

## CHAPTER ONE: INTRODUCTION

### The Problem and Setting

Domestic violence is a significant problem that has severe repercussions on both the individual and societal level. In the United States alone, two to four million women are battered each year (American Bar Association, 1995). Physical violence occurs at some point in the course of the relationship in 30 to 60 % (Gelles, 1974; O’Leary, Barling, Arias, Rosenbaum, Malone, & Tyree, 1989; Straus, 1978; Straus & Gelles, 1986; Walker, 1979) of marriages in the United States.

The consequences of abuse can be severe. In extreme cases, consequences of domestic violence can include homicide or suicide (Browne, 1987; Fishbach & Herbert, 1997; U.S. Department of Justice, 1985). More than 50 % of women who are killed each year are killed by their relationship partner or former partner (Browne and Williams, 1989; Zahn, 1993).

While physical violence often leaves visible marks on victims, they suffer emotionally as well, often manifesting symptoms of Depression and Post-Traumatic Stress Disorder (PTSD) (Holtzworth-Munroe, Jacobson & Gottman, 1998; Smutzler, & Sandin, in press), as well as hopelessness, helplessness, powerlessness and despair (Lystad, Rice, & Kaplan, 1996). Physical symptoms that women in violent relationships report may include headaches, asthma, gastrointestinal symptoms and chronic pain (Lystad et al., 1996).

Domestic violence often goes unnoticed by individuals in a victim’s social network, and in fact is regarded by some as a “hidden” problem (Gortner, Jacobson, Berns & Gottman, 1997). Given the fact that egregious acts of violence that may require doctor’s office visits or hospital emergency room trips can remain hidden from those in the victim’s social network, it is easy to see how more subtle types of abuse such as psychological abuse may be even harder to detect and treat.

The difficulty with treating psychological abuse may be due in part to the fact that psychological abuse is often difficult for clinicians and victims of such abuse to identify, observe and define objectively. In fact, in the literature that I have surveyed, there does

not seem to be a consensus regarding a definition of psychological abuse. Shepard and Campbell (1992) define psychological abuse as the following:

‘emotional abuse’ (humiliation or degradation), ‘isolation’ (restriction of social contact), ‘intimidation’ (frighten with actions or gestures), ‘threats’ (of harm to self or others), use of ‘male privilege’ (compliance demanded based on belief of male entitlement), and ‘economic abuse’ (restriction of financial resources) (p. 293).

O’Leary (1999) defines psychological aggression as “acts of recurring criticism and/or verbal aggression toward a partner, and/or acts of isolation and domination of a partner...[causing] the partner to be fearful or...[to have] very low self-esteem” (p. 19).

Although much research effort has focused on the area of physical violence toward women in order to attempt to identify effective ways to intervene and abolish this pernicious social problem, it is equally important to look at the prevalence of psychological abuse for several reasons. First, the effects of psychological abuse can have significant consequences on the individual level, including mental health problems or somatic disorders (Hoffman, 1984), as well as on the relational level, causing a decrease in relationship satisfaction (DeTurck, 1987). In addition, in most cases, psychological abuse co-occurs with physical abuse (Tolman, 1992), and furthermore it is often a predictor of physical violence along the continuum of abuse (Tolman, in press).

One study on verbal and physical aggression among married couples found that 99% of the sample of women who were physically abused by their partners were also victims of some form of psychological abuse (Stets, 1990). Some research has indicated that psychological abuse may occur in lieu of physical abuse, since psychological abuse is less easily detected by the judicial system and by those individuals in the victim’s support network (Jacobson, Gottman, Gortner, Berns, & Shortt, 1996).

Straus (1974) proposed a “venting theory” with regard to verbal aggression, which stated that the perpetration of psychological abuse, specifically verbal aggression, would decrease the likelihood of the perpetration of physical abuse as the verbal aggression would have a cathartic effect for the perpetrator. However, when he tested this theory, he found the opposite – namely that verbal aggression increased the perpetration of physical abuse as the former seemed to have the effect of escalating the conflict.

Sabourin (1991) found similar results, specifically that rates of physical aggression increased more rapidly as rates of verbal aggression increased.

Another important reason to study both physical and psychological abuse is so that we can intercede early and hopefully prevent abuse from occurring in dating relationships and possibly continuing in marital relationships. The incidence of physical violence in college student-dating populations is comparable to what is found in marital relationship, It is estimated that from about 33% to 62% of individuals in dating relationships experience and/or perpetrate physical violence (Hanley & O'Neill, 1997; Marshall & Rose, 1987). White and Koss (1991) sampled 2,600 undergraduate women and found that 35% had experienced some sort of physical abuse in their relationships, and 87% to 88% had endured some type of psychological abuse in their relationships.

In this study I compare three groups of male college students in dating relationships. The three groups are males who perpetrate physical abuse (which presumes that psychological abuse is also being perpetrated), males who perpetrate solely psychological abuse, and males who are neither physically or psychologically abusive.

Although it might seem that there would be a fourth group of men who are physically abusive only, research indicates that it is extremely rare for an individual to perpetrate physical abuse without also perpetrating some type of psychological abuse as well. As mentioned previously, both Stets (1990) and Tolman (in press) found that in almost all cases, psychological abuse precedes and co-occurs with physical abuse. Therefore, I analyzed the data from the three above-mentioned groups.

### Rationale for the Study

I became personally interested in emotional abuse while working with male batterers and their partners. Many of the women in a women's support group that I co-facilitated reported that as their partners decreased their acts of physical abuse, the rates of psychological abuse increased. The women were understandably troubled by this and curious to know if this was "normal" or not, and when and if the psychological abuse would end.

In addition, one woman in this group of battered women explained how her husband of 35 years had never been physically abusive over the course of their marriage. However, his psychological abuse, which manifested primarily as his controlling

behaviors, had caused her great misery and pain culminating in her clinical depression and a suicide attempt. She once remarked that she felt almost embarrassed discussing some of her experiences of psychological abuse in the midst of the stories of physical abuse that the other women were sharing in the group environment. She continued to say that part of her problem was that she felt invalidated by almost every system that she went to, including various couples therapists, the legal system (e.g. divorce lawyers), a battered women's shelter and a battered women's support group. After learning that psychological abuse is almost always a precursor to physical abuse, I became interested in understanding why some men exclusively use psychological abuse against their partners, while other men escalate to physical abuse.

When I asked several women who were victims of psychological abuse but not physical abuse why they thought their partners never crossed the line and became physically abusive some were unsure, but a few characterized psychological abuse as the ultimate form of control. They believed that their partners were in effect saying "I can abuse you in a way that will leave no physical marks so that you will have no evidence and no one will believe you if you tell them."

I chose to do research with an undergraduate population of individuals in dating relationships because research indicates that women who are in abusive marriages often were in abusive dating relationships prior to their marriages (Barnes, Greenwood & Sommer, 1991). In other words, the abusive behaviors did not always begin during the marriage, but the power and control dynamic and the abuse probably existed in the dating relationship as well.

I analyzed the data from the male respondents only. While women perpetrate physical violence as well as men, and some research even indicates that some women perpetrate more verbal abuse than men (Stets, 1990), male perpetrated violence has more severe consequences in terms of physical injury and lethality.

Additionally, because women are generally smaller and not as physically strong as men, women in physically violent relationships are more likely to fear their partners, more likely than their male partners to report psychosomatic complaints, and more likely than their partners to receive injuries (Graham, et al., 1995). In fact, partner violence is

often reported to be the number one cause of injury to women in this country (Irons, 1996).

Thus, based on the research that exists (Sugarman, Aldarando, & Boney-McCoy, 1996), it seems clear to me that early intervention is critical to stop the progression from psychological abuse to physical abuse, as well as to stop the increasing severity of physical abuse. In addition, since research suggests that dating violence is often a precursor to marital violence (Kelly & Loesch, 1983; Roscoe & Benaske, 1985), intervening at the dating level would be an important first step towards breaking the cycle of violence before the pattern becomes entrenched.

Although there are some studies on psychological abuse between dating or married couples, the research is sparse. The dearth of research in this area underscored for me the importance of doing research in the area of psychological abuse. There is a corresponding lack of available research on psychological abuse within undergraduate dating relationships. A 1999 study in the Journal of Interpersonal Violence (Neufeld, McNamara & Ertl, 1999) reported that the only published study of psychological abuse in undergraduate relationships was by Kasian and Painter (1992), but Kasian and Painter did not report incidence or prevalence rates of the psychological abuse. Therefore more research is needed to fill in these missing pieces. It is my hope that this present study will fill in another small piece of this complex puzzle.

#### Purpose of the Study

The purpose of this research was to understand factors which differentiate male perpetrators of physical/psychological abuse from male perpetrators of psychological abuse only, and from those males who are non-abusive. It was anticipated that these groups would be able to be differentiated by their patterns of scores on a number of instruments.

Specifically, I was interested in differences among these three groups of male college students on the following variables: history of witnessing or experiencing abuse as a child; impulsivity; satisfaction with life; level of alcohol use; relationship satisfaction; and possession of anger management strategies.

Through this research, I hoped to begin to learn the characteristics that discriminate among these three groups of undergraduate males. With this understanding,

it may be possible to develop more appropriate therapeutic interventions for clients who perpetrate psychological abuse only, or the combination of physical and psychological abuse, in order to intervene early and stop the perpetration of all forms of abuse in romantic relationships.

## CHAPTER TWO: LITERATURE REVIEW

This section presents a review of the literature pertaining to research in the area of domestic violence in relation to the current study. This section will examine domestic violence, and specifically physical abuse and psychological abuse; the importance of focusing on male perpetrators; characteristics associated with male perpetrators of violence; dating violence; and the biopsychosocial theoretical model.

### Background on Domestic Violence

In the United States, at least 2 million women are physically assaulted by their partners annually (Bachman & Saltzman, 1994; Straus & Gelles, 1990). The 1985 National Family Violence Survey (Straus & Gelles, 1986) revealed that 12% (644) of the American women surveyed had been beaten by their partners in the previous year. Furthermore, these women had been assaulted by their partners an average of six times in the previous year.

In the 1970's when Straus, Gelles and Steinmetz wrote their book Behind Closed Doors (1979), there were no other books on violence between spouses. Thus, it is only in the last several decades that domestic violence has begun to receive the attention that this significant social problem deserves.

Historically, the subjugation of women by men was sanctioned and in fact institutionalized in our culture. The "rule of thumb" which was followed until the 1800's referred to the law that stated it was permissible for a man to hit his wife with a stick as long as it was no thicker than the size of his thumb. Prior to the 19<sup>th</sup> century, a woman who married lost her personal rights and her property rights. Wife abuse did not become illegal in most states in this country until the 1870's. However, even after it became illegal, marital violence was still considered a matter best settled between the spouses as opposed to through legal or societal intervention. In 1874, a North Carolina court made a ruling that prohibited wife abuse but only in egregious cases, and reinforced the notion that spouse abuse should be a private matter handled behind closed doors. The court's decision stated:

If no permanent injury has been inflicted, nor malice, cruelty nor dangerous violence shown by the husband, it is better to draw the curtain, shut out the public gaze, and leave the parties to forget and forgive (Brown, 1987, p. 167).

In the 1970's the combined efforts of the Feminist movement as well as the increasing public attention on families contributed to a heightened awareness of domestic violence (Stets, 1988). While social and legal policies have developed which support the goal of domestic violence intervention and prevention, dating violence is excluded from most social and legal policy. In the social policy and legal realm, domestic violence is restricted to "1) relationships between individuals who possess adult-like qualities (e.g. those over 18 or married); 2) victims who are either current or former cohabitants or spouses; or 3) victims who are either current or former spouses, current or former cohabitants or coparents" (Levesque, 1997).

Levesque (1997) points out that currently only 13 states in the U.S. reflect the possibility of the occurrence of adolescent dating violence in their legal definitions of domestic violence. Only one fifth of all states make provisions for civil protection orders to be brought against minors (Brustin, 1995). And even in states which do have legal repercussions for adolescent perpetrators of relationship violence, the repercussions of juvenile court hearings tend to be more informal and not as effective as criminal justice systems in terms of holding the perpetrator accountable for committing the abusive behavior (Levesque & Tomkins, 1995). Thus, our societal awareness and the social policy designed to abolish domestic violence are in their infancy, and seem to totally neglect dating violence. We have only just begun to scratch the surface of this insidious societal problem.

#### Why Focus on Male Perpetrators?

Although data from the 1975 and 1985 National Family Violence Surveys revealed that women assault their partners as frequently as men do (Stets & Straus, 1990; Straus, et al., 1980), the consequences of male perpetrated violence are more severe than female perpetrated violence. It is important to note that these results have been challenged by some feminist scholars who contend that the CTS measure used in the National Family Violence Surveys to assess for perpetration of violence ignored contextual considerations such as whether the violence was perpetrated in self defense. In fact, Saunders (1988) did a study which asked about the context of women's perpetration of violence, and in the majority of the cases the women said their violence was done in self defense.



Although some feminist researchers concede that there are cases where women initiate the physical violence, they believe that it is important to examine the entire context before assuming that female perpetrated physical violence is similar in quality to male perpetrated physical violence. For example, because psychological abuse such as name calling often precedes physical or sexual assaults (Browne, 1987), some women may recognize the cycle of abuse and initiate violence in the hope of getting the violence over with on their own terms, rather than being surprised by their partner's initiation of violence (Saunders, 1989).

The effects of physical assault are more potentially significant for women than for men. Research reveals that abused women are more likely than abused men to receive injuries requiring medical attention (Straus et al., 1979), and are also more likely than men to sustain psychological injuries resulting from physical abuse (Stets & Straus, 1990). In fact, some research suggests that women are six times more likely to sustain injuries that require medical treatment as a result of family violence (Kaufman Kantor & Straus, 1987; Stets & Straus, 1990).

Consequences of physical violence can be severe, and in extreme cases can result in homicide. In fact, as many as half of women in the United States who are murdered are murdered by their partners or former partners (Kellerman & Mercy, 1992) versus male homicide victims, of which only about 3% are murdered by their partners or former partners (Bachman & Saltzman, 1994).

