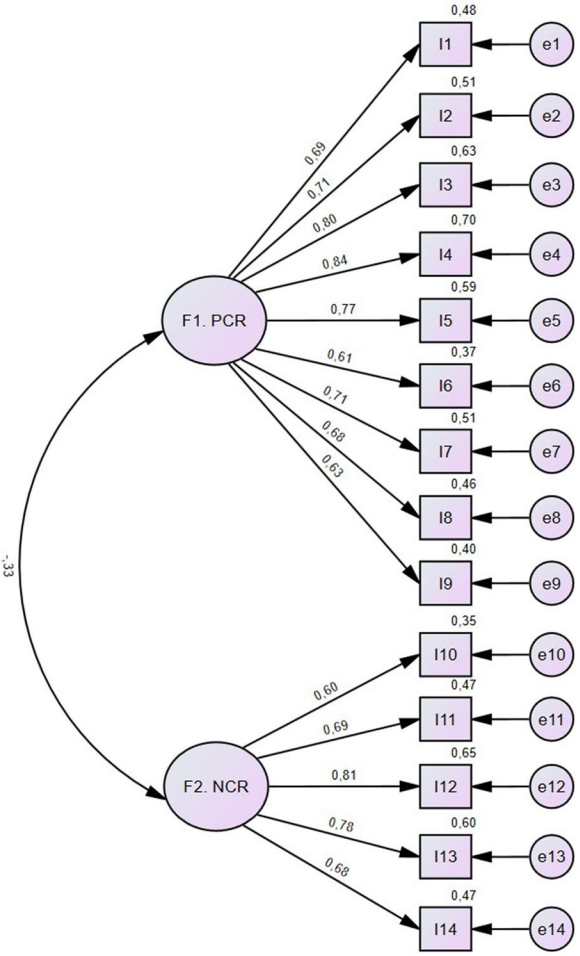



**Fig. 1** Standardized estimates of the CRI Spanish version items obtained in the confirmatory factor model. *Note*: F1 = Positive Couple Resilience (PCR); F2 = Negative Couple Resilience (NCR)

**Table 3** Goodness-of-fit indices of the CRI Spanish version tested models

| | | Model 1 (two-factor correlated) | Model 2 (two-factor uncorrelated) | Model 3 (unifactorial) |
|---|---|---|---|---|
| | $\chi^2$ | 336.032 | 366.373 | 862.676 |
| | *df* | 76 | 77 | 77 |
| *Absolute fit* | | | | |
| | RMSEA | 0.100 | 0.105 | 0.173 |
| | SRMR | 0.065 | 0.124 | 0.139 |
| | GFI | 0.855 | 0.849 | 0.656 |
| *Comparative fit* | | | | |
| | CFI | 0.889 | 0.877 | 0.666 |
| | TLI | 0.868 | 0.855 | 0.605 |
| | NFI | 0.862 | 0.850 | 0.647 |
| *Parsimony* | | | | |
| | PNFI | 0.720 | 0.719 | 0.547 |
| | PRATIO | 0.835 | 0.846 | 0.846 |
| *Relative quality* | | | | |
| | AIC | 394.092 | 422.373 | 918.676 |

*Note.* $\chi^2$ = Chi-square statistic; *df* = degrees of freedom; SRMR = standardized root mean square residual; GFI = goodness-of-fit index; CFI = comparative fit index; TLI = Tucker-Lewis index; NFI = normed fit index; PNFI = parsimonious normed fit index; PRATIO = parsimony ratio index; AIC = Akaike information criterion

TLI = 0.868, NFI = 0.862, PNFI = 0.720, PRATIO = 0.835). In addition, two-factor uncorrelated (model 2) and one-factor (model 3) models were tested, obtaining an inadequate fit (see Table 3). Also, the AIC index proved that the model 1 was the best ($\Delta\chi^2 = 30.34$, $\Delta df = 1$, $\Delta$AIC = 28.28).

### 3.5 Concurrent and Divergent Validity

Concurrent validity was analysed through correlations and hierarchical regressions between CRI factors, individual resilience, DC, IPV (perpetrated and suffered) and well-being factors. Table 4 summarizes the descriptive statistics and reliability estimates for all study variables. Overall, participants reported high levels of PCR, individual resilience, and well-being, moderate levels of DC strategies, and low values of both perpetrated and suffered violence. Most variables showed acceptable to excellent internal consistency (George & Mallery, 2018).

