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**WOMEN AND VIOLENCE: UNDERSTANDING WOMEN WHO DEFEND
AND AGGRESS IN THE CONTEXT OF A VOLATILE SITUATION**

Committee:

Cynthia Franklin

Dexter Freeman

Noel Busch

Dorie Gilbert

Calvin Streeter

**WOMEN AND VIOLENCE: UNDERSTANDING WOMEN WHO DEFEND
AND AGGRESS IN THE CONTEXT OF A VOLATILE SITUATION**

by

Sheila R. Adams, BSW, MSW

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The purpose of the study was to determine, using inter-rater reliability to evaluate projective (vignettes) and typical responses (real situations), if women used physical violence aggressively or non-aggressively and to examine behavioral and psychological characteristics specific to each group. Aggressive violence was conceptualized as violence that is used when there is no indication that violent behaviors are defensive in nature. The results of the study revealed that most of the women indicated, through their projective responses, that violence toward an intimate partner was often aggressive. A relationship was established between projective responses and typical responses for the women in the aggressive and non-aggressive groups, suggesting that projective responses did not differ from how the women would generally use violence in their relationship toward an intimate partner. For example, if a woman was categorized as using aggressive violence in response to the vignettes, it was more likely that her typical responses were categorized as aggressive as well. As a result, violent actions were viewed as aggressive most of the time.

The women in this study indicated that the impact of past violence experienced was often minor to moderate and did not affect their mental and physical functioning. Violence toward an intimate partner was more likely to occur than violence toward other family members or non-family members according to the women that participated. The MCMI III was used to evaluate personality and clinical syndromes. The results indicated that the women in the aggressive and defending group did not differ significantly according to scale scores that were in the clinical range. However, women in the aggressive group on average had higher scores across most of the subscales of the MCMI III.

The logistic regression results revealed that women who were identified as aggressive were more likely to exhibit more antisocial characteristics than women in the non-aggressive group. The women in the aggressive group were also more likely to have increased aggression tendencies in familial and non-familial relationships than women who were in the non-aggressive group. Study implications for research, clinical practice, policy, and building theory are discussed.

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CHAPTER I

INTRODUCTION

Women who are physically violent in intimate partner relationships is a controversial and neglected subject. Over the past thirty years researchers have repeatedly explored various issues associated with men who batter, and child and wife abuse. In comparison, there is very little research on the correlates of women who use violence in their intimate partner relationships (Adams, 2000 & Halford, Sanders & Behrens, 2000). Although researchers have sporadically explored women and violence, particularly over the past ten years, there is still a dearth of information on the subject.

One of the first researchers to recognize the issue of women who engage in violence was Steinmetz (1977-78). When she published her findings on the high prevalence rates of women who initiated violence and coined the phrase the “battered husband,” a new paradigm of domestic violence was revealed. Women and violence was an area that was undocumented before the late 1970s. After analyzing the 1975 National Family Violence Survey data on family violence, results revealed that the rate of wife-to-husband assault was about the same as husband-to-wife assault (Steinmetz, 1977/78). However, the study did not explore the context and motivations for their violence. As a result, controversy immediately began to surround this issue. Women who were part of or supported the women’s movement were troubled by Steinmetz’s findings. In 1970, they were instrumental in identifying the issues of wife abuse (Hampton, Gullotta, Adams, Potter & Weissberg, 1993). Steinmetz’s findings challenged the women’s movement fight to end the

victimization of women. Despite Steinmetz's findings, feminists maintained that women were oppressed in a male dominated society that minimized women societal contributions. They espoused that women used violence as a means of self-defense. Consequently, it has been suggested that spousal violence is an epidemic of husbands who batter wives (Yllo, 1988).

For a number of years, after introducing the idea that men were battered, the issue was carefully avoided (Straus, Gelles and Steinmetz, 1980). This occurred because intimate partner violence was mostly perpetrated by men (Strauss, 1989; and). After the 1985 National Family Violence Survey (NFVS) the issue of violent women was investigated and other possible motives were explored. This study produced surprising results about violent women in relationships. The frequency rate of wife-to-husband assault was slightly higher than the rate of husband-to-wife assault. Researchers were prompted to broaden the scope of research on intimate violence to include women offenders (Strauss and Gelles, 1986, 1990).

Since the onset of Steinmetz's discovery, other researchers have also explored the frequency in which women engage in violence with their partners. Studies reveal that women initiate violence at astonishing high rates (Brush, 1991; Straus & Kaufman Kantor, 1994; Morse, 1995; & Murphy, Stevens, McGrath, Wexler & Reardon, 1998).

For several reasons the subject of female violence has not captured the attention of the public or professionals. First, the reported high rates of violent behavior by women are often misleading when not understood in context (Dobash, Dobash, Wilson & Daly, 1992; and Cantos, Neidig & O'Leary, 1994). Second,

acknowledging that women are abusive and that they initiate violence as often as men may imply that there is no difference between the two offending parties (Adams, 2000). Third, this issue detracts from the more serious issues of women who are victimized and undermines the plight of women to combat female oppression (Adams, 2000). And fourth, although women initiate violence, they rarely cause injury, and the psychological effects of the violence are minimal (Adams, 2000). Although, these reasons offer valid points to consider when researching the violence of women, they do not offer evidenced-based explanations for why women commit violent acts nor do they provide specific characteristics of women who use violence to defend and those who use violence aggressively.

Conceptualization of Violent Action--Aggressive and Defending

Violent actions can be aggressive or defensive. To determine whether violent behavior is aggressive or defensive one must understand the context in which it occurs. This is the key to the assessment of the violent behavior and it allows for the recommendation of effective intervention strategies to be recommended (Hamlet, 1998). Research suggests that understanding the context in which violence occurs is critical because the act of initiation alone does not reveal whether violence is aggressive or defensive.

The literature on domestic violence indicates that women who use violent actions are either using violence as a form of self-defense or aggressively. Distinguishing whether violent behavior in intimate partner relationships is aggressive or defending is essential in understanding the focus of this research.

Aggression

Aggressive violence is conceptualized as physically violent behavior that is used deliberately when there is no evidence that the person responded in self-defense at the time violence was used (Snyder, Pitts, Pokorny, 1986; and Trestman, 1997). Ben-David (1993) suggests that the assessment of violent encounters by women should be limited to a given situation. The assessment of violent actions is individually evaluated. The assessment of each situation should be viewed in its context to determine whether actions are aggressive or defensive. Specifically, each time a woman engages in physical violence the context of each of those situations should be considered before determining that she is using aggressive or defending violence. Assessment outcomes may vary, but patterns of violent actions will be revealed. Depending on the woman, patterns may be mostly aggressive or defending or both.

An early definition by Baron (1977) reveals that aggression is physical behavior directed toward an individual who is attempting to avoid such treatment and Berkowitz (1962) notes that aggression is aimed at the injury of some object. A recent psychological definition is that “aggression is not (1) merely thinking, but physical or verbal action or inaction; (2) accidental or helpful intent gone awry, but deliberately intended to harm; or (3) consensual behavior between aggressor and victim, but directed at a living target wishing to avoid harm (Opatow, 2000).” Further, aggression takes on several forms, those specific to this research endeavor are *physical*- in assault and sexual abuse, *vigorous* attack, and *Instrumental*-as a means for of pursuing a specific goal, as an end in itself in sadistic or dominating

behavior. Felson (2000) specifically noted that interpersonal aggression is behavior that involves intent to harm--“if I do something to you that you would prefer to avoid, I have harmed you.” These authors go on to state that physical methods may include behaviors such as punching or kicking. Aggression is often used to refer to violence. Felson (2000) suggests that “violence refers to actions that involve physical means or produce physical harm.” Thus physical violence and aggression are often used interchangeably (Enron, 2000 & Felson, 2000).

Aggression vs. Self-Defense

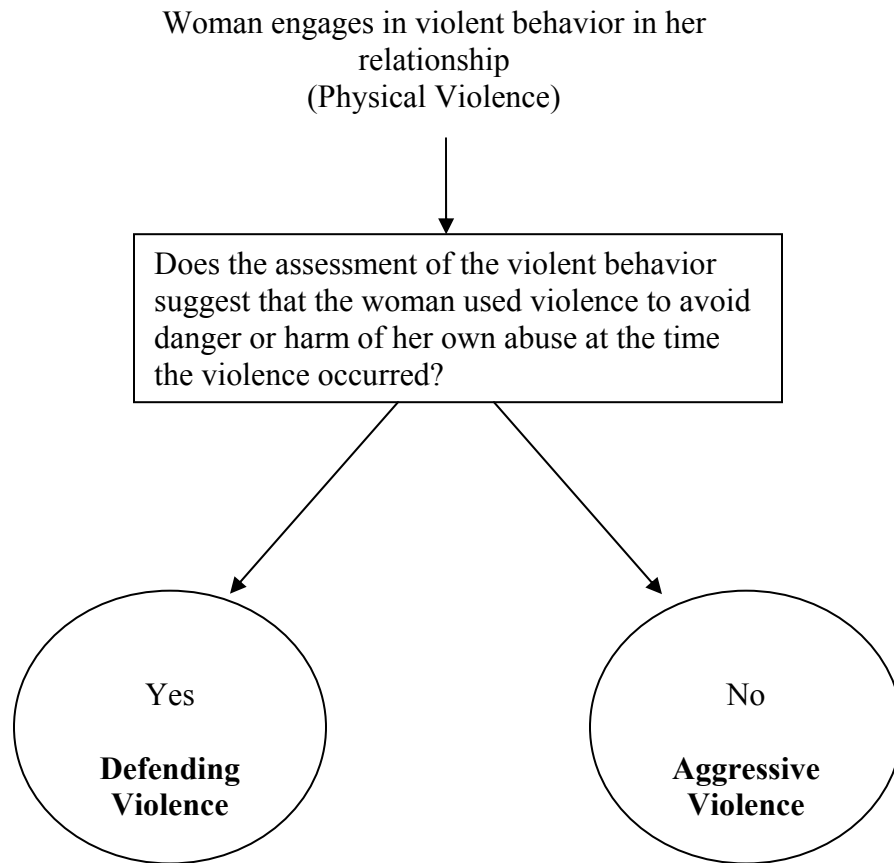
Lafave & Scott (1972) from the criminal law field offered a definition of self-defense

“One who is not the aggressor in an encounter is justified in using a reasonable amount of force against an adversary when one reasonably believes that (a) he is in imminent danger of unlawful bodily harm from an adversary and (b) that the use of such force is necessary to avoid this danger.”

This definition was referred to by Saunders (1986) as a means for understanding self-defense in the domestic violence field. Aggressive violence differs from self-defense when women use violence for reasons other than defending themselves when a physical encounter takes place. For the purposes of this research endeavor, aggression and self-defense will be referred to as aggressive and defending violent actions, respectively.

Figure 1.1 How to determine violent actions in the context of a specific violent encounter was developed for the purpose of this research to provide the reader with a clear depiction of how violent actions were determined.

FIGURE 1.1 - DETERMINING VIOLENT ACTIONS IN THE CONTEXT OF A SPECIFIC VIOLENT ENCOUNTER



Interest in the Problem

In my experience working in the field of domestic violence, I have noticed quite a few women who were violent towards their husbands, and many of them even initiated the violence. Social workers/service providers face a continuous struggle to differentiate between women who are aggressive and women who are using violence to defend. As a result, providers appeared to attempt to justify the woman's behavior as self-defense. My interest continued to grow in this area as I learned more about women and violence. Particularly, I've been interested in understanding the difference between women who use violence aggressively and those who use violence to defend themselves. Much of the literature supports the notion that women use violence as a defense mechanism in their intimate partner relationships. Although a number of conclusions about women using violence in self-defense have been drawn, the empirical support for the self-defense rationale falls short. There is very little information on understanding women and their violent actions. In addition, typologies about violent women are limited or non-existent. .

Although the self-defense rationale is valid and supported by this author, there are times when a woman might use violence toward her partner even though she has not been physically provoked. Researchers who are strong supporters of the self-defense theory conclude that this is a rare phenomenon. However, a recent study conducted by this author suggests that some domestic violence professionals believe otherwise (Adams & Freeman, 2002). In this study, professionals working in the field of domestic violence were asked if they have encountered women that initiate violence when there was no apparent history of abuse by their partners, and sixty-nine

percent (n=157) of the participants reported that they had encountered women who initiate violence. Moreover, participants further concluded that their contact with women who initiate violence was a frequent occurrence. Sixty-one percent (n=137) of the professionals reported that assessment guidelines are needed so that accurate assessments of violent actions can be determined. This exploratory study investigates violent actions further.

In reviewing the literature, it was also evident that women who are violent in intimate partner relationships do not receive the same attention as other areas of domestic violence. My professional experience and research have inspired me to explore women who are violent. My overall goal is to identify characteristics or typologies of women who aggress to see whether they are different from women who use violence to defend themselves. Understanding violent actions in their context and identifying characteristics of women who use violence will provide insight for professionals seeking to understand women and violence and begin to identify specific treatment areas, thus ensuring that the delivery of services is appropriate.

More importantly, professionals working in the field of domestic violence, encounter violent women just as they encounter violent men. It is essential that professionals understand that there may be different behavioral and psychological characteristics for these women depending on whether they are using violence aggressively or defensively. The more professionals and researchers neglect this issue; the general message that is conveyed is that the needs of violent women, in intimate partner relationships and society in general, are not worthy of being

addressed. In addition, there is more of an opportunity for their actions to be misinterpreted.

Given that the research on women who use violence in their intimate partner relationships is very limited and clinical evidence suggests that this is a growing concern, there is a need to gather more empirical data. Additional, research will help professionals; particularly in the clinical sector, adapt assessment and/or treatment plans based on identified violent actions.

Statement of the Problem

The research on women who are violent in intimate partner relationships is not as extensive as that of men who are violent. The research that exists suggests that women engage in violence at alarming high rates. In some cases their prevalence rates are equal and sometimes higher than men (Morse, 1993). The prevalence rate of violence by men and women has been well documented in a number of studies. Studies conducted in clinical, national and crime studies are consistent in showing that women in intimate partner relationships engage in physical acts of violence. Although the rates of violence have revealed the frequency in which women engage in violence, they have fallen short in explaining violent actions and identifying specific characteristics of women who engage in violence. Thus, defining violent behavior based on the number of acts initiated does not explain the context in which violence was initiated or the degree of injury (Stets & Straus, 1990, p. 151), nor does it help us differentiate between defending or aggressive violent actions. When the rates of violence are not viewed in context of individual respondents, the explanation of that violent behavior is often misunderstood (Dobash et al, 1992).

Many professionals working in the field of domestic violence have inquired about issues related to violence by women. Despite their repeated inquiries, there has not been any training available to understand women and their violent behaviors. A few conferences over the past five years have provided an overview of various research endeavors dealing with this population. In addition, the army has incorporated a basic introduction course on understanding women and violence. What's important to understand is that professionals working in the field of domestic violence encounter women who are violent just as they do men. Unfortunately, training appears to be inadequate for professionals working with women who are violent in intimate partner relationships. Professionals' skills are often limited to understanding issues related to victimization. It was not surprising that a large percentage of professionals report difficulty in their abilities to assess women who use violence in their intimate partner relationships (Adams & Freeman, 2002).

Wolfe (1994) argues, and illustrates through case vignettes, that violence by young girls is increasing and is a response to anger or their own abuse (Wolfe, 1994). Consistent with the latter, many authors assert that violence by women is in self-defense (DeKeseredy, Saunders, Schwartz & Alvi, 1997; Hamberger & Potente, 1994; Saunders, 1986). This phenomenon is worth exploring and understanding from the perspective of women. This research expands the available literature on women who use violence in their intimate partner relationships by going beyond prevalence rates and assessing if women are more likely to use aggressive or defending violence toward their partners. In addition, this study seeks to identify behavioral and

psychological characteristics that are specific to women who use aggressive and defending forms of violence.

Purpose of Study

This study provides empirical support for understanding characteristics of women who use violence in their intimate partner relationships. Based on the literature, women who use violence in their relationships use violence to defend or aggress against their partners. Much of the literature in the domestic violence field focuses on defensive actions and rarely discusses aggressive violence by women. This study seeks to expand the literature base by exploring behavioral and psychological characteristics of violent women in heterosexual relationships who defend and aggress against their male partners. Violence has been conceptualized through the understanding of popular theories of violence.

Major Hypotheses

The central underpinning of this research endeavor is that women who will use aggressive forms of violence to resolve relational conflict differ from women who will choose not to use aggression. It is hypothesized that women who use aggressive forms of violence will exhibit more antisocial personality characteristics, report a more severe history of past victimization in and out of the home, score higher on the stress index, engage in more alcohol use/abuse and exhibit more aggression tendencies than those women who do not choose use aggression to resolve relationship conflict.