While homicide is an extreme consequence, physical injuries often routinely result from physical violence. Even though strangers who attack women are more likely to use a weapon than are partners or former partners who assault women, women are more likely to sustain injuries from violence perpetrated by a partner or former partner than from violence perpetrated by a stranger (Bachman & Saltzman, 1994).

In addition, although in some samples women have reported being as physically violent as men, many feminist scholars do not think that these findings accurately portray the dynamics of battering (Dobash, Dobash, Wilson, & Daly, 1992; Pleck, Pleck, Grossman, & Bart, 1978). Some feminist scholars also believe that focusing on female perpetrators of violence takes necessary attention and resources away from the importance of focusing on male perpetrators of violence. And while women may have

equal levels of initiating relationship violence as men, it is largely assumed that women are not capable of inflicting as much damage as men can potentially inflict (Greenblat, 1983).

### Characteristics Associated with Male Batterers

Much research has been done in order to identify characteristics associated with male perpetrators of physical abuse. For example, a study by Hotaling and Sugarman (1986) found that as compared to non-violent men, violent men tended to have lower levels of self-esteem, tend to have more problems with alcohol use, tend to have experienced physical abuse as children, and tend to have witnessed physical abuse between their caregivers. In addition, Sugarman and Hotaling (1989) found that as compared to non-violent men, violent men are more often in relationships with a high degree of marital conflict, and are more often from lower socioeconomic backgrounds. Other researchers have found that physically violent men often are more psychologically abusive than non-violent men (Murphy & O'Leary, 1989; O'Leary, Malone, & Tyree, 1994). Jacobson and Gortner (1997) reviewed some of the areas pertinent to the individual perpetrator and report that batterers are more likely to have problems such as depression, alcohol use, anger/hostility, general personality problems, and a history of abuse.

Some researchers have identified risk markers, or factors which make it more likely that an individual will engage in a specific problem behavior (Kaufman Kantor & Jasinski, 1999), for perpetrating domestic violence. O'Leary (1988) identified several risk factors, among which were 1) having experienced or witnessed family of origin violence 2) using excessive amounts of alcohol or other drugs; and 3) marital dissatisfaction.

Hotaling and Sugarman (1986) identified several variables as consistent risk markers for male perpetrated partner violence among which were 1) having witnessed parent violence in the family of origin and 2) excessive use of alcohol. One of the most commonly endorsed risk factors for engaging in partner violence is family of origin violence (Arias, 1984; Kalmuss, 1984; Straus et al, 1980). Stith and Farley (1993) examined the dynamics of the process of the transmission of partner violence. They explain that men who witness interparental abuse have lowered self-esteem, which in turn

may increase relationship stress, increase the risk of alcohol abuse, and increase the men's approval of marital violence.

It is important to note, however, that these risk factors do not automatically signify that an individual will engage in partner violence. Rather, they just increase the risk that an individual may do so. Widom (1989) has identified some protective factors which include the age of exposure to family of origin violence (the younger one is, the greater the risk); gender, as boys seem to be more prone than girls to engage in antisocial behavior; one's individual temperament; one's intelligence; and one's degree of cognitive appraisal.

Cognitive appraisal refers to how the child witnessing interparental violence conceptualizes the violence, as the child may regard the cause of the violence as being either internal or external. According to Widom (1989) if the child regards his or her parents' violence as being due to something external to the child, as opposed to assuming that he or she is somehow to blame for the violence, he or she may be at a lower risk for later perpetrating violence. In addition, Caesar (1988) writes that children who perceive their mothers as victims of interparental violence, who act as protectors of their mothers, and who idealize their mothers have a higher risk of perpetrating violence when they are older.

Although research has attempted to identify one "type" of batterer, the consensus seems to be that there are multiple types. Therefore, some researchers have attempted to identify the various types in order to tailor the most appropriate treatment interventions to perpetrators. Holtzworth-Munroe and Stuart (1994) reviewed 14 studies which described different types of batterers, and identified three types of maritally violent men, which they categorized as Family Only, Dysphoric/Borderline, and Generally Violent/Antisocial.

The authors distinguish among these three groups based on the severity of violence perpetrated, the presence of any individual pathology, and other personality characteristics and life experiences of these men. Although the authors' typologies have not yet been tested empirically, they are consistent with research suggesting there are multiple types of perpetrators of violence, and these types require different intervention strategies.

Johnson (1995) has also suggested that the type of domestic abuse that is perpetrated ranges in severity, and therefore requires different classifications. He suggests that domestic violence can range from “common couple violence” to more extreme “patriarchal terrorism,” and he believes that different types of violence require different types of intervention.

In addition to the lack of a single prototype of “the male batterer,” the existing research has focused primarily on physical abuse, therefore largely neglecting to examine the characteristics associated with men who perpetrate psychological abuse. Because research has made a link between the perpetration of psychological abuse and the subsequent perpetration of physical abuse, the gap in the literature regarding perpetrators of psychological abuse deserves attention.

### Dating Violence

Studies report prevalence rates of violence occurring within dating relationships ranging from 12 - 65% (Billingham, 1987; Bookwala, Frieze, Smith, & Ryan, 1992; Cate, Henton, Koval, Christopher & Lloyd, 1982; Pederson & Thomas, 1992; Roscoe, & Kelsey, 1986). However, the consensus in the literature is that violence occurs in roughly one-third of college student relationships (Hanley & O’Neill, 1997). Sugarman and Hotaling (1989) reported that the mean prevalence rate for college dating violence is 30%, which is comparable to the prevalence rate of physical abuse found in marriage.

Further, research reveals that dating violence may be a predictor of subsequent marital violence (Burke, Stets, & Pirog-Good, 1989; Roscoe, & Benaske, 1985). O’Leary (1999) points out that psychological abuse precedes physical abuse, and that both physical and psychological abuse are associated with marital deterioration. Other research indicates that 39% to 54% of individuals in physically violent relationships do not leave the relationships (Bogal-Albritten & Albritten, 1985; Matthews, 1984; Sigelman, Berry & Wiles, 1984). Other researchers have found that half or more of women who are abused in their marriages had also been abused in a prior courtship relationship (Roscoe & Benaske, 1985; Star, Clark, Goetz, & O’Malia, 1979). All of this research underscores the importance of intervention and education for individuals early on in dating relationships.

Sugarman and Hotaling (1989) reviewed 40 empirical studies on dating violence and found acts of physical aggression against partners were common, especially acts of mild physical aggression. In addition, other research indicates that like marital relationships, these acts of mild physical aggression within dating relationships are often mutual (Bookwala et al., 1992; Deal & Wampler, 1986; Marshall & Rose, 1987). National studies have found that over 35% of adolescents in dating relationships experience and inflict some form of violence (White & Koss, 1991). Other research indicates that severe forms of physical violence occur in 20 – 30% of adolescent dating relationships (Sugarman & Hotaling, 1989). These percentages mean that about 1 in 10 high school students are in violent dating relationships (Gamache, 1991).

Adolescents are more vulnerable to abuse in dating relationships, and therefore may more readily tolerate abuse and remain in abusive dating relationships. A study by Lavoie, Vezina, Gosselin and Robitaille (1994) surveyed 10<sup>th</sup> grade students in Quebec and found that 44% of the girls reported that they had been involved in an abusive relationship and 30% of the boys reported that they had used violence against a dating partner.

Dutton and Painter (1993) suggest that adolescents are more vulnerable to the traumatic bonding which can occur in abusive relationships. Traumatic bonding refers to the phenomenon wherein victims blame themselves for the abuse, victims protect the abusers, and victims remain in the abusive relationships. Contributing to adolescents' vulnerability in these relationships is that fact that adolescents may have limited experience in relationships, and they may not have the resources to manage the emotional repercussions of being in abusive relationships (Levesque, 1993).

The concept of “normative confusion” refers to the concept that adolescents in abusive relationships with limited relationship experience may assume that the feelings associated with being victimized are “normal” feelings associated with being in a dating relationship. As a result, they may not experience an abusive relationship as problematic (Sugarman & Hotaling, 1989). In addition, the pressure to fit in among adolescents may create a breeding ground for tolerating abusive relationships as some adolescents would rather remain silent in order to conform with their peers by being in a dating relationship, regardless of the quality of that relationship (Moore & Rosenthal, 1993). Adolescent

experimentation with drugs and alcohol can also contribute to relationship violence. While research does not empirically indicate that drug and alcohol use *causes* relationship violence, an association has been made between the two, and alcohol use may increase the intensity of the violence (Sugarman & Hotaling, 1989).

### Psychological Abuse

Psychological abuse has not received the same degree of focus and study as physical abuse which has only gained societal and public policy attention in the last 30 years. Because the consequences of physical abuse are often more tangible and potentially lethal, research on physical abuse has taken precedence over research on psychological abuse. Psychological abuse is more difficult to study as a societal problem because it is more elusive in terms of definition and recognition. In fact, even though psychological abuse has been measured reliably by eight different assessment measures, it has been difficult to come up with a sufficient definition for mental health professionals, the legal system and policy makers.

According to the Diagnostic and Statistical Manual of the American Psychological Association, physical abuse is defined as the occurrence of two or more acts of violence in the last year (or one severe act of violence), and/or physical aggression that results in a partner's fear of the perpetrator, and/or physical aggression that results in physical injury requiring medical treatment. As mentioned previously, O'Leary (1999) defines psychological aggression as "acts of recurring criticism and/or verbal aggression toward a partner, and/or acts of isolation and domination of a partner...[causing] the partner to be fearful or...[to have] very low self-esteem" (p. 19).

Tolman (1992) outlines important factors to attend to when assessing for psychological abuse. He states that psychological abuse, like physical battering, is a systematic pattern of maltreatment. To assess for psychological maltreatment, one must consider the frequency and intensity of the behaviors, the intent of the behaviors, and the overall constellation of behaviors occurring within the relationship.

The research that has been done on psychological abuse focuses primarily on the victims of the abuse as opposed to on the perpetrators. The limited research that has been done on perpetrators of psychological abuse highlights risk factors that are associated with male perpetrators. Hornung, McCullough, and Sugimoto (1981) found preliminary

evidence that men who were unskilled workers married to partners who were professional workers were at an increased risk of perpetrating psychological aggression. Dutton (1995) conducted research on male perpetrators' recollections of their childhood, and found that men who had memories of their father as being rejecting had higher self-reported scores on a measure of perpetrating psychological abuse.

There are several psychological variables that are associated with the perpetration of psychological aggression. Dutton (1995) found that anger is a strong predictor of perpetrating psychological aggression, such that the more self-reported anger one has, the greater the chance of one perpetrating psychological aggression. Dutton (1997) also found that men who displayed signs of Borderline Personality Organization (BPO) were at greater risk for perpetrating psychological aggression than men without BPO. Hastings (1997) found that men who had high levels of authoritarianism were at a greater risk for perpetrating psychological aggression. Because of the limited available research on psychological aggression, it is more difficult to predict than the occurrence of physical partner aggression.

The need for continued research on perpetrators of psychological abuse is critical for several reasons. First, although the consequences of psychological abuse may not be lethal, they can be severe. Victims of psychological abuse may manifest symptoms of depression and Post-Traumatic Stress Disorder (PTSD) (Holtzworth-Munroe, Jacobson & Gottman, 1998; Smutzler, & Sandin, in press), or hopelessness, helplessness, powerlessness and despair (Lystad, Rice, & Kaplan, 1996). The second reason for the need for research on psychological abuse is that psychological abuse has been shown to be a precursor of interspousal physical abuse (O'Leary & Curley, 1986; Straus, 1974). Specifically, a linear relationship has been proposed such that psychological abuse may become increasingly aggressive until it culminates in physical abuse (Stets, 1990; Straus, 1973). In addition, both direct verbal aggression and more passive aggressive withdrawal techniques have been shown to precede physical abuse (Dutton, 1995; Murphy & O'Leary, 1989; O'Leary, Malone, & Tyree, 1994).

Finally, it is important to study psychological abuse because physical abuse is only one of many tools that an individual may use in a relationship in order to control his partner. Research indicates that perpetrators may also use psychological abuse such as

intimidation and isolation in order to exert dominance and control over their partners (Adams, 1988; Dobash & Dobash, 1979; Mederos, 1987; Pagelow, 1981; Walker, 1984).

### Research on the Impact of Psychological Abuse

As mentioned previously, most of the research that does exist on psychological abuse has focused on the effects of the abuse on the victims. The first study to address the relative effects of psychological versus physical abuse was done by Follingstad, Rutledge, Berg, Hause and Polek (1990). They assessed the impact of psychological abuse among a sample of 234 women who had a history of physical abuse. Psychological abuse was measured by the following six variables: 1) threats of abuse; 2) ridicule; 3) jealousy; 4) threats to change marital status; 5) restriction; and 6) damage to property. This study revealed that the most damaging of these six variables was ridicule, and it was among the most frequently used type of abuse. The respondents in this study rated emotional ridicule, threats of abuse and jealousy as the worst types of abuse. The researchers also assessed the relative impact of physical abuse versus psychological abuse, and found that 72% of the respondents stated that psychological abuse was worse than physical abuse. This research also revealed that psychological abuse in the form of threats of physical violence was a predictor of subsequent physical abuse.

Other research has attempted to understand the differing effects of physical and psychological aggression. Marshall (1992) examined the perceived effects of psychological and physical aggression among 707 college women, who rated the impact of psychological and physical acts of aggression against women. The respondents rated 11 of 12 items which described hypothetical acts of minor violence as having more deleterious psychological repercussions than physical repercussions. When this study was replicated with a community sample, the findings were consistent, in that 11 of the 12 items which described hypothetical acts of minor physical violence were deemed to have more negative psychological consequences than negative physical consequences.

Some researchers have examined how different kinds of abuse effect the self-esteem of the victims. Aguilar and Nightengale (1994) measured the impact of physical, sexual, and psychological abuse on the self-esteem of 48 battered women. These authors defined psychological abuse by the following criteria: controlling who the women were able to speak to, controlling who the women were able to see, controlling whether or not



the women worked, and/or controlling what the women were able to do. These authors found having experienced this type of psychological abuse was associated with having low self-esteem among this sample of women.

