

Golombok Rust Inventory of Marital State (GRIMS)

28-item self-report measure

The Golombok Rust Inventory of Marital State (GRIMS) is a 28-item measure designed to assess the overall quality of the relationship between married and cohabiting couples. This original version of the measure includes items aimed at assessing several relationship dimensions, including satisfaction, communication, shared interests, trust and respect.

	Internal consistency	Test-retest reliability	Validity	Sensitivity to change
Psychometric features	✓	?	?	✓
	Brevity	Availability	Ease of Scoring	Used in the UK
Implementation features	✓	✓	✓	✓

*Please note that our assessment of this measure is based solely on the English version of the GRIMS. The other versions of this measure were not assessed and therefore it should not be assumed that they would receive the same rating.

What is this document?

This assessment of the Golombok Rust Inventory of Marital State (GRIMS) has been produced by the Early Intervention Foundation (EIF) as part of guidance on selecting measures relating to parental conflict and its impact on children. To read the full guidance report and download assessments of other measures, visit: <https://www.eif.org.uk/resource/measuring-parental-conflict-and-its-impact-on-child-outcomes>



We found insufficient evidence to establish that the GRIMS is a valid measure with good test-retest reliability over short periods of time.

About the measure

 <p>Author(s)/ developer(s)</p> <p>Rust, J., Bennun, I., Crowe, M., & Golombok, S.</p>	 <p>Publication year for the original version of the measure</p> <p>1986</p>	 <p>Type of measure</p> <p>Self-report.</p>
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Outcome(s) assessed The GRIMS has been designed to assess the quality of the relationship between intact couples through dimensions considered important for a good relationship including communication, shared interests, trust and respect.

Subscales N/A

Purpose/primary use The measure is aimed for use by relationship counsellors and other professionals, to identify the severity of a problem, determine differences in perspectives between partners, and measure relationship change over time. It can also be used in research, to assess the efficacy of different forms of therapy or to investigate the impact of social, psychological, medical or other factors on a relationship.

Mode of administration This measure can be completed in person (with carbonised self-scoring sheets) or online.

Example item 'My partner is usually sensitive to and aware of my needs.'

Target population The GRIMS was primarily developed to be used with intact (married or cohabiting) heterosexual couples. However, according to the developers, the measure can also be used with couples who are temporarily separated for work or similar reasons, so long as both recognise the other as the primary partner. The developers have also suggested that the measure may be used with homosexual couples, but no standardisation data is currently available for this group.

Response format 4-point ordinal scale (0 = 'Strongly Disagree', 1 = 'Disagree', 2 = 'Agree', 3 = 'Strongly Agree').

Strengths & limitations**Strengths:**

- The GRIMS has good internal consistency and is sensitive to change in short interventions.
- The measure is free to access and easy to score, with scoring instructions found within the GRIMS manual: <https://www.psychometrics.cam.ac.uk/system/files/documents/GRIMSManual.pdf>.
- The cut-offs for interpretation of the measure are based on a UK sample and therefore standardised to the UK population.
- The GRIMS can be used by a range of intact couples, including those that are married or cohabiting. It can also be used with homosexual couples.

Limitations:

- We found insufficient evidence to establish that the GRIMS is a valid measure with good test-retest reliability over short periods of time.

Link

<https://www.psychometrics.cam.ac.uk/services/psychometric-tests/GRIMS>

Contact details

<https://www.psychometrics.cam.ac.uk/contact-us>

Copyright

According to our review of the evidence, the GRIMS is a copyrighted measure. If you would like to use the GRIMS, please contact the Psychometrics Centre at: <https://www.psychometrics.cam.ac.uk/contact-us>.

Key reference(s)

Rust, J., Bennun, I., Crowe, M., & Golombok, S. (1986). The Golombok Rust Inventory of Marital State, *Sexual and Marital Therapy*, 1(1), 55–60.

Psychometric features in detail

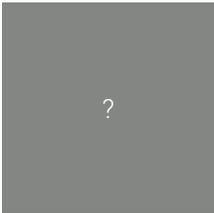
Internal consistency



Rust et al. (1990) reported that the internal consistency coefficients were between 0.85 and 0.91 in both clinical and non-clinical samples. The study was conducted with a sample of 78 people presenting at a general practitioners' clinic in London (30 men and 48 women) as well as a sample of 80 couples presenting at sexual and marital counselling clinics in England.

Rust et al. (1986) reported a split half reliability of the scale of 0.92 for men and 0.90 for women. This study was conducted with a sample of 60 couples (120 subjects) from marital therapy and marriage guidance clinics throughout the UK, but predominantly from the South.

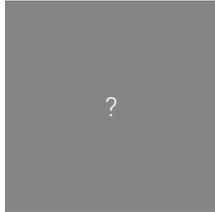
Test-retest reliability



From our review of the evidence, we found only one study reporting test-retest reliability over a long period of time (> 4 weeks). This study, in addition, was not conducted with a sample similar to the UK population. As a consequence, this evidence is not sufficient for us to conclude that the GRIMS is a reliable measure over a short period of time.

In Quek et al. (2002), test-retest reliability of the English version of the GRIMS was analysed after a 12-week interval with a subset of 30 clinic patients with lower urinary tract symptoms. The authors reported an ICC of 0.87 ($p < 0.001$) and a Pearson's product moment correlation of 0.78 ($p < 0.01$). The study was conducted with a sample of 30 male patients presenting at University Malaya Medical Centre. The major ethnic groups were Chinese, Indian and Malay.

Validity



From our review of the evidence, we did not find sufficient evidence to conclude that the GRIMS is a valid measure. Further evidence of good correlations between the GRIMS and similar measures, or between the GRIMS and clinicians' scores taken at the same time would be required to claim that the GRIMS is a valid measure.