In addition, it is hypothesized that the projective responses regarding violent actions, i.e. aggressive or non-defensive will be consistent with typical responses.

Specifically, the women in the non-aggressive group will more likely use violence to defend themselves and women who are categorized in the aggressive group will more likely use violence aggressively. This study also reported findings on important descriptive variables.

No attempt was made to identify all the characteristics of women who use aggressive or defending violence. Nonetheless, clarifying different characteristics that are specific to each group allows clinicians to develop intervention programs.

Plan of Chapters

There are five chapters included in this dissertation. Chapter I provided an overview of the importance of the study and include a conceptual definition for violent actions. Chapter II contains a review of literature related to women and violence. The primary focus of this chapter is to review patterns of violent behavior by women across different settings, and reveal controversies related to women and intimate partner violence. Chapter III reveals the description of the study design, including the populations surveyed, sampling methods, research hypotheses, psychometric instrumentation as well as the data analysis procedures for evaluating outcomes. The results of the study are included in Chapter IV and Chapter V is a discussion of the findings as it relates to women and intimate partner violence.

CHAPTER II

REVIEW OF LITERATURE

Introduction

The review of the literature on women and physical violence reveals that this issue has been sporadically addressed over the years. However, the research that has been conducted in this area provides a basis for exploring this issue further. This section will examine demographic, clinical and crime studies that include rates of violence by women. Rates of violent behavior in this review refer to acts of physical violence initiated by women in their intimate partner relationships. This review also summarizes the literature on the current controversies on women who are violent in intimate partner relationships, provides an overview of theoretical perspectives related to violence and discuss important variables. The review of the literature should be viewed in the context of understanding women and violence only.

Patterns of Violent Behavior by Women

National Studies

To realize the importance of exploring women and violence, there has to be an understanding of the pervasiveness of the problem. There are several existing studies that reveal the violent patterns of women; these studies consistently show the same results. The National Family Violence Survey (NFVS) was the first national study that detected the high rates of violence by women in intimate partner relationships (Strauss & Gelles, 1986). The methodology used for measuring violence (Conflict

Tactic Scale - CTS) in this study is widely recognized, it has become a common tool for researchers investigating intimate partner violence. Other studies that have researched intimate partner violence have used either the CTS or a similar method. The CTS has been the subject of debate since the onset of its use because the instrument is limited in its ability to capture physical violence in its context.

The NFVS set the foundation for research on spouse abuse and measured physical violent behaviors such as: throwing something at spouse; pushing, grabbing, hitting with a fist, threatening and using knife or gun (Strauss, 1990). The study included responses from 2,143 males and females, co-habiting or married. The respondents reported on their violent behavior as well as their partners. In 1985 a follow-up study on 6,002 couples re-affirmed the high prevalence of violence by women in intimate partner relationships. For example, wife-to-husband minor assaults were 78 per 1,000 couples compared to 72 minor acts per 1,000 couples committed by men. Severe assaults by wives in 1985 were slightly less than assaults by husbands. Studies in the past ten years have consistently revealed that the rate of wife-to-husband assault is equal (Brush, 1990) and sometimes higher (Morse, 1993; and Wilson & Daly, 1992) than the rate of husband-to-wife assault. From 1975 to 1992 female-to-male domestic violence remained constant while the rate of male-to-female violence has declined (Straus, M. and Kaufman Kantor, G, 1994).

Morse (1993) revealed similar findings after analyzing the National Youth Survey (NYS) data on abusive behaviors of couples from 1983 to 1992. Respondents were from an initial national random sample in the United States of 1,725 respondents. Unlike the NFVS and others like it, one person per couple reported on

the violent behaviors of self and partner. Although overall violence for male-to-female and female-to-male declined, over the time period, the prevalence of violence in the home continued to be high. Female-to-male violence reached a high of 35% in 1989 and dropped to a low of 28% in 1992. In comparison to the male-to-female rate of violence for the same years, 28% and 20% respectively, the rate in which women engaged in minor and severe violent acts was considerably higher across all four years of the study. This study revealed a strikingly high rate of violence for women.

What we know from the demographic (also known as community or representative) studies, where the husbands and wives responded, is that the most common response from both is that there was a mutual engagement of abuse by husband and wife (Brush, 1990; Magdol, Caspit, Newman, Fagan, & Silva, 1997). There are indications that mutual abuse increases the likelihood that women will increase their chances of victimization and injury (Straus & Gelles, 1990). Men typically are stronger, hit harder, and cause significantly more injury than females. So, even if the physical impact on the male is not severe, in that it does not cause injury, it puts her at risk of being injured. Another study, the National Survey of Family Households (NSFH), revealed that women were more likely to incur injury as a result of abuse, even when both men and women engaged in mutual abuse (Brush, 1990). Consistent with these findings, Straus & Gelles (1986) reported the same conclusions in their study. Furthermore, longitudinal studies provide interesting information on the violent behaviors of women. In one study, 272 couples who engaged in violence were followed for two years after their marriage. The outcome of that study indicated that men and women reported similar rates of aggression

against their mates. Interestingly, the violence that they engaged in tended to be minor to moderate. In addition, the rates of violent behavior remained constant regardless of who was reporting (O’Leary, Barling, Arias, Rosenbaum & Malone, 1989). A recently published longitudinal investigation by Magdo et. al. (1997), revealed that women had a significantly higher rate of intimate partner violence than men in all areas researched: 35.8% and 21.8% respectively for minor assaults of violence; 18.6% and 5.7% respectively for severe acts of violence; 94.6% and 85.8% for verbal aggression. Overall, the sex differences in offending rates showed that women were more likely to engage in a higher rate of any violence—(37.2% of the time) as compared to men (21.8%).

Crime Studies

In contrast, the National Crime Survey (NCS) revealed drastically low rates of violence by women as compared to other national surveys (Gaquin, 1977-78). The Department of Justice by the Bureau of the Census surveyed 60,000 households annually from 1973-75. When Gaquin (1977-78) published findings on female violence, surprisingly, the results were extremely lower than other studies on couple’s violence. Spousal violence for husbands compared to wives was 3.9 per 1,000 and 0.3 respectively. In comparison, the NFVS in 1985 revealed a much higher prevalence of violence by wives. The rate for minor assaults for wives-to-husbands was 124 per 1,000 couples compared to 116 per 1,000 assaults by husbands. The severe acts of violence for the same study were higher for men, but the difference was not statistically significant. The study differences can be attributed to variances in research methodology. It has been suggested that the respondents may have felt

intimidated or feared retaliation for disclosing the truth to someone conducting a study titled “crime survey” (Strauss, 1989).

What happens when violence by women becomes deadly? Kruttschnitt (1993) compared spousal homicide to other homicides perpetrated by women and found that women in non-familial homicides (non family members) were extremely lower (10%) than homicides in the home. This suggests that women kill their partners at a much higher rate than they commit homicide out of the home. Roberts (1996) revealed in study of 210 battered women that battered women who kill their mates do so only after they have encountered repeated brutal assaults, death threats failed in their attempts to escape. These findings support other research outcomes on battered women that suggest that they use aggressive violence when they see no other way out of an abusive relationship.

Clinical Studies

It has been a consistent view in the research clinical sector that men offend more often than women and that when women engage in violence with their partner that it is often in the interest of self-defense (Pagelow, 1981; Saunders, 1986). Studies that target shelters and agencies assisting battered women reveal different results in offending patterns of women and the circumstances describing their motivations are usually limited to self-defense. Saunders (1986) studied fifty-two battered women from five shelters and a counseling agency in the Midwest. Results from Saunders study were consistent with results from other clinical studies that targeted shelters and agencies assisting battered women. More than half the women in the study acknowledged committing minor and severe acts of violence, 50% and

50-60% each. However, 40% of the women who used severe forms of violence reported that their violent behaviors was self-defense; and 30% of the women that reported minor acts of violence indicated that their behavior was a result of self-defense. Only 3% of the women initiated most of the violent encounters 11% of the women that initiated violence said that the violent encounter was a result of their violent attacks. Similarly, Berk, Berk, Loseke & Rauma (1983) in a previous secondary analysis of police records revealed that women were the victims 95% of the time in domestic disturbances. Their conclusions were specifically a result of examining injurious outcomes.

An important caveat to stress here is that the prevalence rates in these studies do not adjust for the inequality of reporting patterns between men and women. Jouriles & O'Leary (1985) conducted a study on reliability of men and women reporting spousal violence. Results of the study showed that couples agreement about the occurrence of violence in their relationship was low to moderate in both clinical and community samples. As a result, it was concluded that men tend to underreport their use of violence. Consistent with the latter, Browning & Dutton (1986) found that husbands tend to view their violence as mutual whereas the wives tended to view their husbands as violent only. Additional findings in support of differential reporting between couples are documented in Stets & Straus (1990) where it is revealed that men tend to understate their violence, particularly in incidents where the violence is severe. Szinovac & Egle (1995) found that men underreport using violence and being subjected to violence and Edleson & Bryger, (1986) concluded that there are gender differences in reporting violent behaviors by couples as well.

In contrast, O'Leary et al (1989) found in their longitudinal study that during their follow up period that the rates of violence reported did not change regardless of who was reporting. Stets & Straus (1990) suggests that the differences may be due to the samples used, i.e. clinical vs. community samples.

Current Controversies

There is a consistent pattern emerging out of the demographic, clinical and crime studies published. Women increasingly are engaging in acts of violence. Understanding the violent behaviors of women has predominantly been explained by feminist and systemic researchers/theorists (Morse, 1995). The concern and continuous debate on the subject include discussions about understanding violent actions in the context in which it is used, the research methodologies used to measure their abusive behaviors and gender similarities/differences (Adams, 2000).

Violent Actions – Defensive or Aggressive

Context and motivation basically refers to understanding the dynamics of abuse that surrounds a particular abusive partner/couple in their present relationship. Wolfe (1994) argues, and illustrates through case vignettes, that violence by young girls is on the up-rise and is a response to anger or their own abuse. A study conducted in the late 1950s showed that women were seven times more likely than their mates to use violence in self-defense (Wolfgang, 1957). A review of clinical studies seems to support the idea that some violent behavior by women is a result of self- defense (Saunders, 1986; White & Koss, 1991). However, research on who hits first does not support the hypothesis that assaults by wives are solely acts of

retaliation or self-defense (Strauss, 1993). Supporting empirical data for the latter can be found in demographic studies (Strauss, 1986 and O'leary et al, 1989).

In contrast, understanding violent actions requires that researchers go beyond exploring the prevalence of violence (Yllo, 1988). Therefore, broadening the scope of domestic violence to include female offenders is necessary to understand their violent actions as well. Shupe, Stacey & Hazlewood (1987), offered three different categories to describe the motives of violent women in intimate partner relationships. Not surprisingly, the most common and widely accepted category is self-defense; the other two are instigator (women who use violence just as often as their partner) and sole perpetrator (women who use violence in their relationship even when their partner is not violent toward them). References to the latter are scarce in the literature. Explaining violent behavior by women primarily as self-defense, without exploring or acknowledging other violent actions, seems to undermine the importance of understanding women and violence in its totality. An overview of the studies cited above document the high rates of female-to-male violence but falls short of understanding their motives, delineating violent actions and identifying behavioral and psychological characteristics for women who use defending vs. aggressive violent actions.

Research Methods

To assess violent actions, qualitative measures are often encouraged. In this area of research, those that prescribe to a feminist perspective often stress qualitative methods. This approach primarily focuses on open-ended methods of data collection that are difficult to assess in larger samples (Yllo, 1988), but ideal for understanding

and explaining violent behavior. Straus (1993) indicates that qualitative studies are often common at the clinical level. Clinical studies are often drawn from police cases (Wilson et al, 1992; Kruttschnitt, 1993) and battered women's shelters' (Walker, 1984, & Saunders, 1986). Violent behavior by women in qualitative samples identifies abusive behaviors by women, as a result of self-defense. Straus (1993) further asserts that the disadvantage of this type of study is that it primarily focuses on the most extreme cases of domestic violence and does not include the community norm behaviors about abuse. Nevertheless, feminist and other researchers often dispute the "mutual violence" theory, focusing on the gender differences of injury (Berk et al, 1983, Wilson et al, 1992 & Cantos, Neidig & O'Leary, 1994). Research implications on programs and policies address interpersonal violence (violence by men) only (Berk et al, 1983). For example, treatment programs focus exclusively on issues related to wife abuse and rarely take into account that women may use violence aggressively at times.

On the other hand, quantitative research methods have thoroughly documented the high prevalence of violence by women in intimate partner relationships. It is a method that is commonly used among systemic researchers. Empirical evidence gathered from quantitative methods is retrieved from representative community samples (national studies, Straus & Gelles, 1986; and Straus & Gelles, 1990). This method is applied for the purposes of recognizing community norms on violent behavior. It does not target a specific group or population of family violence, but considers the violent behavior of each family member. Representative samples document a high number of minor forms of violent

behaviors. Severe assaults and injuries are proportionately small in numbers (Strauss, 1993). Study outcomes reveal a high prevalence of violent behaviors by men as well as women in intimate partner relationships. This is in contrast to clinical studies where the aggressor is predominately identified as the male. Although these studies typically discuss gender differences related to injurious outcomes and differences of power, they fall short in exploring the motivations for violent behaviors of women. Specifically, because evaluating violent actions and motives for this behavior requires more extensive interaction between interviewer and interviewee (Brush, 1990).

In keeping with Stets & Straus (1990), "There is no simple answer to the question of whether violence should be defined in terms of *assaultive acts* or *injuries*. When violence is measured by injuries, men are more violent. Which type of measure to use depends on whether the purpose is to provide information relevant for acute care services or relevant for primary prevention. If the purpose is to provide estimates of acute care needs, such as shelters and medical services, an injury-based measure is necessary. If however, the purpose is to provide information on primary prevention needs, the number of assaulted spouses, regardless of injury, is important."

Gender Similarities and Differences

As established earlier, there are clearly gender similarities in aggression for men and women. No related differences in aggression for women and men could be evidenced in two studies (Stets, 1990; & Eagley & Steffen, 1986). Consistent with other models on aggression (Berkowitz, 1962), men and women move from a state of no aggression to verbal aggression and then physical aggression. One exception to the latter was that women engaging in verbal aggression and minor physical aggression

are different in that their verbal and minor physical aggression should not be viewed as two distinct processes, they are interrelated (Stets, 1990). For example, if a wife slaps her husband during an argument out of frustration, the expression of frustration and the violent act are interrelated.

Eagley et al (1986) noted one important difference; women were less aggressive toward their partner if they perceived that they would be harmed as a result. Similar gender characteristics of aggression were identified for men and women offenders in a clinical study as well (Shupe et al, 1987). Women appeared to have the same problem as men when it came to controlling their temper. Specifically, women used violence just as often as their male partners. Also, verbal disagreements escalated until the wife struck out at the husband. The husband responded in one of two ways, either he struck back or attempted to restrain his partner. Either way, potential for women to be injured is more likely to occur (O'Leary & Curley, 1986). Moreover, researchers recognize the severe consequences of escalation, which is often greatest for women and conceptualize that violence by women puts them at greater risk for violence by men (Brush, 1990; and Strauss & Gelles, 1990). Cantos, et al (1994) asserts that the type of aggression reported in community samples are different from aggression reported in clinical samples.

There are occasions when women initiate violence. The NFVS found that about as many women attacked their spouses who had not hit them first during a one-year (Straus & Gelles, 1990; and Brush, 1990). However, women who are the sole aggressors of violence are the minority as far as we know (Shupe et al, 1987; Yllo, 1988; and Hamberger et al, 1994).

Other descriptions of violent women can be found in court documented cases (Bates, 1981). The reporting author gives about six accounts of women who were violent toward their husbands. In one case, *Keehn vs. Keehn*, the history revealed that the wife physically and mentally abused her husband for 14 years. The wife plotted continuously to sabotage her husband who was a successful businessman. Documented records revealed that the husband routinely sought medical care. On one occasion he had, in addition, two black eyes; one eye so badly hemorrhaged that they feared blindness. It was revealed in documentation, in each of the six cases that there was a question about the wives' mental stability or psychological impairment was evidenced.

In support of these findings a recent study on gender differences--focused on clinical implications, found that there was a strong correlation between mental illness and partner violence for men and women (Magdol et al, 1997). Further, gender similarities revealed in another recent study found that men and women who are physically victimized by their partner, reported comparable increased levels of depression (Zlotnick, Kohn, Peterson, & Pearlstein, 1998). In contrast, other studies revealed that depression (Campbell & Soeken, 1999) and posttraumatic stress symptomatology is more common for women than men (Herman, 1992).