**Table 4** Descriptive statistics and internal consistencies of couple resilience, individual resilience, dyadic coping, intimate partner violence and well-being

| Variable | | M (SD) | Min–Max | α | ω |
|---|---|---|---|---|---|
| *Couple Resilience (CRI)* | | | | | |
| | Positive couple resilience | 4.92 (1.03) | 1.56–6.00 | 0.901 | 0.901 |
| | Negative couple resilience | 3.20 (1.37) | 1.00–6.00 | 0.836 | 0.836 |
| *Individual Resilience (ER-14)* | | | | | |
| | Personal competence | 5.79 (0.68) | 3.00–6.00 | 0.785 | 0.786 |
| | Acceptance of self and life | 4.99 (1.09) | 1.00–6.00 | 0.789 | 0.740 |
| *Dyadic coping (DCI)* | | | | | |
| | Stress Communication | 3.40 (0.56) | 1.00–5.00 | 0.663 | 0.610 |
| | Emotion-Focused Supportive | 4.16 (0.65) | 1.00–5.00 | 0.858 | 0.855 |
| | Problem-Focused Supportive | 3.77 (0.69) | 1.00–5.00 | 0.665 | 0.659 |
| | Delegated | 3.36 (0.74) | 1.00–5.00 | 0.688 | 0.657 |
| | Negative | 1.85 (0.60) | 1.00–4.00 | 0.770 | 0.757 |
| | Emotion-Focused Common | 3.30 (1.09) | 1.00–5.00 | 0.714 | — [a] |
| | Problem-Focused Common | 3.87 (0.91) | 1.00–5.00 | 0.920 | 0.921 |
| | Total DC | 113.68 (13.45) | 35.00–150.00 | 0.834 | 0.823 |
| *Perpetrated violence (EMVN)* | | | | | |
| | Physical and sexual abuse | 0.04 (0.19) | 0.00–2.55 | 0.868 | 0.871 |
| | Harassment | 0.27 (0.36) | 0.00–2.67 | 0.627 | 0.609 |
| | Surveillance | 1.88 (1.12) | 0.00–4.75 | 0.686 | 0.699 |
| | Cyberbullying | 0.66 (0.86) | 0.00–4.50 | 0.616 | — [a] |
| | Dominance | 0.36 (0.43) | 0.00–2.17 | 0.660 | 0.705 |
| | Denigration | 0.11 (0.30) | 0.00–3.00 | 0.599 | 0.635 |
| | Total perpetrated violence | 13.40 (8.66) | 0.00–71.00 | 0.775 | 0.748 |
| *Suffered violence (EMVN)* | | | | | |
| | Physical and sexual abuse | 0.15 (0.51) | 0.00–5.00 | 0.934 | 0.937 |
| | Harassment | 0.36 (0.73) | 0.00–5.00 | 0.868 | 0.868 |
| | Surveillance | 1.19 (0.86) | 0.00–5.00 | 0.696 | 0.679 |
| | Dominance | 0.46 (0.76) | 0.00–5.00 | 0.876 | 0.880 |
| | Denigration | 0.25 (0.72) | 0.00–5.00 | 0.878 | 0.881 |
| | Total suffered violence | 14.82 (17.72) | 0.00–160.00 | 0.935 | 0.926 |
| *Well-being (EBS-8)* | | | | | |
| | Life satisfaction | 4.53 (1.07) | 1.00–6.00 | 0.941 | 0.942 |
| | Positive affect | 4.64 (0.83) | 1.75–6.00 | 0.904 | 0.912 |

*Note.* $\alpha$ = Cronbach's alpha; $\omega$ = McDonald's omega. [a] McDonald's $\omega$ not reported for these factors because they are composed of fewer than three items

Spearman's correlations (see Table 5) proved distinct patterns for PCR and NCR across all related constructs. Regarding individual resilience, small correlation coefficients (*rho* < 0.30, Cohen, 2013; Pallant, 2020) were obtained between both ER-14 factors and both CRI factors, indicating that couple and individual resilience are largely distinct constructs.