In terms of the effects of psychological abuse, Sackett and Saunders (1999) found that psychological abuse was a stronger predictor of fear among women in abusive relationships than was physical abuse. In addition, Brown, O'Leary and Fledbau (1997) conducted a study that found psychological abuse was a stronger predictor of treatment drop-out than physical abuse among couples in an out-patient treatment clinic.

Thus, the research that does exist on psychological abuse focuses on the effects of the abuse on the victim. Certainly studying the effects of psychological abuse is very important since the repercussions can be so devastating. However, there is a dearth of literature on characteristics associated with males who are psychologically abusive. Just as research on physical abuse has attempted to understand the characteristics and the "types" of male batterers in order to develop the most effective treatment interventions, it is necessary to try to understand the characteristics associated with men who are psychologically abusive in order to intervene and prevent this insidious type of abuse.

#### Frameworks used to understand violence

There have been many theoretical frameworks proposed to study and eradicate partner violence. The three overarching frameworks under which all of the various theories fall are biological, psychological and socio-cultural. Individual risk factors which have been studied include psychological characteristics such as one's self-esteem as well as any drug or alcohol issues (Hamberger & Hastings, 1986; Hudson & McIntosh, 1981; Roy, 1977); individual psychopathology such as anti-social personality disorder (Holtzworth-Munroe & Stuart, 1994); childhood attention deficit disorders or head injuries (Elliott, 1988; Warnken, Rosenbaum, Fletcher, Hoge, & Adelman, 1994); and biological or neurological problems (Miller, 1994).

Biological/medical factors can include physiological reactivity (such as heart rate), head injury, and testosterone. Specifically, there may be some biological factors associated with antisocial behavior and criminality, and in fact there is research which indicates that there are physiological similarities between types of batterers and individuals with antisocial behaviors and criminality (Gottman et al., 1995) which

include underarousability and sensation-seeking tendencies, serotonin levels (they tend to be low), and pre/perinatal factors and medical histories.

Socio-cultural theories have examined factors such as one's social class, educational background, socio-economic status, as well as one's family structure, and socialization process (Kaufman Kantor, et al., 1994; Straus, 1973). Some feminist scholars believe that the patriarchal nature of our society, both historically and presently, is a contributing factor in the perpetuation of partner violence through traditional gender role socialization (Pagelow, 1984; Smith, 1990; Yllo, 1984). Socio-cultural models have also examined the process of the transmission of family violence through the witnessing and/or experiencing of abuse in one's family of origin (Kalmuss, 1984; O'Leary, 1988; Straus et al., 1979).

#### Biopsychosocial Framework

The biopsychosocial model serves as the theoretical framework that guides this thesis. Research suggests that a single explanation (biological, psychological or socio-cultural) cannot sufficiently explain the phenomenon of battering or domestic violence because there is not one profile that consistently defines all men who batter (Hamberger & Hastings, 1986). Kaufman Kantor and Jasinski (1999) propose that the more inclusive the theoretical framework, the more valid it will be for understanding partner violence. Therefore, the biopsychosocial model is useful in that it allows a multi-perspective approach to understanding partner violence (Jacobson, & Gortner, 1997).

The biopsychosocial perspective incorporates the three primary frameworks – the biological/genetic qualities of the individual, the psychological characteristics and/or psychopathology of the individual, and the influence of social learning and one's culture. The impulsivity measure and the alcohol use measure can be categorized as “biological” influences; the satisfaction with life measure, and the anger management skills measure can be considered “psychological” influences; and family of origin witnessing abuse, family of origin experiencing abuse and the relationship satisfaction measure can be considered “social” influences.

In the words of a physician, the biopsychosocial framework is explained as such:  
The boundaries between health and disease, between well and sick, are far from clear and never will be clear, for they are diffused by cultural, social, and

psychological considerations...By evaluating all of the factors contributing to both illness and patienthood, rather than giving primacy to biological factors alone, a biopsychosocial model would make it possible to explain why some individuals experience as “illness” conditions that others would regard merely as “problems of living,” be they emotional reactions to life circumstances or somatic symptoms” (Engel, 1977, pp. 132-133).

This biopsychosocial perspective encourages clinicians and treatment professionals to provide different treatment methods for different clients. In fact, just as there are variations among individual perpetrators, it is also equally important to distinguish among the different types of violence that is perpetrated as well. Magdol et al., (1997) points to the importance of assessing the type of violence perpetrated by assessing the “context, consequences, motives, and perpetrator’s personal characteristics” (p. 75). Similarly, Farrington (1997) cites Rowell Huesmann’s research which posits that violence is not homogeneous. Huesmann distinguishes between proactive and reactive violence; direct and indirect violence; and hostile and instrumental (p. 295). Thus, clinicians need to consider both the type of perpetrator as well as the type of violence that is perpetrated.

#### Variables

The variables which are used to compare the three groups in this study are the following: Witnessed family of origin abuse; experienced family of origin abuse; impulsivity; satisfaction with life; alcohol use/abuse; relationship satisfaction; and anger management skills.

#### History of Witnessing or Experiencing Abuse

The cycle of violence with respect to how it can be passed down through generations is described by Downs, Miller, Testa and Panek (1992). The authors write that “children learn from violent families of origin that violence between intimates is acceptable and expected, physically stronger family members can perpetrate violence with minimal consequence to themselves, and violence is associated with controlling the behavior of physically weaker family members (Downs et al., p. 377).

This cycle can occur for children if they witness violence between their adult caretakers and/or experience violence at the hands of their caretakers. In such

environments, violence may be regarded as normal and acceptable, and children raised in such environments may go on to perpetrate violence in intimate relationships or become involved in relationships in which they are themselves abused (Downs, Miller, Testa, & Panek, 1992). Growing up in a home with violence can have other consequences for courtship behaviors. For example, Anvi (1992) found that individuals who grew up in homes with domestic violence had relatively short courtships in their own intimate relationships and were relatively young when they married.

Research suggests a moderate but positive correlation between having experienced or witnessed abuse in childhood and later perpetrating physical abuse (Stith, Rosen, Busch, Middleton & Lundeberg, 1998). Because the correlation is only moderate, this suggests that there are intervening variables which mediate the effect of having witnessed or experienced abuse. Some of these mediating variables may include some of the characteristics which I measured in this study, and which are described in the following chapter.

### Impulsivity

One of the variables that I chose to use was respondent's level of impulsivity. Impulsiveness in the context of this instrument is defined as "acting on the spur of the moment; having rapid shifts in interest; having a sense of time urgency and of tension" (Friis and Knox, 1972, p. 150). However, research on impulsivity has revealed two important points. First, over time there has been a range of definitions associated with "impulsivity." For example, Murray (1938) defined impulsivity as a tendency to react immediately without thinking, and having problems with restraining one's behavior. Monroe (1970) conceptualized impulsivity in terms of more pathological aggressive acts such as homicide or suicide.

Psychiatrists tend to conceptualize impulsivity in terms of its manifestation in DSM-IV-R diagnoses such as bulimia, sexual disorders and addictions (Plutchik & Van Praag, 1995). This range of definition and conceptualizations suggests that the construct of impulsivity may have multiple components (Plutchik & Van Praag, 1995).

The second salient factor regarding impulsivity is that the research tends to consistently conceptualize it as a trait rather than a state, in other words as a more stable

characteristic and not a transient mood. Consistent with this “trait” notion is the finding that impulsivity has been shown to often have a genetic origin (Tardiff, 1992).

Research has revealed significant correlations between individuals’ levels of violence and their scores on measures of impulsivity. Plutchick and Van Praag (1989) conducted a study with 100 psychiatric inpatients in which they were asked to complete self-report surveys on impulsivity, suicide risk and violence risk. The study revealed that impulsivity as measured by the Impulse Control Scale (Plutchick and Van Praag, 1989) was found to correlate positively with suicide risk ( $r = .43$ ) and with violence risk ( $r = .63$ ). When the researchers obtained partial correlations by holding the relationship between suicide risk and violence risk constant, a strong, positive correlation between impulsivity and violence risk was found ( $r = .53$ ).

A second study (Apter et al., 1989) looked at the correlation between impulsivity and violence and suicide risk in 30 patients in a psychiatric hospital who had attempted suicide. Their scores on these measures were compared with scores of patients who were admitted for other reasons. A sub-group of violent patients were found to have lower impulsivity scores than the suicidal patients, but higher impulsivity scores than non-violent patients. In this study, a strong, positive correlation was found between impulsivity and anger ( $r = 0.43$ ). Other studies have supported the findings that impulsivity and a risk for violence correlate (Kotler et al, 1993).

Other researchers (Gondolf, 1988; Holtzworth-Munroe, 1992; Holtzworth-Munroe & Stuart, 1994; Rounsaville, 1978; Shields, McCall, & Hanneke, 1988) have identified that male batterers have high levels of impulsivity. Therefore, I anticipate that as one demonstrates higher levels of impulsivity, that individual would also demonstrate higher levels of perpetrating psychological or physical abuse.

#### Satisfaction with Life (Satisfaction with Life Survey)

Not surprisingly, research indicates that as women who were in physically abusive relationships report less physical abuse, their overall self-reported life satisfaction improves (McNamara, et al., 1997). And women in psychologically abusive relationships report lower levels of self-esteem (Hudson and McIntosh, 1981). However, there is a dearth of literature on the overall life satisfaction of males who perpetrate physical and psychological abuse. Since I analyzed data from the male respondents only,

I was interested to learn how life and relationship satisfaction is related to the perpetration of physical and/or psychological abuse.

### Alcohol Use/Abuse

There is disagreement in the field as to the relationship between alcohol consumption and the perpetration of domestic violence. Some researchers believe that alcohol directly causes domestic violence (Flanzer, 1993). From a biopsychosocial model, Johnson (1996) cites research which suggests that the predominant behavioral factor contributing to the occurrence of physical violence is substance use and abuse (Levy & Brekke, 1989; Miller, Gold, & Mahler, 1991; Spunt et al., 1990a, 1990b).

In support of Flanzer (1993), some researchers have found that alcohol use increases one's overall level of anger and aggression (Jaffe, Babor and Fishbein, 1988). Bradford, Greenberg, and Monatayne (1992, as cited in Johnson, 1996) conducted a study of perpetrators of homicide, and found that 45% to 80% had been drinking when they committed their crime. In addition, Johnson (1996) reported on a study done among 793 Swedish inmates who were administered psychiatric evaluations which found that perpetrators of violent crimes were much more likely to be intoxicated when they committed the crime than those perpetrators of non-violent crimes.

Hamilton and Collins (1981) reviewed existing research and found that one-fourth to one-half of men who had perpetrated physical violence in their relationships had a substance abuse problem. Interestingly, research also finds that while alcohol use tends to increase aggression among male perpetrators of physical violence, female alcoholics *experience* physical abuse at higher levels than non-alcoholic women (Miller, 1990, as cited in Johnson, 1996). Other research by Pernanen (1991, as cited in Bennett, 1995) has revealed that the perpetrator or victim of an incident of physical violence had consumed alcohol in about 50% of the cases. A literature review of the association between alcohol consumption and perpetrating domestic violence reveals an incredibly wide range, reporting between 6 and 85 percent of male perpetrated domestic violence involves alcohol consumption on the part of one or both partners (Kaufman Kantor & Jasinski, 1999).

The other side of this controversy suggests that the co-occurrence of substance abuse and spouse abuse does not imply a direct causation. In fact, some research

indicates that alcohol use, for some men, may actually decrease their rates of physical violence (Bard & Zacker, 1974; Coleman & Straus, 1983; Flanzer, 1982; Leonard & Jacob, 1988, as cited in Bennett, 1996). Other research suggest that there may be co-occurring factors among those who abuse alcohol and perpetrate domestic violence (Bennett, 1995), giving support to the theory that there may not necessarily be a direct causal link among those individuals who use alcohol and become more aggressive.

In order to prove a causal relationship three factors must be present: an association, a temporal relationship (i.e. the substance use occurred just prior to or during a violent incident), and the relationship must not be the product of other intervening variables. Gelles (1993) suggests some intervening variables that may account for the association between alcohol use and the perpetration of physical violence.

Gelles (1993) posits that since cross cultural studies regarding the effects of alcohol use do not yield uniform behavioral results among the subjects, an intervening variable may be the cultural meaning that we attribute to alcohol use. Specifically, in our culture we hold the belief that alcohol lowers inhibitions and increases the display of violence. MacAndrew and Edgerton (1969) believe that alcohol use can serve as a “time-out” for individuals who want an excuse from maintaining culturally appropriate and sanctioned behavior, and Kaufman Kantor and Straus (1989) also concede that alcohol may be used by some individuals as a way to excuse the perpetration of violence. In spite of the controversy as to the causal influence of alcohol on domestic violence, there is consensus that there is a relationship that exists. Therefore, I would anticipate that in this study, there will be a relationship between alcohol use and domestic violence. I tend to agree with the research that finds a positive correlation between alcohol use and the perpetration of domestic violence, so therefore I think there will be a positive association between these two variables.

#### Relationship Satisfaction (Revised Dyadic Adjustment Scale)

Research suggests that couples who are dissatisfied with their relationships have more negative interactions than positive interactions (Lloyd, 1996). I would regard acts of physical or psychological abuse as negative interactions, and in that way, would consider those couples who experience either form of abuse as having lower levels of

relationship satisfaction than couples who do not experience any form of abuse in their relationships.

Research also suggests that individuals who report lower levels of relationship satisfaction perpetrate more violence than those individuals who report higher levels of relationship satisfaction (Stith & Farley, 1993). DeTurck (1987) reports that psychological abuse, and specifically verbal aggression, results in poor overall relationship satisfaction. Thus, I anticipate that one's self-reported level of relationship satisfaction would be associated with levels of perpetration of violence in a relationship. Anger Management Skills Scale (See Appendix A, Q. 79-104; & 1-22, pp. 8-10)

We will be using the Anger Management Skills Scale (Stith & Hamby, in press) in order to assess anger management skills. Although there is no research that has looked at anger management skills among college students in dating relationships, it seems logical to assume that the more anger management skills an individual has, the less likely he would be to perpetrate emotional or physical abuse in a dating relationship.