If violence was measured by injurious outcome, then it would be safe to say that women may hit just as often, but men cause more physical and psychological damage. Here, it is important to reiterate that women, in general, are not equal in their ability as men to inflict injury (Hamberger, 1997). Wilson, Nathan, O'Leary, & Clark (1996) reported in a study that even when men acknowledged that their wives

were physically violent toward them (i.e. one-sided), that they were not fearful. Findings on injurious outcomes have been consistent. The gender difference is that women rarely cause injury when they use violence in intimate relationship. Brush (1990) concluded in her study that women are more likely than men to report injuries as a result of violent encounters.

Clearly, without question, women sustain more serious injury from intimate violence (Herman, 1992; Vivian & Langhinrichsen-Rohling 1994; Morse, 1995; Morbidity & Mortality Weekly, 1996; Hamberger, 1997; and Swinford, DeMaris, Cernkovich, & Giordano, 2000). Cantos et al (1994) established in their study, which focused on the military population, that women reported sustaining more injuries than their male counterparts. However, they also noted that 76% of the cases that resulting in injury did not require medical attention. The exception to this rule appears to occur when women's violent behavior results in fatalities. As a result of their own abuse, women commit a high number of spousal homicides (Wilson et al 1992). Thus, because of the size differences between men and women, women are more apt to use weapons to cause injuries (Cantos et al, 1994). Felson (2000) suggest that people are likely to avoid using aggression if they think it will be too costly, or if they think it is morally wrong.

Theory of Violent Behavior

The most accurate statement that explains violent behavior by women would be "unknown." There are several models and theories that have been used to explain violent behaviors (Enron, 2000). Theories use to explain violent behavior may be micro or macro oriented theories. First, micro-oriented theories (Jasinski, 2001)

suggests that social learning (Eron, 2000; Schneider, 1993), personality characteristics (Eron, 2000; Dutton, 1999; Schneider, 1993), biological and physiological explanations (Eron, 2000) and intrinsic/extrinsic motives and alcohol use/abuse (Tardiff, 1998; Tontodonato & Crew, 1992) may be explanations for violent behavior.

Second, there have been several other macro concerns (Jasinski, 2001) that have been identified that increase one's propensity for engaging in violence (Tardiff, 1998), these include: as: stress (Attar, Guerra, & Tolan, 1994; & Schneider, 1993), breakdown in the parent-child relationships (Rosen, 1998; Tontodonato & Crew, 1992), maternal depression (Thomas, Forehand & Neighbors, 1995), demographic location (Attar et al, 1994) age, and socioeconomic status (Carney, 1990).

Violent behavior is more multifactorial, complex and intertwined. While a given perspective may be more useful for a given situation, no one perspective is superior to another. Therefore, the best theoretical explanation that may be used for understanding violent behavior is specific to the individual experiences and intrapersonal characteristics of the woman. In addition, it is important to note that no theory has superior support from empirical research.

Social Learning Theory

The most widely used theory to explain violent behavior has been the social learning theory. There is a strong connection between experiencing violence as a young child and violent behavior as an adult (Wisdom, 1989). Family violence is learned often in the family of origin and passed down through generations, as

explained by the social learning theory (Cappell and Heiner, 1990; Fagan & Wexler, 1987).

Bandura (1978) suggested that violent behaviors were often a result of observing violence. This suggests that a person's individual experiences in subcultures play a significant role in the development of violent tendencies (Wolfgang & Ferracutti, 1982). Parens (1987) presented a case study which clearly evidenced the impact of violence in the family of origin. He presented a case about a normally developed child who experienced no problems until he was neglected and physically abused by his mother. When the child was beginning to recover, he began to engage in destructive behavior not seen before. Parens (1987) showed that the violent behavior was related to the child experiencing neglect and physical abuse.

The social learning theory has been utilized in several studies that sought to explain violent behaviors. In a recent article by Swinford et al (2000) it was revealed that harsh physical punishment in childhood was related to greater perpetration of violence with an intimate partner in later life. More specifically, DeMaris (1990) revealed that females were more likely to behave aggressively toward their partners when they had witnessed interparental violence. Follette & Alexander (1992), Marshall & Rose (1990) in their studies on dating violence revealed that past victimization for females was related to aggression with a partner. Strauss (1992) in a national study on spouse abuse revealed the past victimization is related to aggression in intimate partner relationships.

Mihalic & Elliott (1997) reported similar findings on a study that explored the social learning theory as a model for marital aggression. Mihalic et al (1997)

concluded that past victimization for female is more serious than that for males, because the female personality is more nurturing and that they have stronger emotional reactions to parental violence. Another interesting point noted was that females spend more time in the home and are more likely to be exposed to violence in the home while males have more autonomy in their youth and can physically withdraw from violent situations. Straus & Yodanis (1996) reported that for both men and women, experiencing violence was also associated with depression, approval of hitting spouse, higher levels of marital conflict and physically assaulting a spouse.

In contrast, MacEwen & Barling (1988) found in their study that there was no evidence that violence in the family of origin predicted violence toward aggressing against an intimate partner. Consistent with their findings, Tontodoato et al (1992) revealed that there was no relationship between witnessing interparental violence and aggression towards one's dating partner and Cappell & Heiner (1990) revealed the same results in their national random study of 2,143 married couples. Cappell et al (1990) further concluded that witnessing interparental violence was correlated with receiving aggression for both males and females. These findings were supported in the works of Russell & Hulson (1992). One study revealed that receiving abuse or harsh discipline as a child was only related to men perpetrating abuse as adults (Alexander, Moore & Alexander, 1991).

Alexander et al (1991) offers a partial explanation for the discrepancy of experiencing violence and its impact on perpetrating violence as an adult. In short, the relationship between witnessing interparental violence and aggressing toward a partner was mediated by gender role attitudes (Alexander et al, 1991). Studies that do

not support that past victimization is related to intimate partner violence do not negate the fact that the social learning theory is a viable explanation for understanding intimate partner violence for many individuals. Violent behaviors that are not supported by the social learning theory give credence to other theories that have been used to explain violent behavior, thus, supporting the complexity of explaining violent/aggressive behaviors.

Although the previous discussion primarily addresses experiencing violence in the home, it is also recognized that experiencing extrafamilial violence is an important variable for understanding violent and aggressive behavior as well. Murphy et al (1998) found in their study of women who reported on their violent behaviors that women self-reported using physical violence toward siblings, mothers, strangers as well as their intimate partners.

Intrapersonal and Interpersonal Theories

Other researchers have been able to show a connection between female violence and various forms of mental and/or emotional disturbances (Trestman, 1997; Grosz, Lipschitz, Eldar, Finkelstein; 1994; Herman, 1986; & Snyder, Wesley, & Pokorny, 1986). In addition, it has been revealed that those with evidence of mental disorders or emotional distress were also more likely to have been victimized in their childhood (Trestman, 1997; Grosz et al, 1994). Other support for this phenomenon has been evidenced in case studies (Bates, 1981) and research (Seedat & Stein, 2000; Becker, 2000; Weaver & Clum, 1993; Brown & Anderson, 1991; and Goodwin, Cheeves & Connell, 1990). As a result of past trauma, a woman is more susceptible

to using violence (social learning theory) as a means of resolving conflict in adult relationships. The explanation for her violent behavior is more complex.

Snyder et al (1986) conducted a study on 4,800 psychiatric inpatients with the intent of identifying behavioral features of patients with borderline personality traits, and found that patients with borderline personality disorder were more prone to use violence than patients with other disorders. Trestman (1997) revealed in a study of identifying predictors and correlates of violence in patients with personality disorders, i.e. borderline personality disorder and antisocial personality disorder, concluded that violent/aggressive behavior may be directed either externally or internally. It was further suggested that violent actions may be planned (such as in a predatory nature) or impulsive. In support of the latter, Grosz et al (1994) revealed in a comparison study of hospitalized patients with frequent interpersonal violent behaviors and those without that subjects with borderline personality disorder engaged in violence more often and had a higher prevalence of alcohol abuse. In addition, risk was significantly correlated with impulsiveness. Enron (2000) argues that one of the clearest predictors of adult aggression is adolescent antisocial, aggressive and hyperactive behavior.

Other important stimuli to violence that have identified are: anger, danger, jealousy, helplessness, distress, tension (Megargee, 1982), inflated self-esteem (Baumeister, Smart, & Boden, (1996), and frustration-aggression (McCord & Otten, 1983). The frustration-aggression hypothesis asserts that people become aggressive when their goals are blocked or when something bad happens to them, i.e. stress, depression, anxiety, failure, physical pain, sadness, embarrassment and/or guilt (Felson, 2000). According to the frustration-aggression theory, people prefer to attack

the root of their suffering. For example, a woman who has been the source of abuse for years in her relationship may become frustrated and begin to fight her husband back. Her frustration with experiencing abuse for years produces aggressive energy, which activates aggressive behavior (Tedeschi & Felson, 1994).

Lastly, it has been suggested that female violence may stem from biological imbalance. For females this particularly identifies premenstrual tension as a stress factor (stimulus) or precursor to violence (Horney, 1987).

Situational Theory of Violence

Mergaree (1982) notes that situational or stimulus factors are "all the immediate environmental factors that may facilitate or impede aggressive behavior (i.e., availability of a weapon; the presence of other people; aggressive gestures or behavior on the part of the antagonist; and etc.)."

Walker (1985) indicated that when battered women use violence in an abusive relationship it is typically in response to their personal experience of abuse. Battered women often perceive their aggressive reactions as primarily reactive to their mates' real or threatened violence according to Walker (1985). This can be referred to as intrinsic motivations. O'Connor (1991) asserts that intrinsic motivations are considered innate. Individuals who are intrinsically motivated tend to engage in challenging bouts without coercion or any expectation of external rewards (O'Connor, 1991). This may also be viewed as impulsive aggression (Parrot & Zeichner, 2000, Felson, 2000). The behavior usually occurs as a result of some kind of emotional experience, i.e. anger, jealousy. Impulsive behaviors are often unpredictable and uncontrollable.

Although a number of studies suggest that women are equal in their patterns of offending, many of them also support the notion that women who use violence are often responding in self-defense. Studies that argue for the self-defense rationale appear to lack empirical support. However, Hamberger & Potente (1994) indicate that a number of studies have investigated motives. In their article, a study conducted by Saunders (1986) is highlighted. The results of the study show that 71% of the women who used a severe form of violence were as a result of self-defense. Two other studies that investigated motives of women arrested for domestic violence revealed that women were responding in self-defense, retaliation or perceived that they were in imminent danger of being aggressed against (Hamberger, 1991a, 1991b).

Violence by women may also be instrumental or extrinsically motivated. This occurs when the violent behavior serves as a purpose to an end goal (Parrot et al, 2000). In referring to violent behavior a good analogy would be a woman who uses violence as a means to control her partner. Ryan & Deci (2000) highlight extrinsic motivations as being self-endorsed and adopted with a sense of discretion. Neidig & Friedman (1984) suggests that violence under these circumstances is often deliberate and used to punish or control partner. They also discuss violence as a form of expression in which the couple often mutually engages in violence. Although the severity of violence is not always equal men and women both perceive themselves as victims. Discerning who the perpetrator is and who the victim is is a challenge for any professional assessing for violent actions.

Theoretical Model for Women

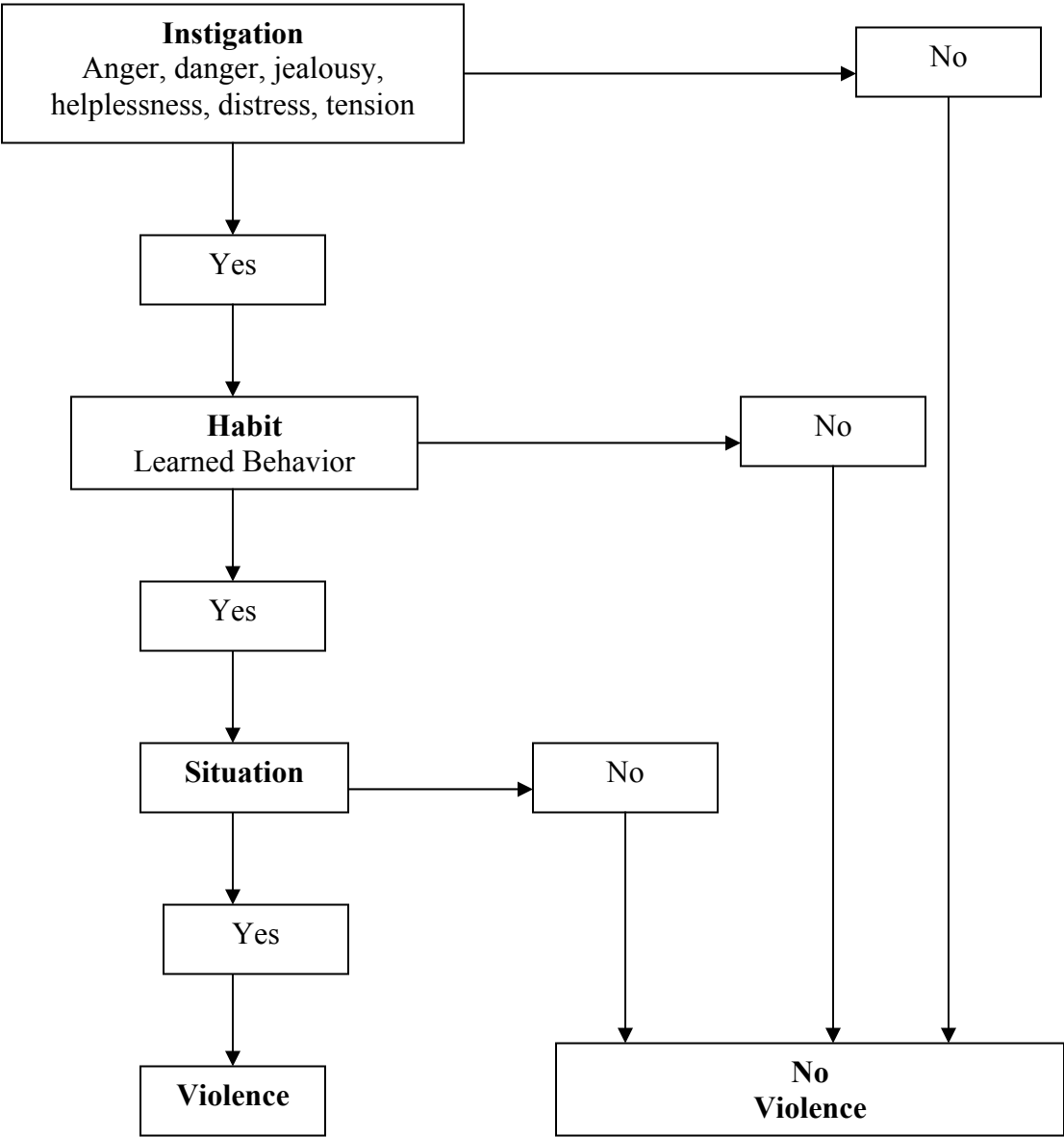
Ben-David (1993) offers a specific model for women who use violence that encompasses psychological, behavioral and situational factors. This theoretical model will serve as the basis for exploring women and violence for this paper, primarily because her model is inclusive of several different theories, as noted above, that has been continuously explored for years and was specifically designed to understand violent women. Ben-David (1993) presents a theoretical framework that is based on the assumption that the violent act results from an interaction in a given situation. Identified in this model are three broad contributing factors, i.e. Behavioral (social learning theory), Psychological and Situational. **Figure 1.2** reveals how the eruption of the behavior occurs for this model.

Behavioral - Ben-David (1993) reiterates important findings in previous research, indicating that experiencing violence during the socialization process, results in females using violence as a means to resolve conflict in relationships.

Psychological – Here, it is recognized that there are important intrapersonal emotional, mental and biological factors important in understanding aggression

Situational - Ben-David (1993) suggests that this area be comprised of elements that are associated with a given situation during a particular violent encounter and the anticipated probable results. Here, stress filled situations may prompt a woman to use violence as a defense mechanism. This is especially prevalent when she may sense fear, or the violence may occur as an expression of helplessness and frustration or as an outlet for emotional expression.

FIGURE 1.2 - CONDITIONS FOR ERUPTION OF VIOLENCE



- a. The more is the instigation to aggression, and
- b. The more are the learned violent reaction, and
- c. The more intense is the stressful situation, and
- d. The less serious is the anticipated physical injury, then
- e. The more frequent will be a violent response.