For PCR, moderate to strong positive and significant associations were found with all positive DC factors, alongside a moderate inverse correlation with negative DC. Regarding IPV, PCR was inversely associated with most forms of both perpetrated and suffered violence, particularly harassment, dominance, and denigration, though correlations with physical and sexual abuse and surveillance (perpetrated violence)

**Table 5** Spearman's Rho correlation matrix between CRI and related variables

| Variable | | PCR | NCR |
|---|---|---|---|
| *Couple Resilience (CRI)* | | | |
| | Positive couple resilience | — | — |
| | Negative couple resilience | −0.299*** | — |
| *Individual Resilience (ER-14)* | | | |
| | Personal competence | 0.156** | −0.114* |
| | Acceptance of self and life | 0.163** | −0.156** |
| *Dyadic coping (DCI)* | | | |
| | Stress Communication | 0.457*** | −0.257*** |
| | Emotion-Focused Supportive | 0.561*** | −0.362*** |
| | Problem-Focused Supportive | 0.424*** | −0.271*** |
| | Delegated | 0.287*** | −0.116* |
| | Negative | −0.385*** | 0.432*** |
| | Emotion-Focused Common | 0.337*** | −0.266*** |
| | Problem-Focused Common | 0.563*** | −0.441*** |
| | Total DC | 0.506*** | −0.253*** |
| *Perpetrated violence (EMVN)* | | | |
| | Physical and sexual abuse | −0.016 | 0.179*** |
| | Harassment | −0.189*** | 0.262*** |
| | Surveillance | 0.068 | 0.061 |
| | Cyberbullying | −0.101 | 0.272*** |
| | Dominance | −0.262*** | 0.389*** |
| | Denigration | −0.188*** | 0.222*** |
| | Total perpetrated violence | −0.129* | 0.308*** |
| *Suffered violence (EMVN)* | | | |
| | Physical and sexual abuse | −0.216*** | 0.404*** |
| | Harassment | −0.245*** | 0.349*** |
| | Surveillance | 0.126* | 0.042 |
| | Dominance | −0.344*** | 0.529*** |
| | Denigration | −0.331*** | 0.279*** |
| | Total suffered violence | −0.184*** | 0.371*** |
| *Well-being (EBS-8)* | | | |
| | Life satisfaction | 0.162** | −0.196*** |
| | Positive affect | 0.208*** | −0.223*** |

*Note.* PCR = Positive Couple Resilience; NCR = Negative Couple Resilience. According to Cohen (2013), the magnitude of correlations is interpreted as follows: small ($rho \leq 0.29$), medium ($rho \geq 0.30$), and large ($rho \geq 0.50$). *** $p \leq .001$, ** $p \leq .01$, * $p \leq .05$

were non-significant. PCR also showed significant positive correlations with both well-being factors, although with a small correlation magnitude.

Conversely, NCR exhibited an opposite pattern. This factor showed moderate negative correlations with all the positive DC strategies, while a strong positive correlation was observed with negative DC. As for IPV, NCR was positively associated with nearly all types of both perpetrated and suffered violence, including physical and sexual abuse, harassment, cyberbullying, dominance, and denigration. In contrast, no significant correlation emerged for surveillance. Additionally, NCR was negatively associated with well-being indicators, showing small to moderate inverse correlations with both life satisfaction and positive affect.

To obtain more robust statistical evidence of the relationships among CR, DC, IPV and well-being, a hierarchical regression analysis was conducted to explore the predictive capacity of these variables on positive and negative CR, with the DCI, EMVN and EBS-8 factors used as separate predictors.

Firstly, regarding the results of the hierarchical regression between CR and the DC factors (see Table 6), the obtained regression model explained 39.0% of the variability in PCR and 29.5% of the variability in NCR by the DCI factors. Specifically, the regression coefficients showed that the DCI factors problem-focused common style ($\beta = 0.238$, $p < .001$), emotion-focused supportive style ($\beta = 0.217$, $p = .006$), and stress communication ($\beta = 0.187$, $p < .001$) were the strongest positive predictors of positive CR. In contrast, negative coping ($\beta = -0.118$, $p = .026$) was the only significant negative predictor of PCR. As for NCR, the problem-focused common style ($\beta = -0.401$, $p < .001$) emerged as the strongest predictor, followed by negative coping ($\beta = 0.321$, $p < .001$).