### Summary

While there has been research done on the characteristics of male perpetrators of physical abuse, there is very limited research on male perpetrators of psychological abuse. And, the limited research that does exist in the area of psychological abuse focuses primarily on the victim. Therefore, this current study attempts to understand more about the characteristics of men who are psychologically abusive, as compared with men who are psychologically and physically abusive, as compared to those who are neither psychologically or physically abusive.



## CHAPTER THREE: METHODS

### Participants and Selection Process

The subjects for this quantitative study were male undergraduate college students (n = 132) at Virginia Tech's Blacksburg campus. The sample was a convenience sample of male undergraduate students who voluntarily agreed to complete the survey packet distributed by faculty and graduate teaching assistants. Responses were completely anonymous. Although the surveys were distributed to both male and female students, I analyzed the data from the male respondents only.

### Procedures

Professors and graduate teaching assistants with undergraduate social science, business, accounting, engineering, and Reserve Officer Training Cadet (ROTC) classes were asked to distribute the survey (see Appendix A) to undergraduate students in their classes. The total time commitment for the participants should have been no more than 45 minutes.

The instructions on the survey booklet asked that the students put no name or identifying information on the survey or their scantron response sheets. In this way, their confidentiality and anonymity was guaranteed. The individuals who had access to the data were the independent test scoring organization who computer scanned the answer sheets, me (Kirsten Lundeberg) and my advisor, Dr. Sandra Stith.

Students were asked to voluntarily participate in this research project. They were informed that there would be no negative consequences associated with their decision not to complete the survey. They were assured that they could stop at any time and omit any questions they chose to omit.

Participants were given a copy of the informed consent (see Appendix B) which provides information about this study. I asked that they place their signed copy in an envelope and their anonymous survey in a separate envelope (both were provided) and return them to their class instructor, or put the envelopes in campus mail to be returned to the FCD department at Blacksburg.

Data collection began in September 1998 with the distribution of the first batch of surveys (approximately 500 surveys). They were sent to faculty and graduate assistants in the FCD program in Blacksburg, who in turn distributed them to their undergraduate

students. The first batch of surveys came back to us in December of 1998. The second batch of surveys (approximately 500) was delivered to Blacksburg in December of 1998 and was distributed during the first half of the 1999 spring semester. Because of the high population of female students in the FCD classes, the second batch of surveys was sent to professors in departments with higher percentages of male students, including Economics, Business and the ROTC training program classes.

Due to the high number of uncompleted surveys that were received, we sent another batch of about 250 surveys to the FCD department for distribution. We received a final batch of completed surveys in March, 1999.

As the surveys were returned, each set of answer sheets (two answer sheets per respondent) was assigned a numerical code which was penciled onto the scantron sheet. Once this was completed, the surveys were sent to the Western Psychological Association, which scanned the surveys and saved the data to a disk. The disk was sent back to us for data cleaning and analysis.

Approximately 800 surveys were successfully distributed, and of those, 474 completed surveys were returned. This is a response rate of approximately 59%. Of these responses, 132 were from male participants which was the sample that I was analyzing.

#### Group Membership

The male respondents were separated into groups based on the following criteria. If the respondent reported that he had committed one or more of the acts of physical abuse in the CTS2 physical assault subscale in the past year, *and* one or more of the acts of psychological abuse in the psychological abuse subscale of the CTS2, he was considered physically/psychologically abusive. If the respondent committed one or more of the acts in the psychological abuse subscale of the CTS2 in the previous year but no acts of physical abuse, he was considered psychologically abusive only. And if the respondent had not committed any acts of psychological or physical abuse in the past year, he was considered non-abusive. Based on these criteria, only three groups (non-abusive, psychologically abusive only, and physically/psychologically abusive) were found, confirming the existing research which suggests that it is highly unusual for physical abuse to occur without psychological abuse also occurring.

## Measures

The measures used in this study include the following: demographic questions; whether or not the respondent witnessed or experienced violence in his family of origin; The Young Adult Survey (Impulsivity); The Satisfaction with Life Scale (SWLS); The Rutgers Problem Alcohol Index (RAPI); The Revised Dyadic Adjustment Scale (RDAS), and the Anger Management Skills Scale. (See Table 2).

### Demographics

Demographic questions such as gender, age, race, parents' education levels, family income level, parents' marital status, participant dating relationship status, and additional questions about those dating relationship were asked in order to obtain background information (see Appendix A, Q. 1- 8; 58-64, pp.2-3, & 6).

### The witnessing or experiencing of abuse in childhood

Following the brief section of demographic questions at the beginning of the survey, there were two questions asking about how the individuals were disciplined as children (i.e. verbal mild, verbal severe, physical mild or physical severe), and whether they witnessed abuse as a child between their parents or primary caregivers (see Appendix A, Q. 9-10; pp.3).

I asked respondents whether they had either experienced abuse as a child by their parents or caretakers, or witnessed abuse as a child between their parents or caretakers. Experiencing abuse in the family was scored dichotomously as either "yes" if they reported that they have received severe physical discipline (such as hitting, punching, slapping, or beating), or "no" if they reported experiencing verbal mild (such as grounding), physical mild (such as spanking), or verbal severe (insulting, swearing, or humiliating). Witnessing abuse in the family of origin was scored dichotomously as either "yes" if they reported that they had witnessed any type of violence (father to mother, mother to father or mutual violence) or "no" if they reported they had not witnessed any type of violence.

### Young Adult Survey (Impulsiveness) (see Appendix A, Q. 24-28; p. 4).

I assessed for impulsivity with an Impulsiveness Scale (from the S-Ident Form developed by Borgatta (1965)). The reliability for this instrument (alpha) for this sample was found to be .62. There are no subscales for this instrument. One item in the

instrument states “I enjoy planning work carefully before carrying it out.” The respondent is asked to indicate whether he or she agrees or disagrees with the statement. This variable was scored dichotomously as “impulsive” or “not impulsive.” The Young Adult Survey was used with a population of 16 to 25 year olds to determine the factors that are associated with a young adult’s decision to pursue education beyond high school. The Satisfaction with Life Scale (SWLS) (see Appendix A, Q. 29-33; p. 4).

The Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen & Griffin, 1985) is used to assess global life satisfaction, as opposed to life satisfaction in specific domains. Other scales had been used to assess for life satisfaction, but problems with these other instruments included testing with a limited, non-generalizable sample (geriatrics), using only one item to measure the construct, and assessing specific domains as opposed to a more global assessment of life satisfaction.

The SWLS measured life satisfaction as a cognitive-judgmental process, asking respondents about their overall judgment of their lives. An example of one of the items in the survey is “if I could live my life over, I would change almost nothing.” Respondents are asked to answer based on a five-point Likert scale ranging from “Strongly Disagree” (coded as “1”) to “Strongly Agree” (coded as “5”).

The authors who developed this scale began with 48 items and did a factor analysis, which revealed three factors that were being measured: positive affect, negative affect and satisfaction. The affect items were eliminated, as well as all “satisfaction” items that had loadings of less than .60, which result in 10 items remaining. The authors then culled out the items that were linguistically redundant which resulted in 5 items that comprise the instrument. The measure was then administered to two different samples of undergraduate students in introductory psychology classes (n=176 in one sample, and n=63 in another sample) at a large Midwestern university in order to assess reliability. The test-retest correlation within that sample was found to be .82, with a coefficient alpha of .86.

The authors then assessed how well the results of this instrument correlated with eleven other subjective measures of well-being that were administered, and found a moderately strong correlation with all but one, the Affect Intensity Measure, AIM (Larsen, 1983) which measures the intensity of emotional experiences. The researchers

also did hour-long qualitative interviews with these volunteers in order to develop and code subjective judgments about the respondents' life satisfaction. The interviewers' subjective judgments had a correlation of .73 with the respondents' scores on the SWLS measure. When I assessed for reliability, I found the alpha for this sample to be .88.

There are no subscales for this instrument.

The Rutgers Problem Alcohol Index (RAPI) (see Appendix A, Q. 34-57; p. 5).

The RAPI scale (White & Labouvie, 1989) assesses for the prevalence of alcohol problems in adolescent/young adult populations. I used this scale in order to assess if there is a relationship between alcohol use and the perpetration of physical and/or emotional abuse. The authors of the RAPI believe that adolescent and young adult "problem drinking" can be distinguished from "alcoholism." They suggest that adolescents may encounter unique problems as a result of their alcohol use given the fact that underage drinking (under 21 years of age in the United States) is illegal. Young people also tend to drink less frequently than adults, but when they drink they drink in larger amounts (Harford & Mills, 1978 as cited in Raskin, White & Labouvie, 1989), which can result in more severe consequences. Because of these factors, it is more helpful to measure a young person's degree of "problem drinking," as opposed to "alcoholism," and the RAPI attempts to measure the former.

The original RAPI presented 52 items, and through factor analysis it was shortened to 23 items that describe problematic consequences that could result from one's alcohol use. The 23 items in the shortened form provide an adequate assessment of problem drinking according to the DSM-III-R. The instrument instructions ask "How many times in the past six months did the following things happen to you while you were drinking alcohol or because of your alcohol use over the last six months. Response choices range from "Never," to "More than ten times." An example of one item is "how many times were you not able to do your homework or study for a test?"

Psychometric properties of the RAPI were assessed longitudinally (over a 3-year period) based on a non-clinical, random sample of 1,308 males and females ranging in age from 12 to 21 years old in New Jersey. The 23-item scale was found to have an internal consistency of .92. The brevity of this instrument is an advantage, as well as the fact that it was designed specifically for adolescent populations. When I assessed for

reliability, I found the alpha for this sample to be .94. There are no subscales for this instrument.

Revised Dyadic Adjustment Scale (RDAS) (see Appendix A, Q. 65-78; pp.7-8).

The Revised Dyadic Adjustment Scale (RDAS) is a 14-item instrument created by Busby, Christensen, Crane and Larson (1995) based on the original 32-item Dyadic Adjustment Scale created by Spanier (1976), which measures the different components of marital relating. The components that the instrument measures are the following: agreement on issues considered significant to marital functioning, dyadic satisfaction, dyadic cohesion and affectional expression. It can be used in its entirety, or individual subscales may be used independently. One question on the scale asks, “how often do you regret that you are dating?” Respondents are asked to select along a continuum of choices ranging from “never” to “all the time.”

To assess for construct validity of the RDAS, it was compared to the Locke-Wallace Marital Adjustment Test (MAT), which is another instrument that measures marital adjustment. The correlation coefficient was .68 ( $p < .01$ ). In assessing for internal consistency, it was found that the RDAS had a Cronbach’s Alpha of .90, a Guttman Split-Half of .94, and a Spearman-Brown Split-Half of .95. These scores suggest adequate internal consistency for the subscales within this measure. When I assessed for reliability of this instrument, I found the alpha for this sample to be .83 The three subscales for this item are Consensus, Satisfaction, and Cohesion.

Anger Management Skills Scale (See Appendix A, Q.79-104; & 1-22, pp. 8-10).

As mentioned previously, we used the Anger Management Skills Scale (Stith & Hamby, in press) in order to assess anger management skills. When I assessed for reliability of this instrument, I found the alpha to be .84. The five subscales are the following: Negative Attribution, Emotional Reactivity, Recognizing Signs of Anger, Self Talk, and Behavioral Self-Soothing.

The Revised Conflict Tactics Scales (CTS2) (See Appendix A, Q. 37-114, pp. 12-15).

The Revised Conflict Tactics Scales (CTS2), (Straus, Hamby, Boney-McCoy & Sugarman, 1995) is used to assess the incidence of an individual perpetrating physical, sexual and/or emotional abuse against his or her partner, and the incidence of that same

individual experiencing physical, sexual and/or emotional abuse from his or her partner. Respondents are asked to indicate how often over the past year he or she did the following things described in the instrument. Response choices range from “No, this has never happened (“1”) increasing in frequency to “More than 20 times in the past year (“7”). They are also given the choice to respond with “Not in the past year, but it did happen before (“8”). An example of an item is “I twisted my partner’s arm or hair.” I used the Revised Conflict Tactic Scale (CTS2) (Straus et al., Sugarman, 1995) to assess the frequency and severity of physical and psychological abuse in the context of these undergraduate dating relationships.

The original CTS (Straus, 1979, 1990) has been used extensively in previous research to assess for prevalence of violence in relationships. The internal consistency reliability of the CTS2 when assessed based on a sample of 317 undergraduates and ranged from .79 to .95. In addition, there is evidence for construct validity and discriminant validity. Straus et al, 1996 purports that there is evidence that the validity and reliability of the original CTS are expected to apply to CTS2. When I assessed for reliability of this instrument with this sample, I found the alpha to be .92. The five subscales for this instrument are Negotiation, Psychological Aggression, Assault, Sexual, and Injury. When I assessed for the reliability of the Physical Assault subscale with this sample, I found the alpha to be .85. When I assessed for the reliability if the Psychological Aggression subscale, I found the alpha to be .78 with this sample.

### Analysis

In this quantitative analysis, I examined the intercorrelations among all of the variables in order to identify which variables are interrelated. Next, a three-way multi-variate analysis of variance was used in order to determine if the groups could be distinguished from one another based on their scores on the instruments administered. The three groups were non-abusive males, emotionally abusive males only, and those males who both physically and emotionally abusive in dating relationships.

## CHAPTER 4: RESULTS

### Demographics

There were 132 undergraduate males in the present study, 4% (n = 5) were freshmen, 25% (n = 34) were sophomores, 33% (n = 42) were juniors, and 36% (n = 48) were seniors. 2% (n = 3) represent missing data. Of the 132 subjects, 117 reported that they were presently in or had been in a relationship that lasted one month or more, and therefore were eligible for inclusion in the present study. Of these 117 males, 29% (n = 34) self-reported as non-abusive; 38% (n = 44) self-reported as psychologically abusive only; and 33% (n = 39) self-reported as psychologically and physically abusive. There were no respondents who self-reported as being physically abusive only (e.g. without also being psychologically abusive). Thus, 71% (n = 83) of these undergraduate men were abusive in some manner towards a relationship partner.