* Figure adopted from Ben-David, S. (1993). The two facets of female violence: the public and the domestic domain. *Journal of Family Violence*, 8; 4, 345-359.

The above discussion reveals that theories are often interrelated, even though they are often discussed in isolation. Thus, an integration of these theories seems to be the best approach. As noted previously, there is no single explanation for explaining violent behavior. Carney (1990) indicated that multiple offenders might be classified in one of two ways: (1) those that are reacting, and (2) those who are acting against. Further, the motivation for violence for a single violent act (situational) may be a result of either a lack of inhibitory controls or of overly strict inhibitory controls. Her model is based on an elaborate model that supports earlier discussions about theories for violence (Kazogerakis, 1974): Biologic factors (capacity) + social learning experiences + personality characteristics + facilitating factors (drugs, alcohol, availability of weapons) + precipitating factors (insult, abuse, threat) = *VIOLENT ACT*.

One generally begins with the end result, the violent act, when assessing the violent person. The other factors in the equation are unknowns that one must first discover and then weigh; however, the very nature of the violent act often leads to the right road of discovery. Was the violent act a part of some other criminal activity and was there a profit motive? Was this a single violent act or one of a series? The personality structure of the repeater is vastly different from that of the one-time offender. How gruesome was the act? For the gruesome crime is often the crime of passion, the uncontrollable discharge of feelings by a person who habitually denies how they feel. How threatened was the person, and was the threat real or imagined? There is a big difference between the person who is seriously in jeopardy and the person who carries

jeopardy with him. Additionally, would the violence have occurred at all if not for the availability of weapons, alcohol, or drugs (Carney, 1990).

Important Variables in Domestic Violence

The domestic violence research has identified a number of variables that are important in understanding domestic violence. Past victimization has often been associated with violence in adulthood. Mihalic and Elliot (1997) found that the social learning model is a viable explanation of adult violence. They argued that “the social learning theory focuses upon the indirect and direct experiences with violence in childhood as factors leading to experiences with violence as an adult.” Consistent with the latter, Marshall & Rose (1990) discovered in their study focusing on the impact of family of origin, stress and reciprocity that of the women that participated, a very large percentage of the women indicated that they are more likely to immolate violence if they have experienced in the past.

Levy & Orlans (2000) suggests that children with attachment disorders are affected across a lifetime. They argue that parents who are neglectful, abusive and nonresponsive produce dysfunctional children. They further suggest that the dysfunction may lead to the development of aggressive, controlling and conduct disorders, which often contribute to the development of an antisocial personality. Tardiff (1998) also identified Antisocial and borderline disorders as disorders associated with violence. Enron (1992) reported in his study that early childhood aggression is correlated with adult antisocial and criminal behavior.

Hotaling et al (1990) concluded in their study that females who witness parental violence and experience prior victimization tend to exhibit greater stress as

an adult. Stressful life events was significantly correlated with higher levels of aggression in a study that Attar, Guerra & Tolan (1994) conducted on disadvantaged children.

Several systemic studies have been able to link alcohol use or problem drinking to engaging in violent or aggressive acts toward an intimate partner (Roberts, Roberts and Leonard, 1999; Tardiff, 1998; Leonard & Senchak, 1996; & Heyman, O'Leary & Jouriles, 1995). Felson (2000) also indicate that alcohol lowers inhibitions and disrupts thought process.

According to female offending models, women who use aggressive violence tend to have a history of aggressive assaults as adolescents (Hotaling, Straus, & Lincoln 1990; Straus (1990a). Hotaling et al (1990) also noted that past victimization lead to aggression. Therefore, women who have a more severe history of victimization will display more aggression tendencies later in life in intimate and interpersonal relationships.

CHAPTER III

METHODOLOGY

This chapter consists of the study design, hypotheses, sample and sampling method, outcome measures that were used to operationalize the dependent and independent variables; plan for any necessary intervention with participants, power analysis, and data analysis plan.

Study Design and Hypotheses

This was an exploratory study that used a cross-sectional purposive approach to understand women have used violence toward their partners. Quantitative methods were employed to evaluate the hypothesis under investigation. Due to gaps in the research on women and violence, this study focused on understanding the violent actions of women. Aggressive women were compared on outcome variables to women who did not indicate any evidence of physical aggression.

Data was collected using self-administered scales and face-to-face interviews with women who acknowledge that they used physical violence in a relationship. The women were asked to provide information based on their most recent relationship where they used physical violence. The physical violence had to occur in the past three years. **Appendix A-1** is the prescreening form that agencies used to qualify participants.

Their projective responses to vignettes were used to collect data for the dependent variable. The dependent variable was labeled violent action. More specifically, to determine violent action, women were asked to reveal how they would

respond physically and emotionally to contextual/situational vignettes that were emotionally provocative, but not physically threatening. The method was used to collect data specific to how women would respond in a given situation when relational tension was evident. Subjective responses provided an opportunity to assess typical responses for resolving issues in their relationships. Attributes for the dependent variable is aggressive or non-aggressive. Women who were coded in the non-aggressive group were the comparison group. Further, women in the aggressive and non-aggressive groups were evaluated to determine whether their typical (real) actions were more specific to aggressive or defending violence. Aggressive violence was conceptualized as any act of violence that was not self-defense (See previous conceptual definition on Violent Action). Inter-rater reliability was established on the dependent variable. A detailed discussion of this method is provided later in this chapter.

The six behavioral and psychological independent variables are as follows:

- 1) Past victimization (two levels, Family of origin and *Extrafamilial) — defined as the extent to which a woman has directly experienced abuse in her family of origin or the extent a woman has directly experienced abuse outside of her family of origin growing up. This variable was measured using the Background Questionnaire Section II – Personal Experiences with violence. Specifically, each respondent was asked about the frequency of past violence experienced for four different types of abuse, i.e. physical abuse, sexual abuse, psychological/emotional and rape.

Second, the women were asked to rate the severity of the abuse experienced from 1 (minor) to 5 (severe) for each category.

* Extrafamilial is when there is no family relationship by blood or marriage.

- 2) Personality characteristics (antisocial subscale) - refers to whether the woman exhibit antisocial characteristics based on the Millon Clinical Multiaxial Inventory-III (MCMI III).
- 3) Stress – refers to the amount of stress-related personal discomfort experienced in general, i.e. across of spectrums of a woman’s life at the time of the interview. General stress was measured using the Index to Clinical Stress Scale.
- 4) Alcohol use/abuse-refers to the extent the woman has an alcohol problem. Alcohol use/abuse was measured using the Index to Alcohol Involvement.
- 5) Aggression tendencies- defined as how aggressive one is and how that aggression is manifested according to the Aggression Questionnaire (AQ). The AG was used to measure aggression tendencies.

This study also explored important descriptive variables such as age, socioeconomic, race/ethnicity, education level, and past experiences with violent encounters in and out of the home etc...

The hypotheses under investigation are:

H1 – The projective responses of the women in the aggressive and non-aggressive group will be consistent with their typical responses (real). Specifically, the women in the non-aggressive group will more likely use violence to defend themselves and

women who are categorized in the aggressive group will more likely use aggressive violence.

H2 -- Women who will use aggressive forms of violence will exhibit more antisocial personality characteristics, report a more severe history of past victimization in and out of the home, report higher stress levels; engage in more alcohol use/abuse and exhibit more aggression tendencies than those women who do not choose to use aggression to resolve relationship conflict.

Sampling Method & Sample

The sampling method for this study was nonprobability sampling. This method was selected because the study was exploratory and it was recognized that the settings identified often came into contact with women who use violence in their partner relationships. This method provided an opportunity to gain insight about a particular group of women.

The sample for this study consisted of women from various backgrounds and settings. Approximately 105 women who acknowledged using physical violence in a relationship, at least once, in the past three years participated. Women 18 years of age and older, and only those in heterosexual relationships, were asked to participate.

Women in the study were identified by three different agencies in the military and civilian sectors. Agencies enrolled women from an array of services – social work, mental health clinics, case management agencies, battered women’s shelters or family chaplain counseling services.

Data Collection

All of the women in this study volunteered to participate. The women either scheduled their own interview directly with the researcher or coordinated interview times with the referring agency. All of the women in this study were asked to sign one of two consent forms at the time of the interview (**See Appendix A-2 and A-2.1**).

Interviews were conducted at the referring agencies. All of the interviews were conducted in a private place to ensure confidentiality. Interviews were about 1 to 1 ½ hours. The first hour the women were asked to complete five scales. The last 20-30 minutes of all interviews were face-to-face with the researcher. During the 20-30 minute interview, women were asked to respond to the incomplete vignettes which captured the dependent variable. Majority of the interviews were taped to ensure reliability of the responses. Also in the interview, the background questionnaire (BQ) captured the independent variables severity of abuse experienced in childhood and other demographic information. At no time during the interview were the women asked to provide any identifying information that could be linked back to her. The women were also informed that they had the option to withdraw or terminate the interview at any time. The women were paid \$15 each for participating in this study. Funding for the research was part of a graduate fellowship.

Method of Intervention.

At the selected sites for this study there were designated points of contact that maintained ongoing contact with the researcher regarding logistical support. Prior to interviewing subjects, the researcher and the designated point of contact at each

respective agency established a protocol for intervening with participants who might benefit from further intervention as a result of the research process. All of the potential sites already had in place established treatment programs. During the interview process, if it appeared that a woman was experiencing emotionally/psychological distress or if she verbalized that she was experiencing difficulty as a result of the research process the researcher, who is a clinical social worker, or the designated site representative were prepared to conduct a brief assessment and make any necessary referrals to the assigned agency in accordance with the agencies pre-established protocols. None of the women in this study required immediate intervention.

Dependent Variable

When assessing aggressive and defending violence, the researcher asks standard questions such as: What percentage of these times were you trying to fight back? Or what percentage of these times did you assault your partner before he actually attacked you or threatened you with a weapon (Saunders, 1986)? In this study, similar questions were developed, but they were not the sole basis for categorizing violent actions. Instead, experienced clinicians and researchers were assessed behavioral responses. Quantitative measures have frequently been used to assess violent behaviors (Saunders, 1986), mainly because of feasibility (Yllo, 1988).

Vignettes.

The participants were asked to indicate their physical and emotional responses to three provocative situations, communicating how they would respond and reveal their thoughts and feelings about responding to the situations. They were presented

with incomplete stories and asked to indicate how they would respond in as much detail as possible (**See Appendix B**). Three different vignettes were selected because it is anticipated that different emotional states are often stimuli to violence, whereas one stimulus to violence may evoke aggressive violence for one individual it may not for another. Three emotional states that were often prevalent in preliminary research conducted by the researcher were trust/jealousy, humiliation/embarrassment and loss of control/helplessness. Ben-David (1993) also refers to at least two of these stimuli as an instigator to the eruption of violence. These were the basis for establishing the vignettes for this study. The women were also asked to describe an incident where they used violence in their relationship that was more typical (real) of their physical violent behavior. This provided an opportunity for comparing projective responses to the way they typically responded when they used violence in their intimate partner relationship.

Reliability of the Dependent Variable.

To determine whether aggressive and defending violence was indicated, inter-rater reliability was established on this measure. To ensure reliability, majority face-to-face interviews were taped and later transcribed. After each interview all of the transcripts (n=96) were reviewed and coded as “aggressive” or “non-aggressive” violence. In addition, the participants’ typical responses were coded as defending, aggressive, or unsure.

The assessment of violent actions was determined based on the pre-established conceptual definition discussed earlier (**See Appendix C**). If participants indicated an aggressive response to any one of the vignettes, they were coded as

demonstrating aggressive behavior. For those women who do not report an aggressive response, their response to **Appendix B, # 5** was reviewed to determine whether their typical responses were more indicative of defending violence. Typical responses were determined by simply asking to describe a typical **real** incident (one that is more like the way you would normally respond) where they engaged in violence with their intimate partner.

Four other reviewers, who were trained and experienced in the field of domestic violence and/or research, used the same protocol in **Appendix B** and blindly coded the participants' responses. Four reviewers were utilized to review 20-30 cases each. Seeking out more than one rater seemed more reasonable than asking one or two raters to review all the cases. In preliminary research, it was suggested that more raters be included to avoid over tasking. Unfortunately, funding was not available to pay raters so consideration of their time and schedules were very important. The raters were selected based on their clinical and/or research background as well as their availability to train-up and review cases. Training consisted of a 10-15 minute overview of the conceptual definition sheet (**See Appendix C**). Raters were then trained on how to code cases using an inter-rater reliability form established for this research (**See Appendix B-1 for Inter-Rater Reliability Form**).

All of the transcribed responses were included the review of inter-rater reliability. The cases were assigned based on the availability of the reviewers. Reviewers worked independently of each other and were not informed of the investigator's decision. The process was used to determine consistency on the dependent variable based on case information reported on the projective vignettes.

The goal was to attain a 95% success rate independently with each reviewer. The reviewer responses were not compared with each other. This approach determined whether the measure on the dependent variable was reliable.

Upon completion of the review process by the reviewers and the investigator, the primary researcher reviewed the responses to ensure that there was 95% accuracy in classifying the type of violent action. When the 95% agreement was not attained, the PI either facilitated a discussion with reviewers independently to determine why there was disagreement and to see if a general consensus could be established to meet the identified goal; and/or presented the cases to an unbiased reviewer who reviewed and coded the responses. The outcome determined the final coding for these cases **(See Appendix C-1 for inter-rater reliability form)**.

Similar technique was used in other qualitative studies and in a preliminary study conducted by the PI using a similar process on the established conceptual definition on violent actions and the final results revealed a 92% accuracy rate.

Independent Variables

Several independent variables were of interest in this study. The univariate analyses were conducted using variables from the BQ created for this study **(See Appendix D)** as well as the Physical Abuse of Partner Scale. The multivariate analysis included two independent variables from the BQ – severity of past victimization (familial and extra familial) and four pre-existing scales that explored behavioral and psychological functioning.

Personality Disorders and Clinical Syndromes.

The MCMI III is a scale that has commonly been used in domestic violence to assess batterer typologies in men (Hamberger, Lohr, Bonge & Tolin, 1996; Holtzworth-Monroe & Stuart, 1994; Tweed & Dutton, 1998; and Hamberger & Hastings, 1988). This is an established scale, on its third revision, that is used to provide insight into personality disorders and clinical syndromes. The scale assesses Axis I and Axis II disorders based on the Diagnostic and Statistical Manual III or I V (DSMIII or IV) depending on the version selected. The scale also identifies personality characteristics underlying a patient's present symptoms; and may be used to guide treatment. The self-report instrument has 175 true/false items and takes about 25 minutes to complete. The instrument has good reliability and validity based on several psychometric standards. In addition, this scale encompasses desirability, disclosure and a debasement scale to measure response tendencies. The instrument has been normed on 998 males and females with a wide variety of diagnosis. This scale was used to identify women who fell in the clinical range of antisocial behavior. Additional exploratory analyses were conducted to determine if the mean scores between women in the "aggressive" group differed from that of the women in the "non-aggressive" group.

Stress.

The Index of Clinical Stress (ICS) is a global measure of the participants' subjective stress experience. It can be used to measure a specific area, i.e. work, home etc. However, this measure was used for the purposes of understanding the participants overall stress level (Abell 1991; Hudson, MacNeil & Dierks, 1995). The

established scale consists of 25 short items with 7 categories of measurement. This scale consistently achieves an Alpha coefficient of .90 or larger and has been evaluated for validity with respect to content, construct and factorial validity. Validity coefficients of .60 or greater is the norm. The scale produces scores from 0-100, higher scores indicate more severe problems on this measure.

Alcohol Abuse.

The Index of Alcohol Involvement (IAI) is a scale used to measure the degree or magnitude of problems a person has with alcohol abuse (MacNeil, 1991; Hudson, MacNeil & Dierks, 1995). The scale captures the degree to which the use of alcohol constitutes a clinically significant personal or social problem. There are a total of 25-items indicated on this scale with 7 categories of measurement. The scale consistently achieves reliability coefficients of .90 or larger and has been evaluated with respect to content, construct and factorial validity. Validity coefficients are consistently .60 or higher. The scale produces scores from 0-100, higher scores indicate more severe problems on this measure.

Aggression.