Rust & Golombok (2002) reported that the scores of a clinical subsample of 24 couples before and after receiving marital therapy were compared with the scores of the therapists, blind to the GRIMS results, who rated the couples on a five-point scale (0 = 'improved a great deal', 1 = 'improved moderately', 2 = 'slightly improved', 3 = 'not improved at all' and 4 = 'got worse'). The average GRIMS score was obtained from the two partners before therapy and was subtracted from the average GRIMS score after therapy, to obtain a GRIMS change score post-therapy (a large negative score representing a large improvement). This GRIMS change score was correlated with the therapists' ratings of change, providing a correlation coefficient of 0.77 (N = 24, $p < 0.0001$).

Rust et al. (1990) made use of the fact that many couples at marital clinics present with primarily sexual problems and with otherwise satisfactory marriages. The authors asked the therapists to make this diagnosis for the sample on the basis of their clinical interviews. Of the 60 couples, nine were diagnosed as having a sexual rather than a marital problem, and another 15 as having a strong sexual element to their marital problem. For men, these three groups had GRIMS means of 40.87 for the marital problems group, 32.54 for the sexual complications group and 27.89 for the sexual problems only group. Analysis of variance gave a significance of 0.0028 for the difference between these means. For women the GRIMS means were 45.37, 39.23 and 30.11 respectively ($p < 0.0003$). As expected, patients with problems that were predominantly sexual in nature had significantly lower scores on the GRIMS.

Sensitivity to change

From our review, we found evidence that the GRIMS can detect changes after participation in short relationship and couples counselling interventions.

Hewison et al. (2016) evaluated a Tavistock psychoanalytic couples counselling programme and reported that the GRIMS was sensitive to change between pre-test and follow-up measured individually at any point between 6 to 48 weeks (GRIMS: $B = -4.19$, $SE = 0.65$, $z = 6.41$, $p < 0.001$). This study was a non-randomised one-group pre/post-test design carried out in the UK using a sample of 877 participants and their partners (57.9% female) who had attended at least two or more therapy sessions. From the sample, 515 reported having a child under the age of 18 with 58.4% reported as married or in a civil partnership, 28.7% cohabiting, and 7.3% were non-cohabiting partners.

Rust & Golombok (2002) reported that the GRIMS was able to detect changes in a study where a clinical sample of 24 couples receiving marital therapy were asked to complete the measure before the beginning of the therapy and after the fifth session. The therapists, blind to the GRIMS results, were asked to rate the couple on a five-point scale ranging from 0 ('improved a great deal') to 4 ('got worse'). For both men and women, the improvement shown by the GRIMS score (average overall change = 13.23 on the GRIMS raw scale) was statistically significant. Among men, the GRIMS score before (50.29, $SD = 16.48$) and after therapy (36.67, $SD = 12.60$) showed statistical improvement at the 0.001 level ($t = 4.64$). Among women, the GRIMS score before (52.52, $SD = 14.24$) and after therapy (39.93, $SD = 10.09$) showed statistical improvement at the 0.001 level ($t = 5.10$).

Implementation features in detail

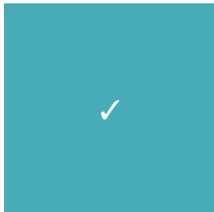
Brevity

This measure has 28 items.



Availability

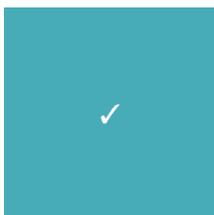
The measure is free to use. From the papers we have assessed and the official website it is not clear if the measure requires a clinical licence.

Ease of scoring

From our review it appears that the GRIMS has simple scoring instructions involving basic calculations and does not need to be scored by someone with specific training or qualifications. According to the developers, the GRIMS score can be obtained within two minutes, provided the respondent has used the version of the measure with a carbonised self-scoring sheet.

Scoring instructions and interpretations can be found within the GRIMS manual (section 5, p. 15; section 11, p. 31): <https://www.psychometrics.cam.ac.uk/system/files/documents/GRIMSManual.pdf>. High scores represent a problematic relationship, with raw scores of 34–37 indicating a poor relationship, 38–41 a bad relationship, 42–46 a relationship with severe problems, and 47 or above indicative of very severe problems.

People other than the developers have noted that the GRIMS total score ranges from 0–84, with a score of 34 or above indicating marital dissatisfaction (Hewison et al., 2016, Hertzog & Farber, 2003).

Used in the UK

The GRIMS has standardised UK norms. For more information see the manual (section 5, p. 15).

The measure has been used in several longitudinal studies and trials conducted in the UK, including impact assessments of home visiting programmes, couple therapy and cognitive-behavioural therapy (Alexander et al., 1996; Balfour & Lanman, 2011; Barlow et al., 2007; Challacombe et al., 2017; Howard et al., 2011; Jadva et al., 2014; Wylie et al., 2003; Hewison et al., 2016).

Language(s)

According to the developers, the GRIMS is available for online administration in English and has been translated by people other than the developers into a variety of other languages including Malay (Quek et al., 2002).

Of potential interest...

The GRIMS is a companion test to the Golombok Rust Inventory of Sexual Satisfaction (GRISS) which can be used in research as well as in sex therapy and sexual dysfunction clinics. The GRIMS therefore does not ask direct questions about the sexual aspect of a relationship, although it does include items assessing the expression of warmth and affection within a relationship. According to the developers, the lack of overlap between the GRIMS and GRISS means that, if both were used, it would be possible to identify the nature of the relationship problem, adjusting therapy accordingly.

References

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