In terms of ethnicity, 81% (n = 106) were Caucasian, 8% (n = 10) were African-American, 4% (n = 6) were Asian, and the remaining 7 (n = 9) were Latin American, Native American (American Indian, Samoan or Hawaiian) or Other. There was a wide range of family income represented among the respondents, but the majority of the respondents (48%; n = 61) reported having family incomes of \$80,000 or more.

With regard to having witnessed physical abuse between one's parents or caregivers while growing up, 7.6% (n = 10) witnessed father to mother violence, and 1.5% (n = 2) witnessed mutual violence between their parents, and the remaining 90.2% (n = 119) did not report having witnessed any violence between their parents or caregivers. In terms of experiencing abuse, 15.9% (n = 21) self-reported that the most significant form of discipline that they experienced as a child was "mild-verbal" such as grounding, time-outs or withholding privileges. Seventy-four percent (n = 97) self-reported having experienced "mild-physical" discipline such as spanking. Five percent (n = 7) self-reported having experienced "severe-verbal" such as being insulted, being sworn at, being humiliated, and 5.3% (n = 7) self-reported having experienced "severe-physical" abuse such as hitting, punching, slapping or beating.

There was a range of physically and psychologically abusive behaviors that respondents reported having committed. Regarding psychological abuse, respondents were asked to self-report on eight acts of psychological abuse. Some of the highest



percentages reported were reflected in the following acts: 57% of the respondents reported having sworn at their partner; 52% reported having shouted at their partner; 47% reported having stomped out of the room during an argument with their partner; and 39% reported having done something to spite their partner (see Table 1).

Regarding physical abuse, there was a large range of behaviors as well, some of which were the following: 33% reported having grabbed their partner; 19% reported having twisted partner's arm or hair; 16% reported having slapped their partner; 15% reported having used a knife against their partner; 15% reported having choked their partner; 15% reported having kicked their partner; 14% reported having punched their partner; 14% reported having beaten their partner; and 14% reported having burned their partner (see Table 1).

#### Correlational Analysis (Table 2)

Of the 36 correlations, 13 were significant; three at the 0.05 level and ten at the 0.01 level. There was a significant relationship between having witnessed abuse in one's family of origin and one's satisfaction with life ( $r = -.21, p < .05$ ), which indicates that as the rate of having witnessed abuse in one's family of origin increased, the level of self-reported life satisfaction decreases.

There was a significant relationship between having experienced family of origin abuse and perpetrating physical violence ( $r = .21, p < .05$ ), which indicated that as the rate of having experienced family of origin violence increases, the rate of perpetrating violence also increases. There was a significant relationship between one's self-reported level of impulsivity and one's score on the Rutger's Alcohol Problem Index ( $r = -.21, p < .05$ ), which indicates that as one's level of impulsivity increases, one's level of problem drinking decreases.

There were significant relationships between one's satisfaction with life and one's score on the Rutger's Alcohol Problem Index ( $r = -.23, p < .01$ ) and between one's satisfaction with life and one's self-reported level of relationship satisfaction ( $r = .31, p < .01$ ). These relationships indicate that as one's satisfaction with life increases, one's level of problem alcohol use decreases, and as one's satisfaction with life increases one's level of relationship satisfaction increases.

There were significant relationships between one's level of problem alcohol use and one's level of relationship satisfaction ( $r = -.26, p < .01$ ); and between one's level of problem alcohol use and one's level of anger management skills ( $r = -.24, p < .01$ ); and between one's level of problem alcohol use and one's rate of perpetrating psychological violence ( $r = .35, p < .01$ ); and between one's level of problem alcohol use and one's level of perpetrating physical violence ( $r = .40, p < .01$ ). These correlations indicate that as one's level of problem alcohol use increases, one's level of relationship satisfaction decreases; as one's level of problem alcohol use increases, one's level of anger management skills decreases; as one's level of problem alcohol use increases, one's rate of perpetrating psychological violence increases, and as one's level of problem alcohol use increases, one's rate of perpetrating physical violence increases.

There was a significant relationship between one's level of relationship satisfaction and one's level of anger management skills ( $r = .41, < .01$ ), which indicates that as one's level of relationship satisfaction increases, one's level of anger management skills also increases.

There were significant relationships between one's level of anger management skills and one's rate of perpetrating psychological violence ( $r = -.37, p < .01$ ), and one's level of anger management skills and one's rate of perpetrating physical violence ( $r = -.34, p < .01$ ). These relationships indicate that as one's level of anger management skills increase, one's rate of perpetrating psychological violence decreases, and as one's level of anger management skills increase, one's rate of perpetrating physical violence decreases.

#### ANOVA (Table 3)

An analysis of variance (ANOVA) revealed significant main effects among the three groups of males (non-abusive, psychologically abusive only, and physically and psychologically abusive) (Wilks' Lambda  $F=4.80, df=10, 220, p=.001$ ). Post hoc one way analyses of variance (ANOVA) revealed significant differences among the three groups of males.

#### Family of Origin Violence (See Table 3)

There were no significant differences between the groups on witnessing family of origin violence ( $F=.03, NS$ ). The mean score for non-abusive males ( $n=34$ ) on having

witnessed family of origin abuse was 1.09. The mean score for psychologically abusive only males (n=44) on having witnessed family of origin abuse was 1.09. The mean score for physically/psychologically abusive males (n=39) on having witnessed family of origin abuse was 1.09.

There were no significant differences between the groups on experiencing family of origin violence ( $F=.47$ , NS). The mean score for non-abusive males on having experienced family of origin abuse was 1.91. The mean score for psychologically abusive only males on having experienced family of origin abuse was 2.05. The mean score for physically/psychologically abusive males on having experienced family of origin abuse was 2.05.

#### Impulsivity (See Table 3)

The five questions that the participants responded to in this measure included “My interest shifts quickly from one thing to another,” and “I usually act on the spur of the moment.” The mean score for non-abusive males (n=34) on the impulsivity measure was 1.76 (1= yes, impulsive; 2=no, not impulsive). The mean score for psychologically abusive only males on the impulsivity measure was 1.66. The mean score for physically/psychologically abusive males on impulsivity was 1.64. There were no significant differences between the groups ( $F = 1.41$  NS)

#### Satisfaction with Life (See Table 3)

The respondents answered five questions which included “in most ways my life is close to my ideal,” and “if I could live my life over, I would change almost nothing.” The respondents selected from a Likert scale with a range of 1= “strongly disagree” to 7 = “strongly agree.” The mean score for non-abusive males on the satisfaction with life measure was 5.16. The mean score for psychologically abusive only males on the satisfaction with life measure was 4.63. The mean score on this measure for the physically abusive males was 4.82. Although there were not significant differences among the three groups at the .05 level, there were differences at the .06 level ( $F = 1.83$  NS).

#### Alcohol Use (See Table 3)

There were significant differences between the groups on alcohol use ( $F = 10.16$ ,  $p < .001$ ). The mean score for non-abusive males on the problem drinking measure

(alcohol use) was 1.33, (1 = problems associated with drinking “never happened” in the past six months, and 2 = problems associated with drinking happened “one to two times in the past six months,” culminating with 5 = “more than tens times in the past six months.” This score for the non-abusive males was significantly lower than the other two groups. The mean score for psychologically abusive only males on the problem drinking (alcohol abuse) measure was 1.49, which is not significantly different from the non-abusive males, but this score is significantly different from the group of physically abusive males. The mean score for physically/psychologically abusive males on this measure was 1.91. This score indicates that this group self-reported having more negative consequences associated with their alcohol use. This was significantly different from both the non-abusive males and the psychologically abusive only males.

#### Relationship Satisfaction (See Table 3)

There were significant differences between the groups on the relationship satisfaction measure ( $F = 4.23, p < .05$ ). The mean score for non-abusive males on the relationship satisfaction measure was 4.65. The mean score for psychologically abusive only males on this measure was 4.30. The mean score for physically/psychologically abusive males on this measure was 4.32.

#### Anger Management Skills (See Table 3)

There were significant differences between all three groups on the Anger Management Skills measure ( $F = 14.56, p < .001$ ). The mean score for the non-abusive males on the anger management skills measure was 3.15 which was significantly higher than the other two groups. The mean score for psychologically abusive males on the anger management skills measure was 2.96. The mean score for physically/psychologically abusive males on anger management skills was 2.83 indicating that this group has lower levels of anger management skills than both of the other groups of males. This score was significantly different from both the non-abusive males as well as the psychologically only abusive males.

Table 1

Percentages of Physically Abusive Behaviors and Emotionally Abusive Behaviors Committed by as Reported by Respondents (n=117)

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**Physical Abuse**

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- 19% reported having thrown something at partner
  - 19% reported having twisted partner's arm/hair
  - 26% reported having shoved partner
  - 15% reported having used knife against partner
  - 14% reported having punched partner
  - 15% reported having choked partner
  - 15% reported having slammed partner
  - 14% reported having beaten partner
  - 33% reported having grabbed partner
  - 16% reported having slapped partner
  - 14% reported having burned partner
  - 15% reported having kicked partner
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**Emotional Abusive**

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- 57% reported having swore at partner
  - 20% reported having called partner fat
  - 20% reported having destroyed something belonging to partner
  - 52% reported having shouted at partner
  - 47% reported having stomped out of room during argument with partner
  - 19% reported having called partner a lousy lover
  - 39% reported having done something to spite partner
  - 15% reported having threatened to throw something at or hit partner
-

Table 2

Intercorrelations Between Measures

	Wit. Abuse	Exp'd Abuse	Impul- sivity	SWLS	RAPI	RDAS	Anger Mgmt	Psych Viol.
Wit. Abuse								
Exp'd. Abuse	.10							
Impul- sivity	-.08	-.02						
SWLS	-.21*	-.13	.11					
RAPI	-.10	-.04	-.21*	-.23**				
RDAS	-.06	-.04	.14	.31**	-.26**			
Anger Mgmt	.04	.02	.15	.10	-.24**	.41**		
Psych Viol.	-.02	.16	-.18	-.10	.35**	-.12	-.37**	
Phys. Viol.	-.02	.21*	-.14	-.14	.40**	-.14	-.34**	.60**

\*\* . Correlation is significant at the 0.01 level (2-tailed); \* . Correlation is significant at the 0.05 level (2-tailed)

Wit. Abuse: Witnessed Family of Origin Abuse

Exp'd Abuse: Experienced Family of Origin Abuse

Impulsivity: Impulsivity

SWLS: Satisfaction with Life Scale

RAPI: Rutgers Alcohol Problem Index (Alcohol use/abuse)

RDAS: Revised Dyadic Adjustment Scale

Anger Mgmt: Anger Management Skills

Psych Viol.: Psychological abuse subscale of CTS2

Phys. Viol: Physical abuse subscale of CTS2

Table 3

ANOVA on three groups of undergraduate males (non-abusive, psychologically abusive only, physically/psychologically) (N=117)

Wilks' Lambda  $F(10, 220) = 4.80^{***}$

Variable	Non-Abusive (n=34)	Psychologically Abusive (n=44)	Physically Abusive (n=39)	F-Test
Impulsivity	M 1.76 a	M 1.66 a	M 1.64 a	1.41
SWLS	5.16 a	4.63 a	4.82 a	1.83
RAPI	1.33 a	1.49 a	1.91 b	10.16 <sup>***</sup>
RDAS	4.65 a	4.30 b	4.32 b	4.23*
AMS	3.15 a	2.96 b	2.83 c	14.56 <sup>***</sup>
Wit. Abuse	1.09 a	1.09 a	1.09 a	.03
Exp. Abuse	m=1.91 a	m=2.05 a	m=2.05 a	.47

<sup>a</sup>Multiple range test results: Groups with different letters differ significantly ( $p < .05$ )

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

SWLS: Satisfaction with Life Scale; RAPI: Rutgers Alcohol Problem Index; RDAS: Revised Dyadic Adjustment Scale; AMS: Anger Management Skills

## CHAPTER FIVE: DISCUSSION

### Summary of Findings

Of the undergraduate males in this study who were in or had previously been in a heterosexual dating relationship (n=117), 33% (n=39) had been physically abusive towards their relationship partner. This finding is consistent with research which reports that violence occurs in roughly one-third of college student relationships (Hanley & O'Neill, 1997). In addition, Sugarman and Hotaling (1989) reported that the mean prevalence rate for college dating violence is 30%, which is comparable to the prevalence rate found in marriage. Thirty-eight percent (n=44) who met the criteria for inclusion in this study had been psychologically abusive to a current or former relationship partner. The remaining 29% (n=34) were neither physically or psychologically abusive.

All of the correlations seem to make sense intuitively with one exception. It seems somewhat odd that as one's level of self-reported alcohol use increases his level of self-reported impulsivity decreases. One explanation for this may be that the measure for impulsivity has a somewhat low reliability, and therefore may not in fact be an accurate measure of that construct. All of the other correlations seem logical based on the existing literature in the field of partner violence.

Among the three groups of males, an analysis of variance (ANOVA) did not reveal significant differences along the measure of impulsivity, and these findings are divergent with some of the literature which has found an association between impulsivity and perpetrating violence. A study by Apter et al (1989) looked at the correlation between impulsivity and violence and suicide risk in 30 patients in a psychiatric hospital who had attempted suicide. Their scores on these measures were compared with scores of patients who were admitted for other reasons. A sub-group of violent patients were found to have lower impulsivity scores than the suicidal patients, but higher impulsivity scores than non-violent patients. In this study, a strong, positive correlation was found between impulsivity and anger.

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A study by Plutchick and Van Praag (1989) revealed that impulsivity as measured by the Impulse Control Scale was found to correlate positively with suicide risk and with violence risk. Other studies have supported the findings that impulsivity and a risk for violence correlate (Kotler et al., 1993). Other researchers (Gondolf, 1988; Holtzworth-Munroe, 1992; Holtzworth-Munroe & Stuart, 1994; Rounsaville, 1978; Shields, McCall, & Hanneke, 1988) have identified characteristics associated with male batterers which included having a high level of impulsivity.