The Aggression Questionnaire (AQ) measures four aspects of aggression, i.e. physical aggression, verbal aggression, anger and hostility. It is a 29-item scale with 5 categories of measurement. This scale was developed from the original Hostility Inventory (Buss & Perry, 1992). The reliability for this scale was achieved with respect to internal consistency. An Alpha coefficient for the overall scale was .89. The Alpha coefficients for the subscales are as follows: physical aggression (.85), verbal aggression (.72), anger (.83) and hostility (.77). This scale also has good test-

retest reliability, over a 9-week period, the total test-retest reliability score was .80. This scale was tested for theoretical validity and proved to be a good measure. This scale was also shown to have good concurrent validity and construct validity. The scale score range from 29 – 145, higher scores reflect more aggression.

Physical Violence.

The Physical Abuse of Partner Scale (PAPS) was used to measure the degree of physical violence that the participant acknowledged that was imposed on partner (Hudson, MacNeil & Dierks, 1995; Hudson, 1997). The PAPS is a 25-item multidimensional scale with 7 categories of measurement, it is designed to measure the magnitude of violence. This scale was developed for the use of couples in heterosexual and homosexual relationships that are dating, living together or married. The scale consistently achieves an Alpha coefficient of .90 or larger. The validity for this scale was established using content, construct and factorial validity. Validity coefficients are always .60 or greater. The scale produces scores from 0-100; higher scores indicate more severe problems on this measure.

Data Analysis/Sample Size

All statistical procedures were performed using SPSS 9.0. The initial analysis consisted of conducting frequencies on demographic data, i.e. age race/ethnicity, annual socioeconomic status and etc... to identify characteristics of the women who were identified as “aggressive” and those who were “non-aggressive”. Additional statistical procedures were performed to evaluate past victimization experiences, experiences with using violence toward others, arrest history and prevalent

personality profiles and clinical syndromes for the women in the “non-aggressive” and “aggressive” groups.

To determine the reliability of the dependent variable, the inter-rater correlation coefficient for dichotomous variables was computed. A frequency test on the dependent variable violent action was performed to determine the percentage of the cases that were identified in each attribute on the dependent variable, i.e. “non-aggressive” and “aggressive” group. To evaluate hypothesis 1, the projective responses of the women were evaluated against “typical responses” using the crosstabulation procedure to determine if a linear relationship could be established between the two variables. Thus, this evaluation was a way of evaluating whether projective violent actions were consistent with of typical reactions.

The outcome of scale scores were evaluated using analysis of variance prior to conducting multivariate analysis. Stepwise Logistic Regression was the multivariate analysis, used to test hypothesis 2. The purpose of this analysis was to identify the relationships between the dependent variable and the six independent variables. This method reveals which of the six variables does the best job of differentiating between the two groups, i.e. those women who indicated that they used “aggressive” and those who fell in the “non-aggressive” category.

Logistic regression is commonly used with two groups, i.e. when the dependent variable is dichotomous. This statistical procedure reveals the relationship that the dependent variable event will occur given a subjects scores on the independent variables. The stepwise procedure revealed which variable contributed most to the group in which it was most prevalent. This statistical analysis handles

nonmetric level data well and was able to reveal whether the two groups differ with regard to the variables under investigation. Logistic regression does not require that variables be normally distributed, linearly related or of equal variance within each group. The rule of thumb for Logistical Regression was that the sample size equal 15-20 cases per independent variable and 20 cases in each dependent group. Based on this requirement, a minimum of 90 participants was required, which is a ratio of 15:1. The appropriate ratio of participants to variables is important to minimize the chances of a Type II error, i.e. concluding there is no relationship when one really exists.

CHAPTER IV

RESULTS

This chapter unveils the specific statistical procedures used to evaluate the data to include the outcome of inter-rater reliability on the dependent variable and testing the hypothesis. A discussion of the preliminary tests exploring the fitness of the multivariate analysis is also reviewed in this section.

Demographic Characteristics

A total of 98 women from three different clinical, outreach and community agencies in Texas participated in this research. Sixty-five percent of the women that participated were from an agency in San Antonio. The remainder of the participants was from a military base (29%), and a shelter in Austin (6%). The average age that participated was age 30. The age occurring most frequently was age 20 (n=20) with the youngest being 18 and the oldest participant was 54. minimum age of the women was eighteen and the maximum age was fifty-four. Majority of the women were Latino/Mexican American/Hispanic (n=43). Thirty-three percent of the women identified as African American/Black, and 18% identified as white (non-Hispanic). Most of the women in this study had at least a high school education (n=43). However, a large number of the women (32%) indicated that they did not have a high school diploma or get a GED. Less than 13% had an associate or bachelor's degree. Most of the women were married (n=34). Twenty-eight percent of the women were never married and 36% were divorced (n=12), separated (n=15), in a common law marriage (n=7) or other (n=2). The average income fell between \$15,000-\$19,999 (30%). Approximately 19% of the women indicated an income of less than \$5,000.

There were nine women who indicated an income of \$30,000 or more. **Table 1 & 2** provides a summary of the demographic characteristics of the participants.

Past Victimization

The women in this study were also asked about their past experiences with being abused on the Background Questionnaire in Section II. The first subscale assessed the number of times the abuse was experienced and the second half of the scale asked how the experience has impacted their ability to function. Specifically, every participant was asked about direct and indirect experiences with experiencing abuse (physical, sexual emotional/psychological and rape) in and out of the family as a child (under age 18). For those women who indicated that they experienced abuse as a child the frequency of occurrences ranged from 22 to 67 times.

In addition to recording past experiences with abuse, the women were asked about the severity of abuse experienced. Severity was recorded individually for each type of abuse category. A separate variable was created to capture the total severity of abuse experienced for each of the four categories: 1) direct abuse not in family, 2) exposure to abuse not in family, 3) direct experience in family and 4) exposure to abuse in family.

In this area the results of the severity of abuse the women experienced before age eighteen are discussed. The following results provide a summary of the women by groups, i.e. “non-aggressive” and “aggressive.” The results revealed that as a combined sample, 50%-90% of the women indicated that they had directly or

**TABLE 1 - DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS -
City of Agency, Age, Race/ethnicity**

Demographic Characteristic	Frequency	Percent
Agency (N=98)		
San Antonio	64	65
Austin	7	6
Military Base	27	29
Age (N=97)		
18-24	34	35
25-31	25	26
32-38	23	24
39-47	11	11
48-54	4	4
mean = 30 std = 9		
Race/Ethnicity (N=97)		
African-American/Black	32	33
Latino/Mex Am/Hispanic	43	45
White (Non-Hispanic)	18	19
*Other	3	3

* The other categories included two women who identified as bi-racial and one woman who identified as Indian.

**TABLE 2 - DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS –
Highest education completed, Marital status and Annual income.**

Demographic Characteristic	Frequency	Percent
Highest Education Completed (N=97)		
GED	11	11
High School	43	44
No High School or GED	31	32
Associate Degree	11	11
Bachelors Degree	1	1
Masters or above	--	--
Marital Status (N=97)		
Married	34	35
Never married	27	28
Divorced	12	12
Separated	15	16
Common Law Marriage	7	7
*Other	2	2

(table continues)

TABLE 2 (continued)

Demographic Characteristic	Frequency	Percent
Annual Household Income (N=97)		
Under \$5,000	18	19
\$5,000-9,000	16	17
\$10,000-14,000	29	30
\$15,000-19,999	10	10
\$20,000-24,999	7	7
\$25,000-29,999	8	8
\$30,000- or above	9	9

* Women in this category identified as widows.

indirectly experienced physical abuse, sexual abuse, psychological abuse, or rape as a child in or out of the family of origin. Direct abuse indicates that they experienced the abuse and exposure to abuse indicates that they actually observed someone being abused.

Proportionately, more women in the “aggressive” group indicated that they directly and indirectly experienced some form of abuse across all areas explored in or out of the family of origin. A crosstabulation revealed that none of the variables were statistically significant with the dependent variable. **Table 3** Any Abuse Experienced – Physical, Sexual, Psychological/Emotional, and Rape illustrates the specific percentages by group identification. In **Table 3.1** Severity of Past Experiences with Violence In and Out of the Home provides a more detailed description of the following results.

Directly Experienced Abuse - not in the family (Dirnif)

There were a total of twenty-one women in the “non-aggressive” group that indicated that they directly experienced abuse from someone not in the family. Twenty-nine percent of them indicated that their abuse was minor and 14% indicated that the abuse experienced was severe. The women in the “aggressive” group did not differ much from the “non-aggressive” group. However, more women in this group indicated that they experienced abuse directly from someone not in their family (n=42).

Exposure to Abuse – not in the family (Enif)

The women in the “non-aggressive” group indicated that most of the violence that they were exposed to outside of their family of origin (non-familial) was minor to

moderate (88%). The women in the “aggressive” group were similar, indicating that the extent of their experiences was minor to moderate (93%) as well.

Directly experienced Abuse – in the family of origin (Dirif)

Although more women in the “non-aggressive” group (n=26) indicated that their experiences were minor to moderate, approximately 28% of them indicated that their experiences was severe. Fifty-three women in the “aggressive” group indicated that they experienced direct abuse in their family. About the same number of women (29%) indicated that the extent of their experiences were more severe.

Exposure to Abuse – in the family of origin (Eif)

The results of this analysis revealed similar findings for both groups. The “non-aggressive” women were more likely to label their experiences a 1, 2 or 3, indicating a mild to moderate range (74%). The other 26% of the women indicated that their experiences were more severe, i.e. 4 or 5. Eighty percent of the “aggressive” group labeled the extent of their experiences as minor to moderate and 30% of them indicated a more severe history.

Past History of Violent Behavior toward Others

Table 3.2 Past History of Violence toward Others as a Child and Adult are the statistical results supporting the following discussion. The results include past history of violent behaviors toward familial and non-familial persons by group association. The discussion in this section reveals the average number times that the women in each group estimate that they have used violence toward others as a child and as an adult. These results are specific to those who actually disclosed violence toward

Table 3 Any Abuse Experienced – Physical, Sexual, Psychological/Emotional, and Rape

	Non-aggressive (n=36)		Aggressive (n=60)	
	Freq	%	Freq	%
Directly Experienced Abuse Not in Family (Dirnif)				
No	15	42	16	27
Yes	21	58	44	73
Exposure to Abuse Not in the Family (Enif)				
No	18	50	18	30
Yes	18	50	42	70
Directly Experienced Abuse In Family of Origin (Dirif)				
No	10	28	6	10
Yes	26	72	54	90
Exposure to Abuse In the family of Origin (Eif)				
No	11	31	10	17
Yes	25	69	50	83

Table 3.1 Severity of Past Experiences with Violence In and Out of the Home

	Non-aggressive		Aggressive	
	Freq	%	Freq	%
Dirnif	(n=21)		(n=42)	
1	6	29	12	28
2	6	29	11	26
3	2	9	7	17
4	4	19	5	12
5	3	14	7	17
Enif	(n=18)		(n=41)	
1	6	33	13	32
2	6	33	20	49
3	4	22	5	12
4	1	6	2	5
5	1	6	1	2
Dirif	(n=26)		(n=53)	
1	6	23	8	15
2	6	23	15	28
3	7	27	15	28
4	3	12	4	8
5	4	16	11	21

(table continues)

Table 3.1 (continued)

	Non-aggressive		Aggressive	
	Freq	%	Freq	%
Eif	(n=24)		(n=49)	
1	4	16	8	16
2	8	33	18	37
3	6	25	13	27
4	3	13	6	12
5	3	13	4	18

1 - minor, 3 – moderate, 5 – severe. See Section B for an explanation of severity levels.

Table 3.2 Past History of Violence toward Others as a Child and Adult

	Child		Adult	
	Non-aggressive	Aggressive	Aggressive	Non-aggressive
Pvmom				
Std.	3	12	----	7
Range	1 -10	1-50	----	1-50
Pvdad				
Std.	----	32	----	4
Range	----	1-101	----	1-101
Pvsis				
Std.	29	45	1	37
Range	2-101	1-101	1-3	1-101
Pvbroth				
Std.	36	36	45	28
Range	1-101	1-101	1-101	1-101
Pvfrnd				
Std.	44	29	----	40
Range	1-101	1-101	2-2	1-101

(table continues)

Table 3.2 (continued)

	Child		Adult	
	Non-aggressive	Aggressive	Aggressive	Non-aggressive
Pvstrng				
Std.	32	25	3	26
Range	1-101	1-101	1-101	1-101
Pvteach				
Std.	-----	8		
Range	1-1	1-25		
Pvcwrk				
Std.			1	1
Range			1-2	1-3
Pvhusandb/part				
Std.	9	28	16	38
Range	2-25	1-101	1-50	1-101

* Pvteach – only childhood experiences assessed, Pvcwrk – only adult experiences assessed

others. Due to small sample sizes for each area explored, statistical significance was not evaluated. All of the cases were included in this analysis. In addition, some mean scores may be affected by extreme scores that were included in the analysis.

Previous violence toward mom (Pvmom –child/adult)

The women in the “aggressive” group, on average used violence more frequently toward their mother as a child (6 times; n=15) and as an adult (9 times; n=8). None of the women in the “non-aggressive” group indicated that they used violence toward their mother as an adult.

Previous violence toward dad (Pvdad – child/adult)

The results revealed that the women in the “non-aggressive” group did not use violence toward their dad as a child or as an adult. On the other hand, the women in the “aggressive” group indicated that they have used violence toward their dad as a child on an average of 15 times (n=9) and as an adult 5 times (n=6).

Previous violence toward sister (Pvsis – child/adult)

Similar findings were revealed with regard to using violence toward sister. The comparison group revealed that violence was used toward sister(s) as a child 22 times (n=13) and 2 times (n=3) as an adult. Women in the “aggressive” group indicated that violence toward sister was used on average of 40 times (n=25) as a child and 18 (n=13) times as an adult.

Previous violence toward brother (Pvbroth – child/adult)

The results indicated that the women in both groups used violence toward their brother(s) as a child the same number of times (28). There were 28 women in the “aggressive” group that responded and 13 from the comparison group. Both

groups were more likely to engage in a higher frequency of violence with their brother(s) as a child than as an adult. However, the women in the “non-aggressive” group, on average, indicated a higher frequency of engaging in violence with their brother as an adult (21 times; n=5 compared to 13 times; n=12).

Previous violence toward friend (Pvfrnd – child/adult)

Surprisingly, women in the “non-aggressive” group indicated a higher frequency of using violence toward a friend as a child (32 times; n=11 compared to 18 times; n=23). The women in the “aggressive” group indicated that they used violence as an adult more often (23 times; n=15 compared to 2 times; n=1).

Previous violence toward stranger (Pvstrng – child/adult)

The results here are similar to the latter findings. Women in the “aggressive” group used violence more often toward strangers as an adult (14 times; n=16 compared to 3 times; n=7) but not as a child (16 times; n=20 compared to 18 times; n=10).

Previous violence toward teacher (Pvteach – child/adult)

On an average of 5 times the women in the “aggressive” group indicated that they have used violence toward their teacher (n=8). There was only 1 woman in the comparison group that indicated violence toward her teacher.

Previous violence toward coworker (Pvcwrk – child/adult)

More women in the “aggressive” group indicated that they have used violence toward a coworker (2 times; n=8 compared to 2 times; n=2). However, the frequency average for both groups differed.

Previous violence toward husband/partner (Pvhusb/part – child/adult)

The women in the “aggressive” group had a higher average for using violence toward a significant other as a child (14 times; n=24 compared to 9 times; n=9) and adult (28 times; n=40 and 15 times; n=13).

Arrest History

The women were asked to recall how many times in their lifetime that they had been arrested and charged. Charges ranged from traffic tickets to assault charges. Overall, assault charges did not occur at a high frequency and was not exclusively related to assaulting a husband/partner. There were 33 women in the “aggressive” group that indicated that they had been arrested on an average of 3 times. Only 19 women in the “non-aggressive” group that indicated that they had been arrested (mean=2).

Personality Disorders and Clinical Syndromes MCMI III

According to the MCMI III psychological test, Base Rate (BR) scores determine whether clinical pathology exists for individual respondents who have valid reports. The BR scores are derived by a procedure called norm referencing or criterion referencing. This is a widely used procedure. Basically, norms are established using a sample that is believed to represent a larger population. When someone is tested from the larger population, their scores are compared to the mean and distribution of the standardized sample. That standard score is then used to describe the tested individual (Millon, Davis & Millon, 1997). The clinical range using BR scores is typically 75, indicating the presence of a particular syndrome.

However, scores as low as 72 indicate that the client endorsed a number of items relevant to the construct, which is important as well. Thus, BR scores of 72 and above define the clinical range for the women in this study and will be included in future analysis.