Second, the hierarchical regression model obtained for perpetrated violence revealed a moderate relationship with the CR factors (see Table 7), explaining 7.8% of the variance in the PCR factor and 15.6% in the NCR factor. However, the standardized coefficients demonstrated that the dominance ($\beta = -0.159$, $p = .017$) and surveillance ($\beta = -0.127$, $p = .022$) factors were significant negative predictors of PCR. In contrast, NCR was significantly and positively predicted by the dominance ($\beta = 0.315$, $p < .001$) and harassment ($\beta = 0.133$, $p = .041$) factors.

**Table 6** Hierarchical regression with positive and negative resilient factors as dependent variables and dyadic coping factors as independent variables

| Variables | b | SE b | β | t | *p* | $\Delta R^2$ | F |
|---|---|---|---|---|---|---|---|
| *Positive couple resilience (PCR)* | | | | | | | |
| Intercept | 1.569 | 0.456 | | 3.438 | <0.001 | | |
| Stress Communication | 0.340 | 0.105 | 0.187 | 3.240 | 0.001 | 0.224 | 97.62*** |
| Emotion-Focused Supportive | 0.344 | 0.124 | 0.217 | 2.768 | 0.006 | 0.125 | 90.30*** |
| Problem-Focused Supportive | -0.059 | 0.096 | −0.040 | −0.615 | 0.539 | 0.000 | 60.08*** |
| Delegated | 0.074 | 0.070 | 0.053 | 1.058 | 0.291 | 0.003 | 45.58*** |
| Negative | -0.202 | 0.090 | −0.118 | -2.234 | 0.026 | 0.014 | 38.57*** |
| Emotion-Focused Common | 0.019 | 0.048 | 0.020 | 0.388 | 0.698 | 0.000 | 30.40*** |
| Problem-Focused Common | 0.270 | 0.079 | 0.238 | 3.420 | <0.001 | 0.024 | 35.53*** |
| *Negative couple resilience (NCR)* | | | | | | | |
| Intercept | 3.261 | 0.654 | | 4.989 | <0.001 | | |
| Stress Communication | -0.172 | 0.150 | −0.071 | -1.141 | 0.255 | 0.064 | 23.04*** |
| Emotion-Focused Supportive | 0.234 | 0.178 | 0.111 | 1.316 | 0.189 | 0.071 | 26.36*** |
| Problem-Focused Supportive | 0.024 | 0.138 | 0.012 | 0.177 | 0.860 | 0.001 | 17.64*** |
| Delegated | 0.158 | 0.100 | 0.085 | 1.590 | 0.113 | 0.004 | 13.59*** |
| Negative | 0.733 | 0.130 | 0.321 | 5.658 | <0.001 | 0.088 | 19.69*** |
| Emotion-Focused Common | -0.026 | 0.069 | −0.021 | −0.381 | 0.704 | 0.000 | 19.88*** |
| Problem-Focused Common | -0.607 | 0.113 | −0.401 | -5.359 | <0.001 | 0.067 | 23.23*** |

*Note.* *** $p \leq .001$

**Table 7** Hierarchical regression with positive and negative resilient factors as dependent variables and perpetrated violence factors as independent variables

| Variables | b | SE b | β | t | *p* | $\Delta R^2$ | F |
|---|---|---|---|---|---|---|---|
| *Positive couple resilience (PCR)* | | | | | | | |
| Intercept | 4.952 | 0.113 | | 43.867 | <0.001 | | |
| Physical and sexual abuse | -0.033 | 0.333 | −0.006 | −0.099 | 0.921 | 0.012 | 4.08* |
| Harassment | -0.320 | 0.192 | −0.113 | -1.670 | 0.096 | 0.027 | 6.81*** |
| Surveillance | -0.116 | 0.051 | −0.127 | -2.293 | 0.022 | 0.015 | 6.34*** |
| Cyberbullying | -0.024 | 0.079 | −0.020 | −0.298 | 0.766 | 0.003 | 5.01*** |
| Dominance | -0.384 | 0.160 | −0.159 | -2.398 | 0.017 | 0.021 | 5.58*** |
| Denigration | -0.126 | 0.229 | −0.036 | −0.549 | 0.583 | 0.001 | 4.69*** |
| *Negative couple resilience (NCR)* | | | | | | | |
| Intercept | 2.674 | 0.144 | | 18.593 | <0.001 | | |
| Physical and sexual abuse | -0.408 | 0.424 | −0.057 | −0.961 | 0.337 | 0.004 | 1.38 |
| Harassment | 0.500 | 0.244 | 0.133 | 2.051 | 0.041 | 0.072 | 13.87*** |
| Surveillance | 0.001 | 0.065 | 0.000 | 0.009 | 0.993 | 0.000 | 9.26*** |
| Cyberbullying | 0.099 | 0.101 | 0.062 | 0.977 | 0.329 | 0.015 | 8.44*** |
| Dominance | 1.018 | 0.204 | 0.315 | 4.989 | <0.001 | 0.063 | 12.27*** |
| Denigration | -0.231 | 0.292 | −0.050 | −0.791 | 0.430 | 0.002 | 10.32*** |