There are three possible reasons for this divergence from the literature. First, it is possible that there are in fact no differences among the three groups in terms of impulsivity. A second alternative may be that the groups may differ from each other significantly, but it may be that the instrument used to assess for impulsivity was not the most reliable instrument available (alpha was .63). A third possibility is that because the literature I surveyed focused on clinical populations, those findings may not necessarily be generalizable to non-clinical samples such as the one used in this study.

The analysis of variance (ANOVA) also did not reveal significant differences among the three groups in terms of their satisfaction with life. However, the non-abusive group's mean score was larger than the scores of the abusive men, and this difference approached significance ( $p=.06$ ). Thus it seems that there is a tendency for the non-abusive males to be more satisfied with their lives than the two other abusive groups. Although the norm mean score for this measure was not available, the scores appeared to be fairly high. These fairly high rates of self-reported satisfaction with life in all groups may have reduced the variance. These high scores may also be due to the fact that these young men are a privileged group of individuals (mostly White, educated, financially secure) and therefore in many areas of their lives they may indeed feel satisfied.

There were significant differences found on the alcohol use/problem drinking measure. The non-abusive group's mean score was not significantly different from the psychologically abusive group, but the physically/emotionally abusive group's score was significantly higher than the other two groups. These scores indicate that the physically/emotionally abusive had significantly higher negative consequences as a result of their alcohol use. Some of the consequences included: getting into fights, acting bad or doing other mean things; having noticed withdrawal symptoms; went to school or work

drunk; having caused shame or embarrassment to someone; and having driven shortly after having more than four drinks.

As mentioned before, there is disagreement in the field as to the relationship between alcohol consumption and the perpetration of domestic violence. Some researchers believe that alcohol causes domestic violence (Flanzer, 1993; Levy & Brekke, 1989; Miller, Gold, & Mahler, 1991; Spunt et al, 1990a, 1990b). One study found that among perpetrators of homicide, 45% to 80% had been drinking when they committed their crime (Bradford, Greenberg, and Monatayne (1992, as cited in Johnson, 1996). In addition, Hamilton and Collins (1981) surveyed existing research and found that one-fourth to one-half of men who had perpetrated relationship violence had a substance abuse problem. Other research by Pernanen (1991, as cited in Bennett, 1995) has revealed that the perpetrator or victim of an incident of physical violence had consumed alcohol in about 50% of the cases.

There were significant differences among the groups on the relationship satisfaction measure (Revised Dyadic Adjustment Scale). The psychologically abusive males' mean score and the physically/psychologically abusive males' mean score were significantly different from that of the non-abusive males, such that both of the abusive groups self-reported lower relationship satisfaction than the non-abusive males. The scores for the psychologically abusive and physically/psychologically abusive males were not significantly different from each other. These results support the results in other studies (DeTurck, 1987; Lloyd, 1996; Stith & Farley, 1993) that have found that relationship satisfaction is negatively related to domestic violence. In this study, both psychologically and physically abusive men self-reported lower levels of relationship satisfaction than the non-abusive men.

All three groups were significantly different from one another on the Anger Management Skills measure. The non-abusive males had the highest levels of anger management skills, followed by the psychologically abusive males who had a significantly lower level of anger management skills, followed by the physically/psychologically abusive males who had the lowest level of anger management skills. Although there are significant differences among the three groups of undergraduate males (non-abusive, psychologically abusive only, and physically/psychologically

abusive) in this study on several of the characteristics, the anger management instrument reveal the most statistically significant differences among the three groups. On this measure, it appeared that there was a continuum with those who were better at managing their anger being non-abusive, those in the middle being psychologically abusive, and those who had poor anger management skills being physically abusive.

### Limitations

There are several limitations with this study that need to be addressed. First, the sample is mostly Caucasian (81%), and therefore the findings cannot be generalized to other racial groups. In addition, the subjects were all currently enrolled as college students, again rendering the findings non-generalizable to non-college populations.

Although most of the instruments used in this study had high reliability, the measure used to assess for impulsivity had a somewhat low reliability ( $\alpha = .63$ ). Therefore, the conclusions drawn about the associations between impulsivity and types of abusive behavior are not based on the most reliable measure of impulsivity.

In addition, the majority of the surveys were distributed to psychology students so it would be difficult to generalize these findings to other populations, such as students in engineering or accounting classes. Since the survey was self-report, we also do not know how accurate the information was on the surveys. Since it is typical for respondents to underreport levels violence perpetrated, we cannot be sure that the data obtained is accurate.

In addition, the rates of self-reported witnessing of family of origin violence which we found to be around 10%, may be low due to the language used in the question. The questions read “while you were growing up, was there ever any physical violence between your parents (or whoever raised you?)” Research indicates that respondents may not identify actions like pushing, shoving, or grabbing as “violence,” and therefore the wording of this question may have generated false negatives.

Another limitation is that although some relationships between variables and one’s affiliation with a group (non-abusive, psychologically abusive, or physically abusive) were revealed in this study, the correlations do not afford us with any information about what if any causal relationships might be present. The association may be present because of other intervening variables, and even if the association was due to a

cause and effect relationship, we would need further research in order to understand in which direction the causal arrow pointed.

A final limitation is that we do not know with accuracy what the real response rate was for this sample of men, since the response rate was based on the overall sample of men and women.

### Clinical Implications

Clinically, it is significant to note that on the measure of anger management skills, the three groups were shown to be significantly different from one another, indicating that as one has fewer effective anger management skills, he has a greater likelihood of perpetrating violence. This suggests the need for a psychoeducational component when clinically treating physically and emotionally abusive men.

In addition, the rates of alcohol use also served to differentiate the two groups of abusive males from the group of non-abusive males. Thus, assessment of a client's level of alcohol use and the consequences of that use would be important in the prevention of dating violence.

Similarly, the two groups of abusive males can be differentiated from the group of non-abusive males by their scores on the relationship satisfaction measure. It might be useful to understand the progression of relationship dissatisfaction as it relates to abusive behaviors.

### Future Research

I think that it would be helpful for future research to include a qualitative component in order to attempt to gain a richer understanding of the relationships among some of these variables. For example, with alcohol use, it would be helpful to be able to follow up with respondents who indicated that they perpetrated violence, and that they had high levels of alcohol use in order to determine if there is any causal relationship. For example, do some of these men use alcohol and then become abusive? Or are they abusive and then use alcohol? Or is there an intervening variable that somehow associates men who have high rates of alcohol use with men who are abusive? This would be a useful area in which to conduct future research. It would also be helpful to collect data from the partners in these relationships so that the couple's responses could be compared in order to assess for discrepancies within the responses of the two partners.

In addition, at the present time there is a dearth of research on characteristics associated with men who are psychologically abusive. What limited research there is available is focused on the effects of psychological abuse on victims. While this is certainly an important area to research, it is just as important to begin to understand characteristics associated with those who perpetrate such abuse so that clinicians can target prevention efforts.

The limited research that does exist on psychological abuse compares the psychologically aggressive men to control groups of non-aggressive men. It would be helpful to conduct more research in which the psychologically abusive men were compared with physically abusive men. In this way, these two groups of abusive men could be compared in terms of how they are similar or different along different risk factors and variables. In addition, longitudinal studies would also be helpful in order to ascertain how psychological abuse is similar to or different from physical violence over time.

### Summary

The present study has shown that it is useful to examine groups of male undergraduates in dating relationships in order to try to determine how non-abusive men, psychologically only abusive men, and physically/psychologically abusive men can be differentiated along several variables. This study revealed that these three groups differ significantly along their levels of alcohol use, their self-reported levels of relationship satisfaction, and their levels of anger management skills. This information can be helpful to clinicians and educators who are working with college populations. It would seem that psychoeducation might be helpful for some of these men in order to develop alternatives to violence and to decrease the risk factors associated with the perpetration of relationship violence. It would also be important to increase the awareness of the cycle of violence, and the incendiary role that psychological abuse can play in this cycle. Intervening early and effectively with these dating relationships can be a substantive step towards preventing the escalation and maintenance of violence in relationships.

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**RELATIONSHIP  
CHARACTERISTICS STUDY**

Thank you for giving us your time.

**What we are doing**

We are a group of researchers at the Virginia Tech's Northern Virginia Campus. We are trying to develop tests that ask people about their current or past relationships and about their attitudes towards relationships. We want to find out some new, better ways to identify the strengths and weaknesses in people's relationships. Eventually, we hope these tests will be used to help people with relationship problems.

**Participation**

You may choose not to participate in this study without any penalty whatsoever. Simply turn the unanswered survey into the project coordinator.

**Confidentiality**

ALL of your responses will be completely confidential and anonymous. We will NOT ask you for your name, and the answers to these questions will never be associated with you in any way. PLEASE DO NOT PUT YOUR NAME ANYWHERE ON THIS QUESTIONNAIRE.

You can help us most by answering every question on the questionnaire, but you may omit any questions or discontinue at any time.

**Your comments**

You can write on the questionnaires - in fact, we hope that you will have lots of suggestions and comments on them! But PLEASE do not make any extra marks on the answer sheets, because otherwise we won't be able to computer score them.

**More information about the study**

We will give you an information sheet when you are finished with the questionnaire. You can also contact us at the Northern Virginia Center. The contact person is Sandra Stith, Ph.D., 703-538-8462; [SSTITH@vt.edu](mailto:SSTITH@vt.edu).

**PLEASE DO NOT PUT YOUR NAME ON THE QUESTIONNAIRE OR  
THE ANSWER SHEETS. PLEASE USE A #2 PENCIL**

## Background Information

I. PLEASE MARK YOUR ANSWER TO THE FOLLOWING 2 QUESTIONS IN THE SPACES PROVIDED ON THE LEFT OF THE ANSWER SHEET.

**DO NOT MARK YOUR NAME ON ANY OF THE FORMS.**

1. **FORM:** Under Name on Answer Sheet 1, please mark the letter L and fill in the matching bubble in that column. Please do not put any other information under Name.

II. PLEASE ANSWER THE FOLLOWING QUESTIONS ON THE RIGHT SIDE OF THE ANSWER SHEET 1 (STAMPED IN RED INK), FOR ITEMS #1-104.

1. What is your sex? Bubble in the number 1 or the number 2 in item 1 on Answer Sheet 1  
1=Male  
2=Female
2. What is your year at the university?  
1=Freshman  
2=Sophomore  
3=Junior  
4=Senior
3. How old are you?  
1=18      6=25-29  
2=19      7=30-39  
3=20      8=40-49  
4=21      9=50 or Older  
5=22-24
4. What is your racial or ethnic identity?  
1=Asian  
2=African American (Black)  
3=Caucasian (White)  
4=Native American (American Indian, Samoan, or Hawaiian)  
5=Latin American  
6=Other
5. What is your father's highest level of education?  
1=less than high school  
2=high school graduate  
3=some college  
4=two-year college graduate (for example, community college)  
5=four-year college graduate  
6=some graduate school  
7=graduate school
6. What is your mother's highest level of education?  
1=less than high school  
2=high school graduate  
3=some college  
4=two-year college graduate (for example, community college)  
5=four-year college graduate  
6=some graduate school  
7=graduate school

7. What is your family's yearly income? (Make your best estimate)
- |                        |                        |
|------------------------|------------------------|
| 1=Under \$9,999        | 6=\$50,000 to \$59,999 |
| 2=\$10,000 to \$19,999 | 7=\$60,000 to \$69,999 |
| 3=\$20,000 to \$29,999 | 8=\$70,000 to \$79,999 |
| 4=\$30,000 to \$39,999 | 9=\$80,000 or more     |
| 5=\$40,000 to \$49,999 |                        |
8. What is your parent's current marital status?
- 1=married to each other
  - 2=separated
  - 3=divorced
  - 4=never married to each other
  - 5=one or both parents have died
9. While you were growing up, was there ever any physical violence between your parents (or whoever raised you?)
- 1=No
  - 2=Yes: Father to mother violence
  - 3=Yes: Mother to father violence
  - 4=Yes: mutual violence between father and mother
  - 5=Yes: other
10. How were you disciplined as a child (please bubble in the most severe along this continuum. For example, if both 1 and 2 apply to you, bubble in 2)?
- 1=Verbal, mild (i.e. grounding, time-out, withholding privileges, etc.)
  - 2=Physical, mild (i.e. spanking)
  - 3=Verbal, severe (i.e. insulting, swearing, humiliating, etc.)
  - 4=Physical, severe (i.e. hitting, punching, slapping, beating, etc.)
  - 5=Other

**The following statements are about you or the relationship between you and other people. Please read each statement and decide how much you agree with it.**

	Strongly Disagree			Strongly Agree
11. I sometimes try to get even rather than forgive and forget.	1	2	3	4
12. There have been occasions when I took advantage of someone.	1	2	3	4
13. There have been times when I was quite jealous of the good fortune of others.	1	2	3	4
14. I sometimes feel resentful when I don't get my way.	1	2	3	4
15. I am sometimes irritated by people who ask favors of me.	1	2	3	4

**PLEASE GO ON TO THE NEXT PAGE OF QUESTIONS. STAY ON ANSWER SHEET 1 (STAMPED IN RED INK).**

	Strongly Disagree			Strongly Agree
16. There have been times when I have felt like rebelling against people of authority even though I knew they were right.	1	2	3	4
17. I have never deliberately said something that hurt someone's feelings.	1	2	3	4
18. No matter who I am talking to I am always a good listener.	1	2	3	4
19. On a few occasions, I have given up doing something because I have thought too little of my ability.	1	2	3	4
20. I have never been irked when people expressed ideas very different from my own.	1	2	3	4
21. It is sometimes hard for me to go on with my work if I am not encouraged.	1	2	3	4
22. I am always courteous, even to people who are disagreeable.	1	2	3	4
23. I'm always willing to admit it when I make a mistake.	1	2	3	4

**Please answer these questions in terms of your agreement or disagreement with the following statements.**

	Agree	Disagree
24. I usually act on the spur of the moment.	1	2
25. My interest shifts quickly from one thing to another.	1	2
26. I enjoy planning work carefully before carrying it out.	1	2
27. I rarely think things out in detail before I act.	1	2
28. I am impulsive about most things.	1	2

**Below are five statements with which you may agree or disagree. Using the 1 – 7 scale below, indicate your agreement with each item and bubble in the appropriate number on your answer sheet. Please be open and honest in your responding.**