There were a total of 24 subscales measuring personality and clinical syndromes. An analysis of variance (ANOVA) test was used to evaluate mean differences after cutoff scores in the clinical range had been defined. The analysis of variance is used to test the hypothesis that several means are equal. (SPSS 9.0)

The outcome of the ANOVA indicated that mean scores of the women in the aggressive and non-aggressive group did not differ significantly. However, the women in the “aggressive” group exhibited more characteristics of personality disorders or clinical syndromes across all subscales except on the subscales compulsive personality, borderline personality and paranoid personality.

An evaluation of the frequencies revealed that the women in the “non-aggressive” group who scored in the clinical range were more likely to exhibit

borderline personality (n=33) paranoid personality (n=48) and anxiety (n=21) characteristics. Women in the “aggressive” group who were in the clinical range associated more with the subscales anxiety (n=32), antisocial personality (n=23), negativistic (n=30), paranoid (n=30), masochistic (n=28) or borderline (n=25).

Non-aggressive vs. Aggressive Violent Behavior

There were a total of 96 valid cases on the dependent variable. Two women in the study did not complete the interviewing process because of personal time restraints. The results of the dependent variable revealed that 62.5% (n=60) of the women in the study responded aggressively to the projective vignettes. The remainder of the women (37.5%) did not indicate that they would use physical violence to resolve relational conflict (See **Table 4**, Dependent Variable).

The women in the study were asked if this was the first time that they used physical violence toward an intimate partner in the BQ. Most of the women in the study revealed that this was not the first time that they used violence toward their husband/partner (92%, n=94).

A review of the demographic characteristics for the women in the “non-aggressive” group and the women in the “aggressive” group did not yield any significant differences according to the chi square results in the cross tabulation procedure. Most of the women in both groups were age 38 or younger (n=82). The race of both groups did not vary much either. Although more of the women in both groups are Latino/Hispanic, there appears to be a good representation of women from at least three different racial backgrounds. The education background for both groups

TABLE 4 DEPENDENT VARIABLE Violent Action – Non aggressive or Aggressive

Violent Action (N=96)	Frequency	%
Non-aggressive	36	37.5
Aggressive	60	62.5

were consistent, most of the women had a high school education. There were a large percentage of the women in the study that were married in both groups (31% and 38% respectfully). Both groups seem to be well distributed in regards to income. More women indicated that they had a household income above \$5,000 (n=78). See **Table 5** Demographics of women who are identified as “non-aggressive” and “aggressive” for a more detailed description of the two groups.

In summary, the two groups are very similar in their characteristics. The group similarities indicate that there is no reason to suggest that the groups cannot be compared based on their demographic backgrounds in future analysis. Thus, the women in the “non-aggressive” or “defending” group were used as a comparison group to the women who were classified as “aggressive” in this study.

A crosstabulation was performed to see if the women who were “non-aggressive” were more likely to use violence to defend themselves. The crosstab procedure is a nonparametric test that provides a variety of tests and measures of association for two-way tables (Statsoft, 2002 & SPSS 9.0). Nonparametric tests do not require assumptions about the shape of the underlying distribution. This test requires that three conditions be met (Statsoft, 2002 & SPSS 9.0). First, the data have to be independent. That is, no respondent can appear in more than one cell of the table. Second, no cell should have an expected frequency of less than 1 and the final condition require that no more than 20% of the expected frequencies in the table be less than five. The output displays expected frequency less than five if the criterion is violated. The Chi-square test performs well with ordered or unordered numeric

Table 5 DEOGRAPHICS OF WOMEN WHO ARE IDENTIFIED AS “NON-AGGRESSIVE” AND “AGGRESSIVE”

	Non-aggressive		Aggressive	
	Freq	%	Freq	%
Age	(n=36)		(n=60)	
18-24	10	28	24	40
25-31	10	28	15	25
32-38	10	28	13	21
39-47	6	16	4	7
48-54	----		4	7
Race/Ethnicity	(n=35)		(n=60)	
African Am/Black	10	29	22	37
Latino/Mex Am/Hispanic	19	54	23	38
White (Non-Hispanic)	6	17	12	20
*Other	---		3	5
Highest Education Completed	(n=36)		(n=60)	
GED	7	19	4	7
High School	16	45	26	43
No High School or GED	10	28	21	35
Associate Degree	3	8	8	13
Bachelors Degree	---		1	2

(table continues)

TABLE 5 (continued)

	Non-aggressive		Aggressive	
	Freq	%	Freq	%
Marital Status	(n=36)		(n=60)	
Married	11	31	23	38
Never married	10	28	17	28
Divorced	4	11	8	13
Separated	8	22	7	12
Common Law Marriage	3	8	4	7
*Other	---		1	2
Annual Household Income	(n=36)		(n=60)	
Under \$5,000	7	19	11	18
\$5,000-9,000	10	27	6	10
\$10,000-14,000	9	25	20	33
\$15,000-19,999	4	11	6	10
\$20,000-24,999	2	6	4	7
\$25,000-29,999	2	6	6	10
\$30,000-or above	2	6	7	12

categorical variables, i.e. ordinal or nominal levels of measurement (Statsoft, 2002). This procedure not only allowed for reviewing typical responses for women who were “non-aggressive” but revealed typical responses for women who indicated an “aggressive” response to the projective vignettes as well. In a crosstab, when a row and a column are specified, the crosstab procedure forms one panel of associated statistics and measures for each value of the layer (SPSS 9.0). Specifically, the chi-square measures test the hypothesis that the row and column variables in a crosstabulation are independent. For example, Violent Actions, i.e. non-aggressive and aggressive is a layer factor for a table of typical responses, i.e. non-aggressive, aggressive or unsure. The results for a two-way table for the women who are “non-aggressive” are computed separately from those for the women who had an “aggressive” response and printed as panels following one another. A low significance value (typically below 0.05) indicates that there may be some relationship between the two variables (SPSS 9.0). While the chi-square measures may indicate that there is a relationship between two variables, they do not indicate the strength or direction of the relationship.

Projective Responses and Typical Responses

H1 -- The projective responses of the women in the aggressive and non-aggressive group will be consistent with their typical responses. Specifically, the women in the non-aggressive group will more likely use violence to defend themselves and women who are categorized in the aggressive group will more likely use aggressive violence.

The results of the crosstab revealed that thirty of the women in the “non-aggressive” group had a typical response of using defending forms of violence when

they engaged in physical violence. Three of the women described their typical response as “aggressive” and the remaining three women could not be classified as “aggressive” or “defending” behavior. This shows that the projective responses of the women were more consistent with their typical response of using violence. Consistent with the latter, the women who were classified as “aggressive” reported more often that their typical responses for using violence was more likely to be “aggressive” in nature (n=39). However, there were seventeen women who revealed that their typical response to using violence was defensive in nature. There were three women who could not be classified in this group. This result could suggest that, although many of the women may use “aggressive” violence and rarely demonstrate “Defensive” violent actions, there are some women who may use “aggressive” violence, but may use physical violence more often to defend themselves. As a result of these findings, the best conclusion that can be drawn regarding projective and typical responses is that the two rarely differs—In this research, projective responses were more synonymous with typical responses for both groups. Thus, the null hypothesis was not supported. Here forth, the “non-aggressive” group will also be referred to as the “Defending” group—women who use violence to defend themselves.

To determine whether the association between the two variables was significant, a chi-square test was performed. The results of the chi-square test revealed that there is a significant association between the projective responses (Violent Action – non-aggressive and aggressive) of the women in this study and their typical responses. Therefore, it can be assumed that the projective responses

regarding physical violence in the relationship in this study are valid and consistent with the way the women would typically respond when using violence in their own personal relationships. See **Table 6** Dependent variable and Typical Response variable for a summary of the statistical results regarding the dependent variable “violent Action” and a review of their “typical responses.”

It was also revealed that women who were identified more “non-aggressive” initiated violence less often in their relationship than those women in the “aggressive” group. Specifically, women in the “non-aggressive” group indicated that they initiate violence in their relationship on average about 11% of the time whereas the women in the “aggressive” group indicated that they initiate violence on average about 42% of the time.

Table 6 DEPENDENT VARIABLE AND TYPICAL RESPONSE VARIABLE

Violent Action	Typical Response		
	Defending	Aggressive	Unsure
Non-aggressive	30	3	3
Aggressive	17	39	3
Total	47	42	6

(N=95)

Pearson CHISQ < .0001

Inter-rater Reliability Outcome

The raters that agreed to volunteer their time were given cases based on their availability and time restraints. Each of the four raters was given at least twenty cases to review and code according to the pre-established guidelines discussed earlier. They each reviewed and coded the records at different times and in different locations. After each rater completed their initial review, the interrater correlation coefficient (ICC) Cochran chi square was computed to determine the inter-rater consistency on the dichotomous dependent variable. Reliability applies to a particular sample of subjects and a particular sample of raters, the more heterogeneous the subject sample, the higher the reliability coefficient (Shrout & Fleiss, 1979, & SPSS 9.0).

Overall, the initial alpha for three raters was above 90%. The one rater that was below 90% had an initial result of 83%. The raters were asked to classify physical behaviors that occurred toward a husband/partner in his presence, this reviewer coded behaviors as aggressive when the husband was not present. For instance, in one situation the woman indicated that she would wait for her husband to leave and then she would find the check book and rip it up. Even though her behavior was an aggressive act, she was non-aggressive toward her partner in his presence. As a result of discussions the overall alpha for all the reviewers was 95% and above. The remaining cases (n=3) were reviewed by a third reviewer and coded. This outcome determined the outcome on dependent variable for these three cases. The final results of the ICC alpha test revealed a very good consistency rating for dependent variable. Therefore, all of the cases were used in the multivariate analysis.

Scale and Subscale Scores

The individual means, standard deviations, and standardized scores for the MCMI III, Index to Clinical Stress Scale, the Index to Alcohol Involvement, Aggression Questionnaire, and Physical Abuse of Partner Scale by group classification, are presented in the following section. Social desirability is also discussed.

Pernchar – Antisocial

Twenty-four percent (n=23) of the women in the study had BR scores of 72 or above on the antisocial subscale. The majority of these women (n=21) were identified as “aggressive.” The average score was 79 and the average score for the two women in the “non-aggressive” group was 82 (n=2). This variable was recoded as Pernchar, 1=no antisocial behaviors & 2= evidence of antisocial behaviors.

Index to Clinical Stress (ICS)

The ICS mean score was 39 with a standard deviation of .23. The minimum score for the respondents was 0 and a maximum of 97. The ANOVA test indicated that the relationship between this variable and the dependent variable was not significant. This conclusion suggests, as a univariate measure, that the women in this study did not have any significant differences in their generalized stress levels. No cutting scores have been established for this scale; however, higher scores indicate more distress. Women in the “aggressive” group of the dependent variable indicated slightly higher levels of stress (mean=41 compared to mean=36).

Index to Alcohol Involvement (IAI)

This variable had a mean of 13 and a standard deviation of 19. The range of scores for this scale was 0-81. There were no significant findings according to the ANOVA test performed. Overall, the women who were classified as “aggressive” had higher scores on this variable. The mean score for the “non-aggressive” group and the “aggressive” group was 10 and 14 respectfully. The cut off score for the clinical range was 30 and those women who score above 30 have clinical significant problems in this area. There were six women in the “non-aggressive” and eleven women in the “aggressive” group that had a score above 25. Therefore, based on the cutting score, the mean scores for both groups indicate that alcohol abuse is not prevalent.

Aggression Questionnaire (AG)

Higher scores on this variable are indicative of more physical aggression, verbal aggression, anger and hostility. The range of scores was 31-133. Higher scores are related to more aggression tendencies. The average score was 78 (std=24). Women in the “non-aggressive” group exhibited lower scores on this variable. However, the ANOVA statistic did not support empirical significance.

Physical Abuse of Partner

This variable reveals the rate of violence in which the women say that they have engaged in violence with their husband/partner. Cut off scores for this variable are assumed to be lower than 30. The overall mean score was 7 with a standard deviation of 9. Evaluation of the separate dependent groups reveals that the

“aggressive” group had a larger mean score (mean=9 compared to mean=5). There were 3 cases that had a score above 30; two of them were from the “aggressive” group. The results from the following scale score variables can be further seen in **Table 7**. Scale scores for each dependent group and combined dependent group.

Social Desirability

An important assessment that must be conducted to ensure the reliability of the data is a test of social desirability. Did the women provide responses that would display them in a positive light? First, the women that participated were not asked to provide any identifying information that could be linked back to them. All of the documents were coded to provide anonymity. All personal information regarding sensitive material (past victimization, personal experiences with using violence) was submitted only to the principle investigator in a private and secure location. Desirability was evaluated using the desirability sub-scale on the MCMI III. This scale identifies BR scores above 74 as socially desirable. An evaluation of the desirability subscale variable revealed that the overall mean score was 58 (std. =20). The scores ranged from 5-100. There does not appear to be any concerns with sociable desirable responses.

Multivariate Analysis Outcome

The Logistic Regression Model was used to explore the relationship of the variate to the dependent variable. Sections I & II provide a detailed report of the separate analysis that was used to explore the hypothesis. Section I provides the results of the combined data set; and Section II reveals the results of the randomly

Table 7 SCALE SCORES FOR EACH DEPENDENT GROUP AND COMBINED DEPENDENT GROUP.

	<u>Violent Action</u>	
	Non-aggressive	Aggressive
Pernchar (antisocial)	(n=3)	(n=20)
		CHISQ = .000
Index to Clinical Stress	(n=36)	(n=60)
Mean	36	41
Standard Deviation	21	25
Range	20-91	3-97
Index to Alcohol Involvement	(n=36)	(n=60)
Mean	10	14
Standard Deviation	18	20
Range	0-72	0-81
Aggression Questionnaire	(n=36)	(n=60)
Mean	67	84
Standard Deviation	19	23
Range	31-113	43-133

(table continues)

TABLE 7 (continues)

	<u>Violent Action</u>	
	Non-aggressive	Aggressive
Physical Abuse of Partner	(n=36)	(n=60)
Mean	5	9
Standard Deviation	7	11
Range	0-35	0-71

*Pernchar (antisocial) was recoded as a dichotomous variable i.e. clinical range and non clinical range. This table include the women in both groups that were in the clinical range.

**The combined sample for n is higher because all of these women completed the scales indicated. However, there were two women that did not complete the interviews which established the dependent variable “Violent Action.”

selected sub-sample that is used to evaluate the generalizability of the logistic regression model. Basically, the evaluation tests the internal consistency of the results.

Section I

Missing Data.

The missing data script was used to evaluate missing data patterns that could potentially have an effect on the results. The analysis was conducted on variables used in the multivariate analysis only. The results of the analysis revealed the 98% of the cases contained all the variables, only 2 cases were filtered out because of missing data on the dependent variable. It does not appear that any missing data concerns might skew the multivariate results.

Preliminary Analysis: Tests for Collinearity.

There are several numerical problems that may occur in Logistic regression that are not revealed by SPSS: Multicollinearity among the independent variables, zero cells for a dummy coded independent variable because all of the subjects have the same value for the variable, and “complete separation” whereby the two groups in the dependent event variable can be perfectly separated by scores on one of the independent variables.

All of the above mentioned problems produce large standard errors (above 2) for the variables included in the analysis and very often produce large coefficients as well. To assess for numerical problems in the model the standard errors and the B Coefficients were evaluated. The results from the “Variables in the Equation”

indicate that the standard errors and B coefficients are not excessively large, thus there is no evidence of a numerical problems.

In support of the absence of multicollinearity, the correlation matrix did not have any coefficients above .95. Typically, large coefficients above .95 suggest that multicollinearity may be a problem.

Preliminary Analysis: Examining Outliers & Influential Points.

Examining outliers and influential points is essential because it provides an opportunity to evaluate the results for cases that may have a large influence on the regression model. There are two outputs that identify outliers and influential points. The first is the listing of residuals and the second is Cook's distance scores. The residual is the difference between the observed probability of the dependent variable event and the predicted probability based on the model. The standardized residual is the residual divided by an estimate of its standard deviation. The results of the two indicated that there were no outliers found and no casewise plot was produced. Thus, no outliers or influential points were found.

Power Analysis.