*Note.* *** $p \leq .001$; * $p \leq .05$

Third, with regard to suffered violence (see Table 8), similar results were obtained. The $R^2$ value indicated that 14.7% of the variance in the PCR factor and 20.7% in the NCR factor were explained by the violence predictors. The following types of violence were identified as negative predictors of PCR: dominance ($\beta = -0.352$, $p < .001$), surveillance ($\beta = -0.227$, $p < .001$), and physical and sexual abuse ($\beta = -0.226$, $p = .009$). PCR decreases by 0.352 for each point increase in the score on dominance. For the NCR factor, dominance emerged as the strongest predictor ($\beta = 0.646$, $p < .001$), followed by physical and sexual abuse ($\beta = 0.239$, $p = .015$). Thus, when other predictors are constant the score on NCR increases by 0.646 for each point increase in the score on dominance. This finding proved a strong linear relationship between negative CR and dominance.

**Table 8** Hierarchical regression with positive and negative resilient factors as dependent variables and suffered violence factors as independent variables

| Variables | b | SE b | β | t | *p* | $\Delta R^2$ | F |
|---|---|---|---|---|---|---|---|
| *Positive couple resilience (PCR)* | | | | | | | |
| Intercept | 4.862 | 0.093 | | 52.332 | <0.001 | | |
| Physical and sexual abuse | -0.540 | 0.206 | −0.266 | -2.620 | 0.009 | 0.026 | 8.96** |
| Harassment | -0.212 | 0.109 | −0.150 | -1.947 | 0.052 | 0.022 | 8.48*** |
| Surveillance | -0.271 | 0.068 | −0.227 | -3.957 | <0.001 | 0.046 | 11.58*** |
| Dominance | -0.477 | 0.127 | −0.352 | -3.762 | <0.001 | 0.047 | 13.73*** |
| Denigration | -0.214 | 0.132 | −0.149 | -1.613 | 0.108 | 0.007 | 11.56*** |
| *Negative couple resilience (NCR)* | | | | | | | |
| Intercept | 2.906 | 0.119 | | 24.360 | <0.001 | | |
| Physical and sexual abuse | 0.647 | 0.265 | 0.239 | 2.446 | 0.015 | 0.057 | 20.31*** |
| Harassment | -0.029 | 0.140 | −0.016 | −0.209 | 0.835 | 0.018 | 13.61*** |
| Surveillance | -0.117 | 0.088 | −0.073 | -1.330 | 0.185 | 0.003 | 9.43*** |
| Dominance | 1.167 | 0.163 | 0.646 | 7.163 | <0.001 | 0.130 | 21.92*** |
| Denigration | 0.002 | 0.170 | 0.001 | 0.009 | 0.993 | 0.000 | 17.49*** |

*Note.* *** $p \leq .001$; ** $p \leq .01$

**Table 9** Hierarchical regression with positive and negative resilient factors as dependent variables and well-being factors as independent variables

| Variables | b | SE b | β | t | *p* | $\Delta R^2$ | F |
|---|---|---|---|---|---|---|---|
| *Positive couple resilience (PCR)* | | | | | | | |
| Intercept | 3.690 | 0.323 | | 11.441 | < 0.001 | | |
| Life satisfaction | 0.152 | 0.053 | 0.157 | 2.849 | 0.005 | 0.025 | 8.12** |
| Positive affect | 0.279 | 0.109 | 0.223 | 2.563 | 0.011 | 0.020 | 7.48*** |
| *Negative couple resilience (NCR)* | | | | | | | |
| Intercept | 2.906 | 0.119 | | 24.360 | < 0.001 | | |
| Life satisfaction | -0.250 | 0.070 | −0.196 | -3.588 | < 0.001 | 0.038 | 12.87*** |
| Positive affect | -0.282 | 0.143 | −0.171 | -1.980 | 0.049 | 0.012 | 8.46*** |