	Strongly Disagree						Strongly Agree
29. In most ways my life is close to my ideal.	1	2	3	4	5	6	7
30. The conditions of my life are excellent	1	2	3	4	5	6	7
31. I am satisfied with my life.	1	2	3	4	5	6	7
32. So far I have gotten the important things I want in life.	1	2	3	4	5	6	7
33. If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

<p><b>PLEASE GO ON TO THE NEXT PAGE OF QUESTIONS. STAY ON ANSWER SHEET 1 (STAMPED IN RED INK) .</b></p>
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**Different things happen to people when they are *drinking alcohol* or as a result of their *alcohol use*. Some of the things are listed below. Please indicate *how many times each has***

**happened to you during the past six months while you were drinking alcohol or as the result of your alcohol use.**

**How many times did the following things happen to you while you were drinking alcohol or because of your alcohol use during the past six months?**

1=NEVER

2=ONE TO TWO TIMES

3=THREE TO FIVE TIMES

4=SIX TO TEN TIMES

5=MORE THAN TEN TIMES

34. Not able to do your homework or study for a test?	1	2	3	4	5
35. Got into fights, acted bad, or did mean things?	1	2	3	4	5
36. Missed out on other things because you spent too much money on alcohol?	1	2	3	4	5
37. Went to work or school high or drunk?	1	2	3	4	5
38. Caused shame or embarrassment to someone?	1	2	3	4	5
39. Neglected your responsibilities?	1	2	3	4	5
40. Relative avoided you?	1	2	3	4	5
41. Felt that you needed more alcohol than you used to use in order to get the same effect?	1	2	3	4	5
42. Tried to control your drinking by trying to drink only at certain times of the day or certain places?	1	2	3	4	5
43. Had withdrawal symptoms, that is, felt sick because you stopped or cut down on drinking?	1	2	3	4	5
44. Noticed a change in your personality?	1	2	3	4	5
45. Felt you had a problem with alcohol?	1	2	3	4	5
46. Missed a day (or part of a day) of school or work?	1	2	3	4	5
47. Tried to cut down or quit drinking?	1	2	3	4	5
48. Suddenly found yourself in a place that you could not remember getting to?	1	2	3	4	5
49. Passed out or fainted suddenly?	1	2	3	4	5
50. Had a fight, argument or bad feelings with a friend?	1	2	3	4	5
51. Kept drinking when you promised yourself not to?	1	2	3	4	5
52. Felt you were going crazy?	1	2	3	4	5
53. Had a bad time?	1	2	3	4	5
54. Felt physically or psychologically dependent on alcohol?	1	2	3	4	5
55. Was told by a friend or neighbor to stop or cut down drinking?	1	2	3	4	5
56. Drove shortly after having more than 2 drinks?	1	2	3	4	5
57. Drove shortly after having more than 4 drinks?	1	2	3	4	5

<p><b>PLEASE GO ON TO THE NEXT PAGE OF QUESTIONS. STAY ON ANSWER SHEET 1 (STAMPED IN RED INK) .</b></p>
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58. Indicate which of the following applies to you.

1=I am currently in a relationship that has lasted at least one month.

2=I have been in a relationship that has lasted at least one month, but I am not in one now.

Answer the rest of the questions about your most recent relationship (that lasted one month or more).

3=I have never been in a relationship that has lasted at least one month.

**If you answered 3, thank you very much for responding to the previous questions. Because the remaining questions refer to dating relationships, we do not need your responses to the remainder of the survey. Please give your surveys to the project coordinator. Thank you very much for participating.**

**The words “partner” and “your partner” refer to the person in the relationship you will describe on the next questions. Answer every question for your current partner or most recent partner (and always answer about the same person).**

59. Are you living with your partner (or were you before the relationship ended)?

1=no

2=yes

60. What is your relationship with your partner (or what was it while you were together)?

1=Dating

2=Engaged

3=Married

61. How long have you been in this relationship (or how long did the most recent relationship last)?

1=Less than one month

2=About 1 month

3=About 2 months

4=Three to five months

5=Six months to eleven months

6=About a year

7=More than a year, but less than 2 years

8=About 2 years

9=More than 2 years, but less than 4 years

10=Four years or more

62. How long ago did this relationship end?

1=It has not ended

2=Less than one month ago

3=About 1 month ago

4=About 2 months ago

5=Three to five months ago

6=Six months to eleven months ago

7=About a year ago

8=More than a year but less than 2 years ago

9=About 2 years ago

10=More than 2 years ago

63. What is (was) your partner's gender?

1=male

2=female

64. Is (was) sex a part of your relationship?

1=no

2=yes

**PLEASE GO ON TO THE NEXT PAGE OF QUESTIONS. STAY ON ANSWER SHEET 1 (STAMPED IN RED INK).**

**Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.**

**If you are currently in a relationship that has lasted *one month or more*, answer about that relationship.**

**If you have been in a relationship that has lasted *one month or more (but are not now)*, answer about the most recent relationship.**

1=ALWAYS DISAGREE

2=ALMOST ALWAYS DISAGREE

3=FREQUENTLY DISAGREE

4=OCCASSIONALLY DISAGREE

5=ALMOST ALWAYS AGREE

6=ALWAYS AGREE

65. Religious matters	1	2	3	4	5	6
66. Demonstrations of affection	1	2	3	4	5	6
67. Sex Relations	1	2	3	4	5	6
68. Making major decisions	1	2	3	4	5	6
69. Conventionality (correct or proper behavior)	1	2	3	4	5	6
70. Career decisions	1	2	3	4	5	6

**Most people have disagreements in their relationships. Please indicate below how often the following things occur (or occurred).**

1=NEVER

2=RARELY

3=OCCASIONALLY

4=MORE OFTEN THAN NOT

5=MOST OF THE TIME

6=ALL THE TIME

71. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	1	2	3	4	5	6
72. How often do you regret that you are dating?	1	2	3	4	5	6
73. How often do you and your partner quarrel?	1	2	3	4	5	6
74. How often do you and your partner "get on each other's nerves"?	1	2	3	4	5	6

	Every day	Almost every day	Occasionally	Rarely	Never
75. Do you and your partner engage in outside interests together?	1	2	3	4	5

<p><b>PLEASE GO ON TO THE NEXT PAGE OF QUESTIONS. STAY ON ANSWER SHEET 1 (STAPMED IN RED INK).</b></p>
--

**How often would you say the following events occur (or occurred) between you and your partner?**

- 1=NEVER
- 2=LESS THAN TWICE A MONTH
- 3=ONCE OR TWICE A MONTH
- 4=ONCE OR TWICE A WEEK
- 5=ONCE A DAY
- 6=MORE OFTEN

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 76. Have a stimulating exchange of ideas? | 1 | 2 | 3 | 4 | 5 | 6 |
| 77. Calmly discuss something              | 1 | 2 | 3 | 4 | 5 | 6 |
| 78. Work together on a project            | 1 | 2 | 3 | 4 | 5 | 6 |

**The following statements are about you or the relationship between you and your partner. Please read each statement and decide how much you *agree* with it.**

**If you are currently in a relationship that has lasted *one month or more*, answer about that relationship.**

**If you have been in a relationship that has lasted *one month or more* (but are not now), answer about the most recent relationship.**

- |   | Strongly Disagree |   |   | Strongly Agree |
|---|-------------------|---|---|----------------|
| 79. I know my partner cares for me, even when we disagree               | 1                 | 2 | 3 | 4              |
| 80. It drives me crazy when my partner is more than a few minutes late. | 1                 | 2 | 3 | 4              |
| 81. When my partner picks a fight with me, I fight back.                | 1                 | 2 | 3 | 4              |
| 82. When my partner won't give in, I get furious.                       | 1                 | 2 | 3 | 4              |
| 83. I often take what my partner says personally.                       | 1                 | 2 | 3 | 4              |
| 84. My partner believes I have a short fuse.                            | 1                 | 2 | 3 | 4              |
| 85. I am responsible when I lose my temper with my partner.             | 1                 | 2 | 3 | 4              |
| 86. I can feel my blood rising when I start to get mad at my partner.   | 1                 | 2 | 3 | 4              |
| 87. Taking a break from my partner is a good way for me to calm down.   | 1                 | 2 | 3 | 4              |
| 88. When my partner is around, I feel like a bomb waiting to explode.   | 1                 | 2 | 3 | 4              |
| 89. I often use exercise to calm down when I'm angry at my partner.     | 1                 | 2 | 3 | 4              |
| 90. I prefer to get out of the way when my partner hassles me.          | 1                 | 2 | 3 | 4              |
| 91. It is my partner's fault when I get mad.                            | 1                 | 2 | 3 | 4              |



	Strongly Disagree	2	3	Strongly Agree
92. When my partner is nice to me I wonder what my partner wants.	1	2	3	4
93. No matter how angry I am, I am responsible for my behavior toward my partner.	1	2	3	4
94. When my partner provokes me, I have a right to fight back.	1	2	3	4
95. I can feel in my body when I'm starting to get mad at my partner.	1	2	3	4
96. My partner does things just to annoy me.	1	2	3	4
97. When my partner criticizes me I remind myself that I am a good person.	1	2	3	4
98. There is nothing I can do to control my feelings when my partner hassles me.	1	2	3	4
99. My partner is rude to me unless I insist on respect.	1	2	3	4
100. When my partner gets angry at me, I think my partner had a bad day.	1	2	3	4
101. When I feel myself getting angry at my partner, I am able to take steps to calm down.	1	2	3	4
102. My partner likes to make me mad.	1	2	3	4
103. When my partner annoys me, I blow up before I even know that I am getting angry.	1	2	3	4
104. I try not to assume the worst or jump to conclusions when my partner and I disagree.	1	2	3	4

**STOP! PLEASE SWITCH TO ANSWER SHEET 2 (STAMPED IN RED INK AT THE TOP OF THE ANSWER SHEET) WHEN ANSWERING THE REST OF THESE QUESTIONS.**

	Strongly Disagree	2	3	Strongly Agree
1. Before I let myself get really mad at my partner I think about what will happen if I lost my temper	1	2	3	4
2. I recognize when I am beginning to get angry at my partner.	1	2	3	4
3. I am able to remain calm and not get angry at my partner.	1	2	3	4
4. I can usually tell when I am about to lose my temper at my partner.	1	2	3	4
5. I take time out as a way to control my anger at my partner.	1	2	3	4
6. I take a deep breath and try to relax when I'm angry at my partner.	1	2	3	4
7. I can set up a time out period during an argument with my partner.	1	2	3	4
8. It is important for me to act on my feelings of anger at my partner.	1	2	3	4
9. When I feel myself getting angry at my partner I try to tell myself to calm down.	1	2	3	4

- |  |   |   |   |   |
|--|---|---|---|---|
| 10. I often think of something pleasant to keep from thinking about my anger at my partner.              | 1 | 2 | 3 | 4 |
| 11. I find it impossible to take a deep breath and count to ten when I'm really upset at my partner.     | 1 | 2 | 3 | 4 |
| 12. When I'm angry at my partner, I try to handle my feelings so no one gets hurt.                       | 1 | 2 | 3 | 4 |
| 13. If I keep thinking about what made me mad, I get angrier.  | 1 | 2 | 3 | 4 |
| 14. When arguing with my partner, I often raise my voice.  | 1 | 2 | 3 | 4 |
| 15. I do something to take my mind off my partner when I'm angry.  | 1 | 2 | 3 | 4 |
| 16. I am even tempered with my partner.  | 1 | 2 | 3 | 4 |
| 17. When I'm mad at my partner, I say what I think without thinking of the consequences.                 | 1 | 2 | 3 | 4 |
| 18. As long as I keep my cool, I am able to keep from getting angry at my partner.                       | 1 | 2 | 3 | 4 |
| 19. When my partner's voice is raised, I don't raise mine  | 1 | 2 | 3 | 4 |
| 20. My partner thinks I am very patient.   | 1 | 2 | 3 | 4 |
| 21. I can calm myself down when I am upset with my partner.  | 1 | 2 | 3 | 4 |
| 22. When I feel myself starting to get angry at my partner, I try to stick to talking about the problem. | 1 | 2 | 3 | 4 |

**If you are currently in a relationship that has lasted *one month or more*, answer about that relationship.**

**If you have been in a relationship that has lasted *one month or more (but are not now)*, answer about the most recent relationship.**

1=NEVER

2=RARELY

3=OCCASIONALLY

4=FREQUENTLY

5=VERY FREQUENTLY

6=NOT APPLICABLE

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 23. I called my partner names.  | 1 | 2 | 3 | 4 | 5 | 6 |
| 24. I swore at my partner.  | 1 | 2 | 3 | 4 | 5 | 6 |
| 25. I yelled and screamed at my partner.  | 1 | 2 | 3 | 4 | 5 | 6 |
| 26. I treated my partner like an inferior.  | 1 | 2 | 3 | 4 | 5 | 6 |
| 27. I monitored my partner's time and made him/her account for his/her whereabouts.                         | 1 | 2 | 3 | 4 | 5 | 6 |
| 28. I used my partner's money or made important financial decisions without talking to my partner about it. | 1 | 2 | 3 | 4 | 5 | 6 |

<p><b>PLEASE GO ON TO THE NEXT PAGE OF QUESTIONS. STAY ON ANSWER SHEET 2 (STAMPED IN RED INK).</b></p>
--

1=NEVER

2=RARELY

3=OCCASIONALLY

4=FREQUENTLY

5=VERY FREQUENTLY

6=NOT APPLICABLE

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 29. I was jealous or suspicious of my partner's friends.                  | 1 | 2 | 3 | 4 | 5 | 6 |
| 30. I accused my partner of having an affair with another man/woman.      | 1 | 2 | 3 | 4 | 5 | 6 |
| 31. I interfered in my partner's relationships with other family members. | 1 | 2 | 3 | 4 | 5 | 6 |
| 32. I tried to keep my partner from doing things to help him/herself.     | 1 | 2 | 3 | 4 | 5 | 6 |
| 33. I restricted my partner's use of the telephone.                       | 1 | 2 | 3 | 4 | 5 | 6 |
| 34. I told my partner that his/her feelings were irrational or crazy.     | 1 | 2 | 3 | 4 | 5 | 6 |
| 35. I blamed my partner for my problems.                                  | 1 | 2 | 3 | 4 | 5 | 6 |
| 36. I tried to make my partner feel crazy.                                | 1 | 2 | 3 | 4 | 5 | 6 |

PLEASE GO ON TO THE NEXT SET OF QUESTIONS. STAY ON ANSWER SHEET  
2 (STAMPED IN RED INK).