Although an *a priori* power analysis was calculated before the research initiative began it is important to re-evaluate power after preliminary analysis of the data. This ensures that sample size is appropriate for conducting further analyses. Sample size has a direct and sizable impact on power. The maximum power for a study is 1.0. Acceptable power levels in the behavioral sciences stem from .65 - .80. Sample size ensures that statistical power objectives are achieved. A more stringent power level was used for this research project for the combined groups. Thus, a

statistical power of .80 was achieved with a sample size of 96 subjects and a variate consisting of six independent variables. As a result, R square values of 14% and greater were detected. The expected effect size is medium with an alpha level of .05. Although the independent variables as independent predictors did not have a significant relationship the following hypothesis was derived to see if the collective independent variables interact to affect the dependent variable. Although many independent variables were explored, the variables selected were identified as important variables based on theory. These variables are also believed to have more of an impact on distinguishing between the dependent variable groups. The specific independent variables that were selected for the logistic regression model were: AGscore (Aggression Questionnaire scale scores), Persnchar (antisocial subscale from the MCMI III), ICS (Index to Clinical Stress scale scores), IAI (Index to Alcohol Involvement scale scores), Directly Experienced Abuse - Not in the Family (Dirnif), and Directly experienced Abuse – In the family of Origin (Dirif).

Logistic Regression Results.

H2 – Women who will use aggressive forms of violence will exhibit more antisocial personality characteristics, report a more severe history of past victimization in and out of the home, report higher stress levels, engage in more alcohol use/abuse and exhibit more aggression tendencies than those women who do not choose to use aggression to resolve relationship conflict.

The outcome of the analysis did not fully support the hypothesis. However, significant variables were in the direction that was hypothesized. The Logistic Regression results revealed that the overall regression between the independent

variables and the dependent variable “Violent Action” was statistically significant. The beginning -2 Log Likelihood Baseline of the model was 127.02014. When the variate was added to the model, the -2 Log Likelihood baseline decreased to 107.774. The difference resulted in a model chi-square value of 19.247 ($p=.0001$, $df=2$) with the results indicating that the combination of all the independent variables are important in understanding “Violent Actions.”

To determine the strength of the relationship, the Nagelkerke R square was evaluated. The Nagelkerke R square is analogous to R square measures in multiple regression. The result of the Nagelkerke R square was .248, suggesting that the relationship was moderate. Another test of the model fit was to evaluate the Hosmer and Lemshow Goodness-of-fit test. This test measures the correspondence between the actual values and the predicted values of the dependent variable. In this case, a good model fit is indicated by smaller difference in the observed and predicted classification. A good model fit should reveal a non-significant chi-square. The results revealed a chi-square value of 6.1877 ($df=7$) which was not significant ($p=.5180$). Therefore, the outcome of this test supports the usefulness of this model.

Thus far the preliminary results suggest that the model is fit, however, the final test of the overall model fit is the classification matrices. The classification matrices serve the same function as the classification matrices in discriminate analysis, i.e. evaluating the accuracy of the model. This test provides detailed information on the model’s ability to accurately predict to which group subjects belong. The overall percentage of the accurate predictions is 68% with cases being misclassified on both attributes of the dependent variable. To evaluate the accuracy

of the model, the Maximum By Chance Accuracy was computed. This is a standard criterion that specifies that the Logistic Regression Classification Accuracy's overall percentage has to be exceeded by 25%. The result of the Maximum By Chance Criterion is 78% indicating that the model did not predict better than chance. However, given that the other preliminary test of the model proved to be successful, the relationship of the individual coefficients was explored.

When determining the relationship of each statistically significant predictor to the dependent variable, the coefficients were examined (See **Table 8**, Significant Coefficients). The model revealed that there are two variables, AGscore and Pernchar, had a significant relationship to the dependent variable. AGscore (Aggression Questionnaire) had a positive relationship to the dependent variable. The variable Pernchar (1-no antisocial behaviors, 2- evidence of antisocial behaviors) had a negative relationship to the dependent variable. In logistic regression, if a coefficient is positive, its transformed log value will be greater than one, meaning that the event is more likely to occur. If a coefficient is negative, its transformed log value will be less than one, and the odds of the event occurring decrease. The coefficients for the predictor variables measure the change in the probability of the occurrence of the dependent variable in log units. Since B coefficients are in log units, we cannot directly interpret their meaning as a measure of change in the dependent variable. The results of the coefficients can only be stated as an odds ratio. For instance, dichotomous independent variables should reflect statement such as: *subjects having or being* the independent variable are more likely to have or be the dependent

Table 8 SIGNIFICANT COEFFICIENTS

Variables	B	S.E.	Wald	df	Sig
Pernchar	-1.4573	.6915	4.4409	1	.0351
AQscore	.0352	.0117	9.1047	1	.0025
Constant	-.9255	1.0705	.7474	1	.3873

p < .05.

variable. For metric independent variables, *subjects having more of the independent variable are more likely to have or be the dependent variable.*

The variable AGscore indicates that the women in the study who are in the “aggressive” group are more likely to display more aggression toward others (Exp B = 1.0358). On the other hand, the variable Pernchar reveals that the women in the study who did not score in the clinical range are more likely to be representative of the “non-aggressive” group (Exp B = .2329). The “R” value from the “Variable in the Equation” is similar to a partial correlation coefficient, which indicates the size of the unique contribution of each independent variable toward explaining the variance in the dependent variable. The most important independent variable in explaining the differences in the dependent variable was the AGscore variable ($r=.2365$). The “R” value for Pernchar was $-.1386$.

Section II – Generalizability of the Logistic Regression Model

In order to test the results of the logistic regression in Section I, an outcome validation model was necessary. This analysis provides a measure for evaluating the internal consistency of the logistic regression outcome. If a model is tested and reveals the same results, generally it is concluded that the results have strong support for generalizing to the larger population in which the sample was derived.

When we have a small sample in the full data set as we do in this problem, a split half validation analysis is almost guaranteed to fail because there is little power to detect statistical differences in analyses of the validation samples. The alternative is to conduct validation analyses with random samples that comprise the majority of the sample. This process includes the following steps: 1) Computing the first validation analyses, 2) Computing the second validation analysis, and 3) Evaluating the output for the validation analysis.

The results of the validation model revealed that there was only one variable that had a significant relationship to the dependent variable. The variable AGscore had a positive relationship with the dependent variable. Consistent with the results from the combined groups, subjects that scored higher on the Aggression Questionnaire were more likely to come from the “aggressive” group. The outcome of the coefficient included in the model for both sub-samples is illustrated in **Table 9** Validation of the logistic regression model. Although Pernchar (antisocial characteristics) was a significant variable, it did not prove to be significant in either sub-sample. However, this does not minimize the importance of this variable as far as the women in this study were concerned. One important caveat that should be mentioned is that the random samples only included a total of 82 and 75. Given that the *a priori* sample requirement was a minimum of at least 90 subjects, the required power was not adequate. Even with this procedure there was a concern in the validation model that a Type II error may have been committed. There was not enough power to truly detect the relationships of all the independent variables to the

dependent variable. In conclusion, the results of the validation model should be interpreted with caution and generalization of variables should be limited to AGscore.

Table 9 VALIDATION OF THE LOGISTIC REGRESSION MODEL

Variables	B	S.E.	Wald	df	Sig	R	Exp (B)
Sub-sample 1 (N=75)							
AQscore	.0474	.0139	11.6246	1	.0007*	3.116	1.0485
Constant	-3.0375	.10409	8.5156	1	.0035		
Sub-sample 2 (N=82)							
AQscore	.0458	.0131	12.1365	1	.0005*	.3040	1.0468
Constant	-2.9303	.9677	9.1697	1	.0025		

*p < .001

CHAPTER V

DISCUSSION

Important Variables

Although a number of studies have explored past experiences with being abused and observing abuse, there has been limited information on how the severity of abuse, whether physical, sexual, psychological/emotional and/or rape, in one's childhood has had an impact on adult relationships. Although the frequency for the women that did indicate past abuse was high, in most cases these women did not view their experiences as having a severe impact on their mental or physical functioning. A review of the specific groups revealed that the women did not differ significantly in how severe they viewed their experiences. However, a slightly higher percentage of the women in the "non-aggressive" group indicated that their past experiences with violence was more severe if they directly experienced abuse from someone not in the family. The women in the "aggressive" group indicated a higher percentage for severe abuse on the variables direct experience of abuse not in the family and direct abuse in the family of origin. These findings suggest that it is important to understand the severity of abuse when observing frequency of occurrences.

Particularly in research, it's important to understand how abusive experiences have impacted an individual's life. Just to say that someone has had experience with abuse is not enough. Here, it is evident that without assessing severity, the frequency of occurrences may not fully be understood and the effect of individual experiences of abuse may be underestimated or exaggerated. Although the women in this study did not differ, this approach will prove helpful in assessing the degree of impact on

the individual experiencing the abuse. An individual experience with abuse, regardless of frequency, does not capture how the individual is affected. The assessment of severity of abuse bridges that gap. Thus, prevalence and severity should be assessed as a combined variable in research as well as in treatment programs. Domestic violence programs may include in their initial intake questions related to past abuse experiences and ask the women to rate the impact of abusive experiences on their present functioning. The findings may provide a better understanding of functioning and may be used to guide treatment.

There were several areas that were explored to assess the occurrences of using violence toward others. Murphy et al (1998) revealed in their study that women who were the perpetrator of violence used violence on numerous occasions. The same pattern was evident for victims. Those who were the victims reported numerous incidents of being victimized. This study supports the findings that women who are “aggressive” are more likely to use violence in a number of situations.

Women in the “aggressive” group were more likely to use violence toward familial and nonfamilial persons. In general, the women in the study were less likely to use violence toward a parent and more likely to use violence toward a brother or sister. Murphy et al (1998) revealed that perpetrators are more likely to use verbal violence toward parents than physical aggression. This study did not address verbal violence which is also an important variable for understanding abusive behaviors.

Across all variables on violence toward others, more women in both groups reported that their violence was more often directed at a husband/boyfriend as a child

and as an adult. Murphy et al (1998) reported that women perpetrators were more likely to use violence toward a partner than anyone else.

Future research should incorporate measures that evaluate violent behaviors across all spectrums. However, if women are physically violent toward intimate partners more often than with others, prevention and treatment programs should primarily focus their interventions on intimate partner violence. In addition, empirical evidence from research may be used to help domestic violence programs modify intervention strategies addressing women and violence with their intimate partners. The goal would be to encourage women to avoid physical confrontations with their partners by taking more control of their behaviors and encourage that energies be focused more on positive actions. Positive actions may include: seeking out professional services and developing strategies to avoid volatile situations with intimate partners by recognizing signs related to the build up of partner violence. Focusing energies on more positive actions encourages responsible behavior and accountability and minimizes the chance that women will be injured in violent situations. Treatment programs should encourage women to take more responsibility for their violence and understand how their violence intensifies volatile situations and increases their chances of injury (Hamberger & Potente, 1994).

The assessment of personality and clinical syndromes for the women in this study revealed that mean differences for the women in the “aggressive” and “defending” group did not differ. The women in the “aggressive” group scored higher on all the subscales except on compulsive personality, borderline personality and paranoid personality. This suggests that women in the “aggressive” group who

were in the clinical range exhibit more characteristics that are specific Axis I and Axis II diagnosis. In addition, the findings suggest that the women in the “aggressive” and “non-aggressive” group manifest various psychopathologies and clinical syndromes. This seems reasonable when one considers the complexity of individual pathology.

One important finding is that personality disorders and clinical syndromes were identified across all subtests on the MCMI III. A few questions come to mind as a result of these findings: 1) Why do women who are aggressive have higher scores on personality disorders and clinical syndromes when compared to women who use violence defensively? 2) Are women who use violence in intimate partner relationships being assessed for personality disorders and clinical syndromes on a regular basis? 3) What assessment screening tools are available for social workers? 4) How should treatment programs focus interventions to ensure that personality disorders and clinical syndromes are not overlooked? 5) Do women who are aggressive need more intense therapy to curb violent behaviors? And finally, 6) Are there any specific personality patterns that can be identified for the women in the two groups?

Stark et al (1988) suggested in an epidemiological review that there is no consistent evidence that women who are battered share a common personality profile. Interestingly, a number of women in both groups displayed more symptoms that were associated with anxiety disorder, borderline and paranoid personality disorder. Previous studies have found that women with borderline personality traits are more prone to using violence when compared to patients with other disorders (Snyder et al,

1986; and Grosz et al, 1994). In these studies there was no distinction between aggressive women and those using self-defense. Tardiff (1998) indicated that antisocial and borderline type personalities are more at risk for engaging in violent behavior. Women who use violence toward an intimate partner are more likely to exhibit characteristics specific to borderline personality disorder. However, social workers should not assume that all women who use violence toward an intimate partner have a personality disorder.

Future research on women who use violence with an intimate partner should focus on evaluating personality patterns to determine if there are specific personality patterns that can distinguish between women who use violence to aggress and women who use violence to defend themselves. Ideally, assessing for individual pathology in domestic violence programs as the norm may be the best approach and emphasize the importance of addressing intrapersonal concerns in all treatment programs.

Assessing Violent Actions

The method for determining violent actions (aggressive or non-aggressive) were proved to be reliable. It has been argued in the past that when violent actions are not viewed in context of the individual respondent that explanations for that violent behavior is misunderstood (Yllo, 1988; & Dobash et al, 1992). This method provided an opportunity to view violent actions in their context. Although, the scenarios were emotionally provocative, the women were not presented with situations where violence was being used against them. Surprisingly, many of the women opted to resolve relational conflict with physical violence. This method was unique because it provided an opportunity for physically violent behaviors to be

assessed by trained professionals. This was a different approach from other research; typically violent actions are labeled by the women engaging in the inappropriate behavior (Saunders, 1986) or are based on injurious outcomes (Berk et al, 1983). One of the problems with the latter approaches is that when an individual personal assessment is made a biased outcome is more likely to occur. As a result of these findings it is evident that clinical professionals may provide more credible assessment of violent actions when physical violence is viewed in the context in which it occurs.

This approach has implications for future research because violent behaviors that are assessed in their context offer a better understanding of whether the behavior should be viewed as “aggressive” or “defensive” for a given situation. This method can also provide a more in depth understanding of violent behaviors and offers a reliable method for accurately assessing “violent actions.” Personal interviews and professional assessment are essential in this approach. The importance of this method assures that personal biases about individual behaviors are not distorted by a client’s view. It has been a common trend in research to ask women about how they view their actions without thoroughly understanding the context of the violent behavior. Allowing professional researchers and clinicians to assess and categorize violent behaviors in their context, provide an opportunity to eliminate biases. This requires that more qualitative approaches be incorporated in research. Also policies that require that a distinction be made between “aggressive” and “defensive” actions will need to carefully consider how “violent actions” are assessed.

For example, in criminal justice proceedings, determining whether violent actions are “aggressive” or “defending” is essential. The mandatory arrest policy has

increased the number of arrests by women, even those women who may be defending themselves. When an arrest is made by an arresting officer, it is assumed that the person (s) involved is using violence aggressively. The criminal justice field should begin to incorporate the importance of assessing violence based on the context in which it occur and not on who hits first or the extent of injury occurred at the time violence occurred. This requires that social workers be involved to assess for “defending” or “aggressive” actions after arrests are made. The mandatory arrest policy can be revised to indicate that person (s) arrested for spouse abuse are required to receive an assessment to determine violent actions. The social workers’ assessment of violent actions (aggressive or defending) should be considered before court disposition are made on a domestic violence case. This process ensures that women who are actually defending themselves are not legally charged for a crime and mandated into an offenders program. The social workers required to assess cases to determine violent actions can also make other appropriate treatment recommendations to the court to ensure appropriate treatment.

As we begin to understand more about women and violence it is evident that there is still a lot that is unknown. As a clinician, it can be frustrating at times to work with aggressive women who do not always fit the mold of being a victim of violence. As a clinician it will prove helpful to understand violence in the context in which it is used and assess each situation where violence is reported before determining whether someone is the aggressor or victim. This requires that the focus of the assessment be on what occurred at the time that prompted violence. Understanding past history of the violence in the relationship and past victimization is

important for making treatment recommendations, but by itself does not get at the core of a particular abusive event

One important point to note is that women, who are aggressive in one situation, are not necessarily aggressive in every situation that they use violence. That is why a contextual and situational assessment is essential. For example, one woman that was interviewed responded that she was often aggressive in her present relationship. However, she disclosed that in her past relationship that her husband was often abusive toward her. It was not unusual for women to report that their violent actions were sometimes different at times, particularly from past to present. However, the assessment revealed the violent action most often used by the women in this study. Therefore, violent actions may not always be the same. As a result, future research should include a method that assesses for the violent action most often used and assessment of violent actions in clinical services should not be generalized. If it is assumed that a woman who has been a victim in the past is always defending herself when she engages in violence, the assessment process will not fully incorporate possible behavior actions that may have changed.

Projective Responses and Typical Responses

The hypothesis that projective responses of the women in the “aggressive” and non-aggressive group will be consistent with their typical responses was supported by this research.