*Note.* *** $p \leq .001$; ** $p \leq .01$

In terms of well-being, life satisfaction and positive affect explained 44% of variance in positive CR, and 50% of variance in negative CR, and resulted significant predictors (see Table 9). This finding demonstrates a strong linear relationship between CR and well-being.

Therefore, for PCR, stress communication, problem-focused common DC style, and positive affect emerged as the strongest positive predictors, whereas, dominance, surveillance, and physical and sexual abuse has been found as the strongest negative predictors. For NCR, negative DC style and dominance were the most powerful predictors of negative resilience. These findings provide support for both the concurrent and divergent validity of the CRI.

## 4 Discussion

The aim of the study was twofold, on the one hand it aimed to develop a Spanish adaptation of the CRI by providing empirical evidence regarding its psychometric properties. On the other hand, it aimed to provide further evidence on the relationship between CR and well-being and IPV in a Spanish sample.

As for the first aim, results of the confirmatory factor analyses revealed that the Spanish version of the CRI comprised two-factors correlated structure: Positive Couple Resilience (F1. PCR) and Negative Couple Resilience (F2. NCR). Both factors are consistent with the structure found by Sanford et al. (2016). Also, factor loadings and internal consistencies of both factors were acceptable and comparable to results from the original validation study (Sanford et al., 2016), all of which provide additional support for the validity of the hypothesized factorial structure of this Spanish version of the CRI. Thus, our findings generally support our methodological research hypothesis, as robust empirical evidence of CRI has been demonstrated. The descriptive values of PCR obtained in the present study ($M = 4.92$, $SD = 1.03$, $N = 341$) differed to varying degrees from those reported in previous studies. Specifically, moderate-to-large differences were observed compared to Haas and Lannutti (2021; $M = 4.40$, $SD = 0.51$, $N = 1303$; $d = 0.80$) and Rivers and Sanford (2018; $M = 4.16$, $SD = 0.99$, $N = 325$; $d = 0.75$), while a negligible difference was found in comparison to Surijah et al. (2021; $M = 5.00$, $SD = 0.78$, $N = 600$; $d = –0.09$). These differences may be attributable to variations in sample characteristics, such as cultural background, gen-

der distribution, average age, relationship type, or relationship duration, rather than reflecting substantive differences in perceived positive couple resilience.

Evidence for external validity of CRI was provided through the positive associations between the positive dimensions of DC (stress communication, supportive, delegated, and common styles) and the positive CR factor. These findings are in line with prior studies that have proved positive associations between common and supportive DC with CR (Aydogan et al., 2022; Cox et al., 2022; Meyer, 2015; Roth et al., 2024; Zhang et al., 2017). In contrast, our findings diverge from studies that have found non-significant association between coping and resilience of couples (Aydogan & Ozbay, 2018; Lim et al., 2014). This discrepancy may be attributable to differences in sample characteristics—specifically, parent populations in Aydogan and Ozbay (2018) and couples coping with cancer in Lim et al. (2014). These findings suggest that the relationship between DC and CR may function differently in adult or clinical populations compared to non-clinical, general adult samples.

Moreover, external validity was further confirmed by positive associations between negative DC style and intimate violence factors (physical and sexual abuse, harassment, surveillance, cyberbullying, dominance, and denigration) with negative CR. Therefore, as divergent validity analysis has demonstrated, inverse association patterns were found with both CRI factors, providing further support for the distinctiveness of PCR and NCR factors.