## RELATIONSHIP BEHAVIORS

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please mark how many times you did each to these things **in the past year**, and how many times your partner did them **in the past year**. If you or your partner did not do one of these things in the past year, but it happened before that, mark a “8” on your answer sheet for that question. If it never happened, mark an “1” on your answer sheet.

### HOW OFTEN DID THIS HAPPEN?

1 = NO, THIS HAS NEVER HAPPENED

2 = ONCE IN THE PAST YEAR

3 = TWICE IN THE PAST YEAR

4 = 3 - 5 TIMES IN THE PAST YEAR

5 = 6 - 10 TIMES IN THE PAST YEAR

6 = 11 - 20 TIMES IN THE PAST YEAR

7 = MORE THAN 20 TIMES IN THE PAST YEAR

8 = NOT IN THE PAST YEAR, BUT IT DID HAPPEN BEFORE

- |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| 37. I showed my partner I cared even though we disagreed.                       | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 38. My partner showed care for me even though we disagreed.                     | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 39. I explained my side of a disagreement to my partner.                        | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 40. My partner explained his or her side of a disagreement<br>to me.            | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 41. I insulted or swore at my partner.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 42. My partner did this to me.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 43. I threw something at my partner that could hurt.                            | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 44. My partner did this to me.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 45. I twisted my partner's arm or hair.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 46. My partner did this to me.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 47. I had a sprain, bruise, or small cut because of a fight<br>with my partner. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

48. My partner had a sprain, bruise, or small cut because  
of a fight with me. 1 2 3 4 5 6 7 8
49. I showed respect for my partner's feelings about an issue. 1 2 3 4 5 6 7 8
50. My partner showed respect for my feelings about an issue. 1 2 3 4 5 6 7 8
51. I made my partner have sex without a condom. 1 2 3 4 5 6 7 8
52. My partner did this to me. 1 2 3 4 5 6 7 8
53. I pushed or shoved my partner. 1 2 3 4 5 6 7 8
54. My partner did this to me. 1 2 3 4 5 6 7 8

**PLEASE GO ON TO THE NEXT PAGE OF QUESTIONS. STAY ON ANSWER SHEET 2  
(STAMPED IN RED INK).**

**HOW OFTEN DID THIS HAPPEN?**

1 = NO, THIS HAS NEVER HAPPENED

2 = ONCE IN THE PAST YEAR

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5 = 6 - 10 TIMES IN THE PAST YEAR

6 = 11- 20 TIMES IN THE PAST YEAR

7 = MORE THAN 20 TIMES IN THE PAST  
YEAR

8 = NOT IN THE PAST YEAR, BUT IT DID HAPPEN  
BEFORE

55. I used force (like hitting, holding down, using a weapon) to  
make my partner have oral or anal sex. 1 2 3 4 5 6 7 8
56. My partner did this to me. 1 2 3 4 5 6 7 8
57. I used a knife or a gun on my partner. 1 2 3 4 5 6 7 8
58. My partner did this to me. 1 2 3 4 5 6 7 8
59. I passed out from being hit on the head by my partner  
during a fight. 1 2 3 4 5 6 7 8
60. My partner passed out from being hit on the head in a  
fight with me. 1 2 3 4 5 6 7 8

- |  |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|
| 61. I called my partner fat or ugly.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 62. My partner called me fat or ugly.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 63. I punched or hit my partner with something that could hurt.                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 64. My partner did this to me.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 65. I destroyed something belonging to my partner.                             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 66. My partner did this to me.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 67. I went to a doctor because of a fight with my partner.                     | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 68. My partner went to a doctor because of a fight with me.                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 69. I choked my partner.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 70. My partner did this to me.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 71. I shouted or yelled at my partner.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 72. My partner did this to me.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 73. I slammed my partner against a wall.                                       | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 74. My partner did this to me.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 75. I said that I was sure we could work out a problem.                        | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 76. My partner was sure that we could work it out.                             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 77. I needed to see a doctor because of a fight with my partner, but I didn't. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 78. My partner needed to see a doctor because of a fight with me, but didn't.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 79. I beat up my partner.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 80. My partner did this to me.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

**PLEASE GO ON TO THE NEXT SET OF QUESTIONS. STAY ON ANSWER**

**SHEET 2 (STAMPED IN RED INK).**

**HOW OFTEN DID THIS HAPPEN?**

1 = NO, THIS HAS NEVER HAPPENED

2 =ONCE IN THE PAST YEAR

3 = TWICE IN THE PAST YEAR

4 = 3 - 5 TIMES IN THE PAST YEAR

5 = 6 - 10 TIMES IN THE PAST YEAR

6 = 11- 20 TIMES IN THE PAST YEAR

7 = MORE THAN 20 TIMES IN THE PAST

YEAR BEFORE

8=NOT IN THE PAST YEAR BUT IT

DID HAPPEN BEFORE

81. I grabbed my partner	1	2	3	4	5	6	7	8
82. My partner did this to me	1	2	3	4	5	6	7	8
83. I used force (like hitting, holding down, or using a weapon) to make my partner have sex.	1	2	3	4	5	6	7	8
84. My partner did this to me.	1	2	3	4	5	6	7	8
85. I stomped out of the room or house or yard because of a disagreement with my partner.	1	2	3	4	5	6	7	8
86. My partner did this to me.	1	2	3	4	5	6	7	8
87. I insisted on sex when my partner did not want to (but did not use physical force).	1	2	3	4	5	6	7	8
88. My partner did this to me.	1	2	3	4	5	6	7	8
89. I slapped my partner.	1	2	3	4	5	6	7	8
90. My partner did this to me.	1	2	3	4	5	6	7	8
91. I had a broken bone from a fight with my partner.	1	2	3	4	5	6	7	8
92. My partner had a broken bone from a fight with me.	1	2	3	4	5	6	7	8
93. I used threats to make my partner have oral or anal sex.	1	2	3	4	5	6	7	8
94. My partner did this to me.	1	2	3	4	5	6	7	8
95. I suggested a compromise to a disagreement.	1	2	3	4	5	6	7	8
96. My partner suggested a compromise.	1	2	3	4	5	6	7	8
97. I burned or scalded my partner on purpose.	1	2	3	4	5	6	7	8
98. My partner did this to me.	1	2	3	4	5	6	7	8
99. I insisted my partner have oral or anal sex (but did not use physical force).	1	2	3	4	5	6	7	8
100. My partner did this to me.	1	2	3	4	5	6	7	8
101. I accused my partner of being a lousy lover	1	2	3	4	5	6	7	8

102. My partner accused me of this.	1	2	3	4	5	6	7	8
103. I did something to spite my partner	1	2	3	4	5	6	7	8
104. My partner did this to me.	1	2	3	4	5	6	7	8
105. I threatened to hit or throw something at my partner	1	2	3	4	5	6	7	8
106. My partner did this to me.	1	2	3	4	5	6	7	8
107. I felt physical pain that still hurt the next day because of a fight we had.	1	2	3	4	5	6	7	8
108. My partner still felt physical pain the next day because of a fight we had.	1	2	3	4	5	6	7	8

**HOW OFTEN DID THIS HAPPEN?**

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YEAR

8 = NOT IN THE PAST YEAR BUT IT DID  
HAPPEN BEFORE

109. I kicked my partner.	1	2	3	4	5	6	7	8
110. My partner did this to me.	1	2	3	4	5	6	7	8
111. I used threats to make my partner have sex.	1	2	3	4	5	6	7	8
112. My partner did this to me.	1	2	3	4	5	6	7	8
113. I agreed to try a solution to a disagreement my partner suggested.	1	2	3	4	5	6	7	8
114. My partner agreed to try a solution I suggested.	1	2	3	4	5	6	7	8

**THANK YOU VERY MUCH FOR PARTICIPATING IN THIS STUDY**





## **Appendix B**

### **Participant Informed Consent**

**Title of the Study:** College Student Dating Relationships: A Quantitative Analysis of Male Perpetrators of Physical and Emotional Abuse

**Investigators:** This is a two-part study, the first part is being conducted by Dr. Sandra Stith, and the second part is being conducted by Kirsten Lundeberg, a candidate for a master's degree in the Marriage and Family Therapy at the Virginia Polytechnic Institute and State University. Her advisor is Dr. Stith. Ms. Lundeberg can be reached at (703) 538-8470.

#### **I. Study Purpose**

The purpose of this study is to examine the factors that differentiate individuals who are neither physically or emotionally abusive from those who are physically abusive and from those who are emotionally abusive (but not physically abusive). This study will be made available to those undergraduate male and female students at Virginia Tech in Blacksburg whose professors allow a class period to be devoted to the administration of the instrument packet.

#### **II. Procedures**

In agreeing to participate in this study, you have given your consent to the researchers named above to allow us to administer a questionnaire related to your dating relationships. The researchers and a research assistant may be present during the class session in order to briefly explain the study and the logistics of participation. The anonymity and confidentiality of the study will be clearly explained, as well as the fact that participation is completely voluntary, so that even after you begin the questionnaire, you may choose to withdraw from participation at any time. Participants will remain in the classroom while the questionnaire is being completed, which should take approximately 45 minutes.

#### **III. Risks**

Because of the personal nature of some of the questions, we have included a list of resources in the Blacksburg area, as well as contact information for both investigators, should you have any concerns or questions as a result of your participation in this study.

#### **IV. Benefits of the Project**

By participating in this study, you are helping us to develop an instrument to assess individuals' anger management skills. In addition, you are helping us to understand some of the complex issues involved in dating relationships, which may help us when working in a clinical setting with couples involved in dating relationships.

#### **V. Confidentiality**

All information that you provide to us through this study is completely anonymous and confidential. We ask that you do NOT put your name or any other identifying

information on the answer forms or the questionnaire. The only people who will have access to your anonymous responses will be the investigators named above, the organization that electronically scores your answer sheets, and a graduate research assistant in Northern Virginia.

**VI. Compensation**

There will be no monetary compensation or other guarantee of benefits for your participation in this study.

**VII. Freedom to Withdraw**

Your participation in this study is completely voluntary. You may withdraw from participation at any time without penalty, and you may choose not to participate at all without any penalty.

**VIII. Approval of Research**

This research has been approved, as is required, by the Institutional Review Board for projects involving human subjects at Virginia Polytechnic Institute and State University.

**XI. Participant's Responsibilities**

I have read and understand the Informed Consent and the conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent for participation in this project.

If I participate, I may withdraw at any time without penalty. I agree to abide by the rules of this project.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Should I have any questions about this research, I will contact:

Dr. Sandra Stith  
Principal Investigator/  
Research Advisor  
(703) 538-8460

Kirsten Lundeberg  
Investigator  
(703) 538-8470

Dr. H.T. Hurd, Chair,  
IRB Research Division  
(540) 231-9359

## VITA

### **KIRSTEN MARIE LUNDEBERG**

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#### **EDUCATION:**

**Virginia Polytechnic Institute & State University**, Falls Church, VA  
M.S., Family and Child Development, September 1999

**Cornell University**, Ithaca, NY  
B.S., Human Development and Family Studies, May 1993

#### **CLINICAL EXPERIENCE:**

**Family Therapist Intern** *September 1997 – May 1999*  
*Center for Family Services, Virginia Polytechnic Institute & State University*  
*Falls Church, VA*  
Performed systemic, competency-based therapy under AAMFT Approved Supervisors. Have worked with individuals, couples, and families with a variety of presenting problems. Have obtained over 500 client contact hours and over 300 hours of live supervision.

**Family Therapist Intern** *September 1998 – May 1999*  
*Fairfax County Juvenile & Domestic Relations Court*  
*Fairfax, VA*  
Performed Bowenian therapy with court-ordered families dealing with domestic violence or issues related to juvenile delinquency. Wrote monthly status reports for the court system on family histories, therapeutic goals, and therapeutic progress. Conducted intensive family interviews in order to write and present interdisciplinary team (IDT) reports. Co-facilitated Couples Conflict Resolution Course.

**Anger Management Group Facilitator** *January 1998 – January 1999*  
*Center for Family Services, Virginia Polytechnic Institute & State University*  
*Falls Church, VA*  
Co-facilitated 12-week men's anger management groups and women's anger management/support groups based on the Amherst H. Wilder Foundation model for court-ordered and self-referred men and women.

#### **RESEARCH EXPERIENCE:**

**Graduate Research Assistant** *August 1996 – September 1999*  
Research assistant and manager of three-year National Institute of Mental Health (NIMH) grant for a manualized couples counseling program for couples dealing with mild to moderate levels of domestic violence. Coordinated and conducted client intakes and assessments of couples; coordinated men's anger management programs; conducted qualitative interviews with the clients and therapists; assisted with qualitative and quantitative data entry. Co-authored paper on meta-analysis of the intergenerational

transmission of family violence. Co-authored paper on qualitative evaluation of couples treatment of spouse abuse.

**Researcher and Teaching Assistant**

*September 1992 – May 1993*

*Cornell University, Ithaca, NY*

Co-authored study guide published by HarperCollins to accompany Psychology & Life textbook by Dr. Philip Zimbardo of Stanford University. Assisted with research and writing of book on effective sleep strategies. Teaching assistant for 2,000-person undergraduate introductory psychology course each fall. Tutored students as needed; developed examination questions; proctored examinations.

**RESEARCH PUBLICATIONS:**

Stith, S.M., Rosen, K.H., Busch, A., Middleton, K.A., and Lundeberg, K.M. The intergenerational transmission of spouse abuse: A meta-analysis (in press).

**PROFESSIONAL ORGANIZATIONS:**

**STUDENT MEMBER**

*1997 - present*

American Association of Marriage and Family Therapy