As for the second aim, regression analyses have shown that focusing on the problem (rather than on emotion) in common DC strategies significantly contributes to positive CR. This finding is aligned with the premise that CR involves the joint overcoming of adversities (Bodenmann, 2008a). Therefore, adopting a solution-oriented approach and working together as a team through common coping focused on finding solutions to adversity has been identified as a key and fundamental aspect of PCR. Regarding violence, regression analyses have demonstrated that dominance and surveillance (both perpetrated and suffered) are the types of IPV that have the highest predictive capacity for CR, with both PCR and NCR resilient factors. Thus, in line with previous research (Fernández-Álvarez et al., 2022; Kalokhe et al., 2019; Mengo et al., 2021; Neustifter & Powell, 2015; Scrafford et al., 2019), IPV has been shown to be an impactful dyadic phenomenon in the development of the dyadic resilience process. Additionally, the findings regarding dominance and surveillance align with recent research highlighting dominance and coercive control as crucial aspects of IPV in the last years, underscoring their significant impact on victims (Lohmann et al., 2024a, b; Nevala, 2017; Vall et al., 2023a, b).

With regards to well-being, direct association with positive CR and negative association with negative CR was found. This result aligns with a growing body of research (Sanford et al., 2016; Skerret, 2015), including the findings of the original validation study by Bodeman and colleagues (Bodenmann et al., 2011), but contradicts a recent study which concluded that CR does not predict well-being or health (Surijah et al., 2021). One plausible explanation for this discrepancy may lie in differences in sample composition. Specifically, Surijah et al. (2021) included a predominantly parent sample (84.67%), whereas only 27.90% of participants in the present study reported having children. It is therefore possible that parenting moderates the relationship between CR and well-being, potentially attenuating its predictive

strength in parent populations. Additionally, cultural context may also contribute to these differing results, as relational dynamics and perceptions of CR can vary across cultural settings.

Finally, a relevant finding that provides validity not only statistically but also theoretically to the dyadic conceptualization of CRI is that individual resilience has been shown to be an independent construct from CR. These results are consistent with previous research (Chen et al., 2021; Fergus & Skerrett, 2015; Ridenour et al., 2009) that has demonstrated the triple level of resilience: individual, couple, and family.

### 4.1 Strengths and Limitations

This study has several strengths. The large sample size provided an excellent item-to-participant ratio of 24:1 (Kline, 2023), enhancing the robustness of the analyses. The translation and adaptation process followed the International Test Commission (ITC, 2017) guidelines, including input from three independent translators—one of whom was a sworn translator—ensuring linguistic and conceptual equivalence. The psychometric evaluation was comprehensive, reporting eight goodness-of-fit indices, which goes beyond standard recommendations and strengthens evidence for the scale's structural validity. Furthermore, both internal consistency and test-retest reliability were assessed, providing strong support for the Spanish CRI's reliability in terms of internal consistency and stability.

However, this study does have certain limitations. Firstly, the sample size and the gender distribution are not representative of the Spanish population. Secondly, participants were not recruited through random sampling, which may introduce sampling bias and limit the generalizability of the findings. Thirdly, the CFI and TLI goodness-of-fit indices indicated acceptable fit, though not optimal, for the nested model, as their values fell slightly below conventional thresholds. However, Groskurth et al. (2024) caution against rigid adherence to fixed cutoff criteria, highlighting the importance of evaluating multiple fit indices collectively to obtain a more comprehensive assessment of model fit. Fourthly, the high scores and non-normal distribution observed in the PCR factor scores suggest a potential ceiling effect, possibly indicating reduced sensitivity. This may be influenced by the Likert scale format, social desirability bias, or response tendencies associated with the general population sample. Fifth, the cross-sectional design limits the statistical conclusions of the regression analysis outcomes, as it only assessed the predictive capacity of DC, violence, and well-being on CR. Finally, although the test-retest reliability analysis was conducted six months apart, several factors such as memory effects, changes in participants' conditions, or external influences may have limited the stability reliability findings.

### 4.2 Further Research Directions

To build upon the findings of this cross-sectional study, future research should consider longitudinal and advanced statistical designs to better understand causal and mediating relationships. For example, a longitudinal design could examine how CR

and DC at Time 1 predict well-being and IPV at Time 2. Structural equation modelling could further clarify the mediating role of CR in the relationship between adversity or stressors and outcomes such as individual well-being and dyadic adjustment. Such models would help establish CR as a central mechanism through which romantic relationships buffer against adversity.

Given that resilience is a dynamic and evolving process (Coppola et al., 2021), long-term longitudinal studies are needed to explore how CR develops and transforms over time. Additionally, since the current study does not include dyadic data, future research could employ dyadic designs to examine bidirectional influences within couples using actor-partner interdependence model analysis. This approach would offer deeper insights into the mutual impact of CR on individual and relational well-being.

Another avenue for future work concerns the psychometric evaluation of the CRI, particularly the potential ceiling effect observed in the PCR factor. Replicating this study with clinical populations could determine whether high scores reflect a measurement limitation or a true characteristic of the construct in non-clinical populations. Relatedly, incorporating other dyadic variables such as marital satisfaction, dyadic adjustment, and couple identity could offer a more comprehensive understanding of CR.

Finally, implications for clinical practice should be further explored. The CRI may serve as a valuable tool for assessing couple dynamics in therapeutic settings and for setting psychotherapeutic goals. Future studies could support the development of standardized assessment protocols and targeted interventions aimed at enhancing couple resilience and well-being. Additionally, comparing clinical and non-clinical populations could shed light on potential psychopathological implications of the CR and IPV relationship and inform practitioner training and intervention design.

## 5 Conclusion

To sum up, our study provides evidence regarding the psychometric properties of the CRI for its applicability in assessing CR in Spanish-speaking populations. The factor structure of the Spanish CRI comprised two correlated factors and yielded satisfactory goodness-of-fit indices. The internal consistency, stability reliability and psychometric properties of the items were also adequate. Furthermore, positive associations between DC and positive CR, as well as between IPV and negative CR have been obtained. This result, not only provides strong evidence for the external validity of the instrument, but also contributes to the understanding of the construct of couple relationship. The CRI is a short and easy-to-administer scale, and our results indicate that it is a suitable tool for assessing CR in Spanish adults, enhancing the comparability of CR across different linguistic and cultural contexts. The findings of the present study provide a basis for future work examining how resilience differentially promotes well-being across cultures, race/ethnicity and gender.

## 6 Appendix A

*Cuestionario de Resiliencia de Pareja (CRP)*.
Ahora piensa en la situación más estresante que hayáis vivido durante vuestra relación de pareja. Encontrarás afirmaciones sobre la manera en la que gestionasteis ese problema, conflicto o adversidad. Responde con la mayor sinceridad posible. No existen respuestas correctas ni incorrectas. ¿Puedes pensar en un ejemplo específico de este comportamiento en tu relación?
En el momento del evento estresante….

1. Un miembro de la pareja ayudó al otro a ver la situación desde una buena perspectiva.
2. Un miembro de la pareja estuvo atento a las necesidades del otro.
3. Un miembro de la pareja ayudó al otro, manteniendo una actitud positiva y siendo optimista.
4. Un miembro de la pareja ayudó al otro, manteniéndose calmado, estable y fuerte ante esa situación difícil.
5. Un miembro de la pareja ayudó al otro usando capacidades o habilidades especiales para afrontar la situación.
6. Ambos fuimos claros y concisos en nuestra comunicación.
7. Ambos trabajamos juntos como un equipo.
8. Ambos nos reímos juntos o nos lo tomamos con sentido del humor.
9. Ambos pasamos tiempo juntos haciendo cosas como pareja.
10. Un miembro de la pareja dejó de comunicarse.
11. Un miembro de la pareja fue violento o trató mal al otro.
12. Un miembro de la pareja negó, ignoró o restó importancia la gravedad del problema.
13. Un miembro de la pareja fue crítico, hostil o culpó al otro.
14. Un miembro de la pareja decidió que era mejor evitar hablar del tema.

*Note.* Escala Likert: 1 = Definitivamente no sucedió; 2 = Probablemente no sucedió; 3 = Podría haber sucedido; 4 = Ciertamente sucedió, pero no puedo recordar ejemplos específicos; 5 = Ciertamente sucedió y puedo pensar en un ejemplo; 6 = Ciertamente sucedió y puedo pensar en dos o más ejemplos

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**Data Availability** The data used in the research are not available shared due to privacy and ethical restrictions.

## Declarations

**Ethics Statement** This study was conducted in accordance with the Declaration of Helsinki, and approved by the Ethics Committee of Ramon Llull University (Code 2122013D, 31 May 2022).

**Competing Interests** The authors declare no competing interests.

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