Researchers and professionals often argue that women use violence in self-defense (Wolfe, 1994, DeKeseredy, et al, 1997, Hamberger et al, 1994; & Saunders, 1986). The empirical support from this study suggests otherwise for these women.

Most of the women in this study indicated that they would use “aggressive” forms of violence more often. Even when the projective responses of the women were compared to their “typical responses” it was revealed that they were consistent for those women in both groups. That is to say that, majority of their projective responses, whether “aggressive” or “defending,” were consistent with the way they would typically respond when using violence toward their husband/partner. For instance, one woman in the study indicated that she would not use violence when relational tensions were high when asked to respond to the vignettes. Her descriptions of her response to all three vignettes were consistent. She described resolving situations by walking away or calling police. When asked to describe a situation that is more typical for her when she used violence, her response was, “I do not hit my husband unless he comes at me first and I fear getting hurt.” In this case her projective response was coded as “non-aggressive” and her typical response was “defending.” Therefore many of the women who were “non-aggressive” used “defending” violence more often. This is an important finding and provides empirical support for understanding how to determine “violent actions in their context.

Straus et al (1986) noted that women engage in a high rate of violence. Here we find that many of the women acknowledged initiating violence, but a more important finding is that women who use “aggressive” forms of violence are more likely to initiate violence at a much higher rate than women who are defending themselves. One explanation is that if women are more likely to use violence in a number of situations, then it’s more likely that they are going to initiate violence more often. On the other hand, women who are defending themselves may use

violence at times when they fear that they are in immediate danger. Thus, the initiation of their violent behavior toward their husband/partner is more selective and often defensive in nature. If the latter is true then women who use “defending” violence is less likely to initiate violence and more likely to use violence after their partner has struck them first. Saunders (1986) indicated that women who use defending violence are more likely to use violence toward an abusive partner than a non-abusive partner. It seems more likely that their violence may occur more often as a result of protecting themselves. Women who are “aggressive” may strike out at anytime at an abusive or non-abusive partner.

Future Multivariate Recommendations

The multivariate analysis did not fully support the hypothesis under investigation. It was hypothesized women who will use aggressive forms of violence will exhibit more antisocial personality characteristics, report a more severe history of past victimization in and out of the home, report higher stress levels, engage in more alcohol use/abuse and exhibit more aggression tendencies than those women who do not choose to use aggression to resolve relationship conflict. There were only two variables that were able to distinguish between the two groups when used in the multivariate analysis, thus indicating that the model did not do as well in differentiating between the two groups of women. This may be because there are other variables that need consideration when looking at differentiating between “aggressive” and “defensive” actions. Previous research on domestic violence indicates that age, socioeconomic level, and education level are also important variables in understanding domestic violence.

Studies consistently show that violence is highest amongst respondents' age under age thirty (Morbidity and Mortality Weekly Report, 1996; Sorenson, Upchurch, and Shen, 1996). The average age for this study was 30, suggesting that as a control in future studies more women above 30 will need to be evaluated to determine differences. Magdol, Moffitt, Caspi, & Silva (1998) revealed that economic distress and low education levels were related to spouse abuse. The women in this study had an average income that fell below the poverty line and education was limited to a high school degree or no degree. In future research demographic variables should be monitored to ensure that there is a good representation of women from various age groups, socioeconomic levels, and educational levels.

The multivariate analysis revealed that women in the "non-aggressive" group were less likely to exhibit antisocial characteristics. This finding may prove an important variable in building theory related to women and violence. Future research should explore this area to determine if there is consistency across different populations. This approach will show whether theory should embrace antisocial behaviors as a way of distinguishing between women who are "aggressive" and those who are generally not. In practice, this finding may prove helpful in the development of appropriate assessment and treatment guidelines. For instance, if the outcome of an assessment reveals that a woman is often aggressive it would be helpful to assess for antisocial characteristics specifically and use the outcome to guide treatment intervention. It is critical in treatment populations to ensure that women who display antisocial characteristics are not placed in groups with women who are victims or women who do not display evidence of personality disorders. In short, women with

antisocial characteristics are not immediately prepared to accept responsibility for their violent actions and tend to use deceit and manipulate situations (Million et al, 1997).

Another important finding was that women in the “aggressive” group are more likely to display aggression tendencies in general. The assessment of aggression tendencies specifically addressed, physical aggression, verbal aggression, anger and hostility. This tie into earlier findings that indicated that women in this group use violence in a number of situations, thus indicating that their aggression is not specific to using violence toward a partner.

Limitations

There are a few caveats that should be discussed regarding this study. First, the women in this study were predominantly from a lower socioeconomic group and were more likely to have a high school diploma or no diploma. Although attempts were made to include women from all socioeconomic and educational backgrounds they were not successful. Secondly, the combined evaluation of severity does not allow for understanding the severity of the specific type of abuse experienced. The severity for certain types of abuse may have been important in distinguishing between the two groups. For instance, one group may have had more experiences with sexual abuse and rape than another group. The only conclusion that can be drawn regarding severity is that it is inclusive of several types of abuse. For instance, direct experience of abuse in the family of origin includes physical abuse, sexual abuse, psychological abuse and rape. Also, assessing for severity in this manner does not totally rule out social desirable responses. Assessing for past abuse can be a sensitive

process. It is conceivable that some of the women in this study minimized the impact of their abusive experience.

Third, there have been many discussions about the frequency of occurrence of past abuse, violence toward others – familial and nonfamilial and personality and clinical syndromes. Many of the findings were not significant in distinguishing between the two groups. The differences discussed were often specific to percentages or mean scores. Although valuable information can be obtained from summary statistics, the findings can only be considered at most substantially significant. The assessment of violent actions proved to have very good reliability. However, this method should not be used to make generalizations about violent actions. The most that this method can reveal are situational responses in the context in which they occur and assess whether their situational responses are indicative of their typical response up to the time that the interview takes place.

Fourth, the multivariate analysis was limited as a model in distinguishing between women who are “aggressive” and those who are “non-aggressive.” This model should be considered as a guide but should not be replicated without considering other important variables.

The results of this study should not be generalized to other populations. This was an exploratory study that was intended to provide insight about women and violence only, particularly in distinguishing between “aggressive” and “defending” actions. As a result, it should not be taken out of context and used as a comparison to men.

Conclusion

The purpose of this research was to examine relationships of important variables for women who were “aggressive” and “non-aggressive.” The hypotheses that were presented were: 1) The projective responses of the women in the and non-aggressive group will be consistent with their typical responses. Specifically, the women in the non-aggressive group will more likely use violence to defend themselves and women who are categorized in the aggressive group will more likely use aggressive violence. 2) Women who will use aggressive forms of violence will exhibit more antisocial personality characteristics; report a more severe history of past victimization in and out of the home; report higher stress levels; engage in more alcohol use/abuse and exhibit more aggression tendencies than those women who do not choose to use aggression to resolve relationship conflict.

The findings indicated that the projective responses of the women in this study were significantly correlated with their typical responses. Therefore, projective responses can be considered an effective approach for determining violent behaviors. The outcome of the multivariate analysis did not fully support hypothesis 2. There were only two variables that proved to be significant in delineating between the women in the “aggressive” and “non-aggressive” groups. This suggests that there may be other important variables that should be explored and that this exploratory study may serve as a guide for future research on understanding “violent actions.” Other important variables in previous research that require consideration in future multivariate analysis include: age, socioeconomic status and education level.

Overall, the assessment of violent actions proved to be a reliable method.

Determining violent actions is essential to developing treatment plans. Inappropriate assessments, no doubt, lead to inaccurate intervention methods, which may prove to be unsuccessful and futile in helping women, deal with their violent behaviors.

The method used in this research is an opportunity to add to the existing research and offers new angles for determining violent actions in research and clinical sectors. This approach can also serve as a model for focusing future research on women and their violent actions.

APPENDIX A-1 – PRESCREENING - PHYSICAL VIOLENCE

In your most recent encounter of using physical violence during a relational dispute, have you used any one of the following **Physical Behaviors** below toward your spouse/partner to defend yourself or otherwise? Please respond by circling the correct response.

Yes or **No**

Did this occur in the past three years?

Yes or **No**

Are you 18 years of age or older?

Yes or **No**

PHYSICAL BEHAVIORS

- Grabbing
- Pushing
- Holding
- Throwing things
- Pinching
- Slapping
- Choking
- Punching
- Sitting or standing on
- Kicking
- Hitting with hand or objects
- Assaulting with knives, firearms or other weapons/objects.

Other:

Please give a brief example of other behaviors that are not listed above that you feel qualifies you to participate in this study _____

** If you answered yes to each of the questions above, you may be eligible to participate in this study on women and domestic violence. If you would like to know more about the study and/or have an interest in participating, please notify the researcher at this time. If you were asked to complete this prescreening by a supporting agency and would like to participate, please print your name and phone number below. The researcher will contact you within a week for an appointment. To ensure confidentiality, this prescreen will be destroyed whether you choose to participate or not. Thanks in advance.

Print Name

Phone number

APPENDIX A-2 CONSENT FORM

IRB Approval -University of Texas at Austin # 2002-01-0092

Title: Women and Violence: Understanding characteristics of women who defend and women who aggress in the context of a volatile situation

You are invited to participate in a study about women who have engaged in violence in their present relationship. My name is Sheila Adams, and I am a doctoral candidate at The University of Texas at Austin, School of Social Work. This is a study that I am conducting as a part of completing my dissertation for my Ph.D. I hope to learn more about the characteristics of women who choose to use violence in their relationship by asking them to respond to relational situations that the researcher has made up. You were selected as a possible participant in this study because you indicated at a prescreening that you have used some form of violence (See attached **Appendix A-1 – Prescreening – Physical Violence**) in the last year toward your partner in your current relationship. If you decide to participate, you will be one of approximately 105 women interviewed for this study.

If you decide to participate, overall it will take approximately 1½ hours to complete. The information that I wish to obtain is sensitive in nature. You will be asked to complete five self administered scales which should take about 1 hour to complete. The five scales ask questions about your experiences with stress, alcohol and explore your psychological functioning. The final portion of the interview will last about 30 minutes and will be a face to face interview with the researcher. I will ask you to complete a brief background questionnaire—which asks questions about your age, marital status, educational level and experiences with violence. Then I will read you three vignettes which entail scenarios about jealousy, humiliation and helplessness. You will be asked to respond by indicating how you would resolve issues when placed in a situation where your trust is violated and where you may experience humiliation and feel helpless.

Some of the information in the vignettes may remind you of experiences you have had in the past with a partner. If at anytime during the interview you experience emotional distress and feel that you cannot continue, please say so. You may choose to stop the interview at anytime. I have included a hotline number at the bottom of this consent form for you in case you need to contact someone for help as a result of this research. I am also a trained clinical social worker and have worked with women who have experienced emotional distress. I am here to assist you during the interview process if necessary. Thereafter, the hotline is available for your use and we can coordinate a follow-up appointment with your treatment provider, if applicable. There is no treatment provided for your participation in this research.

The benefits of being in this study are that: **A \$15 cash payment will be made upon completion of the interview.** You will be helping us learn more about women who use violence in their relationships—very little research exist on this topic; and you will have an opportunity to discuss your feelings and thoughts about responding to relational conflict which can be very helpful. Long term, your input may help in enhancing prevention and treatment programs for women. Research has been vital in helping agencies establish & sustain services and in many cases revamp programs as well as attain funding.

Any information that is obtained in connection with this study and that can be identified with you, will remain confidential and will be disclosed only with your permission. To protect your identity, all participants will receive a number that will be used for managing the information obtained at your interview.

If you agree, a portion of the interview will be tape recorded, in order to record all your answers for later analysis. This ensures that the information obtained is reliable and helps to eliminate inaccurate information. All taped responses will be kept under lock and key in the researcher's home office. The tapes will be destroyed as soon as the interview has been typed. You will not be identified on the tape or the transcript—only your assigned fictitious number will be used.

Information obtained from you will confidential. The exception to this rule is if you disclose threats to harm yourself, others or if abuse of a child is disclosed. I am ethically obligated to report such information to the local police department or to the Department of Child Protective Services.

Your decision whether or not to participate will not affect your future in/at _____ . Your signature below indicates that you have read the information provided above and have decided to participate. You can stop participating at any time after signing this form if you want. Your signature on this form will not be linked with your fictitious number.

If you have any questions about the research, please don't hesitate to call me 254-699-9145 or my faculty advisor (Dr. Cynthia Franklin at the University of Texas at Austin, phone number: 512-471-0533. A copy of this form will be provided to you.

If you have questions about your rights as a research participant, please contact Clarke A. Burnham, Ph.D., The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects, 512-232-4183.

Signature of Participant _____ Date _____

Do you agree to have the interview recorded? Please initial next to your response.

Agree _____ or Disagree _____

Signature of Interviewer _____ Date _____

NATIONAL HOTLINE # 1-800-799-7233

*** The hotline provides crisis intervention and referrals to local community agencies for individuals who are victims of domestic violence. Please call this number for assistance if you feel that you need assistance.**

APPENDIX A–2.1 CONSENT FORM (MILITARY PARTICIPANTS ONLY)

INFORMED CONSENT DOCUMENT BROOKE ARMY MEDICAL CENTER/WILFORD HALL MEDICAL CENTER IRB Approval – C.2002.058

Title: Women and Violence: Understanding characteristics of women who defend and women who aggress in the context of a volatile situation

You are being asked to consider participation in this research study. The purpose of this study is to understand violent actions and to identify characteristics of women who have experiences with violence.

This study will enroll a total of 105 women, with 40 being from the military sector. Your participation is a one time deal; however, the study will be conducted over a 9 month period. As a part of the research, participants will be required to participate in a brief thirty to forty-five minute interview. You have been selected to participate in this study because you have been involved in a physical altercation with your partner in the past year.

This study is innovative and will help professionals understand more about women and their experiences with violence. You are one of the first to participate in a study of this kind. I envision that it will have wider utility in the profession and will begin to establish appropriate protocols for recognizing violent actions as well as establishing characteristics of women who use violence.

PROCEDURES

If you decide to participate, overall it will take approximately 1½ hours to complete. The information that I wish to obtain is sensitive in nature. You will be asked to complete five self administered scales which should take about 1 hour to complete. The five scales ask questions about your experiences with stress, alcohol and explore your psychological functioning. The final portion of the interview will last about 30 minutes and will be a face to face interview with the researcher. I will ask you to complete a brief background questionnaire—which asks questions about your age, marital status, educational level and experiences with violence. Then I will read you three vignettes which entail scenarios about jealousy, humiliation and helplessness. You will be asked to respond by indicating how you would resolve issues when placed in a situation where your trust is violated and where you may experience humiliation and feel helpless.

RISK

As a FEMALE who wishes to volunteer for this project, you must understand that this process may create some emotional discomfort. Therefore, you must agree that you will inform the investigator or speak with your assigned social worker if the interview or discussion impacts your ability to function or prompt unbearable

emotional distress. If at any time during the interview or discussion process that you decide that you do not want to participate in this study, you should immediately inform the principal investigator (CPT Adams).

Although I am taking extreme caution to ensure that the information that you will provide will be kept in the strictest of confidence, there is a small chance that confidentiality may be violated. As an assurance of confidentiality, I am assigning numeric and alphabetic codes, ensuring that none of the information that you provide can be linked back to you personally

BENEFIT

The possible benefit of your participation in this study is that valuable information about the characteristics of women who use defending violence vs. aggressive violence will be revealed. The method will be innovative and the results will begin to establish specific behavioral and psychological typologies of the different women. This information will be invaluable for treatment planning in the clinical sector and pertinent for future research.

This study is intended to benefit you and other women who may use violence in their relationship. At this time, there is no empirical research on understanding characteristics of women who use violence, nor is there any recorded empirical data on determining violent actions based on this method. The researcher has designed this study to learn more about the violent actions of women and to understand their behavioral and psychological profiles.

PAYMENT (COMPENSATION)

You will receive a **\$15 cash payment upon completion of a completed interview.**

CONFIDENTIALITY OF RECORDS OF STUDY PARTICIPATION:

Records of your participation in this study may only be disclosed in accordance with Federal Privacy Act, 5 U.S.C. 552a, and its implementing regulations. DD Form 2005, Privacy Act Statement-Health Care Records, contains the Privacy Act Statement for the records. By signing this document, you give your permission for information gained from your participation in this study to be published in medical and/or social science literature, discussed for educational purposes, and used generally to further behavioral science. You will not be personally identified; all information will be presented as anonymous data.

Your records may be reviewed by other government agencies, they include: BAMC/WHMC Institutional Review Boards, and specified agents.

Complete confidentiality cannot be promised, particularly for military personnel, because information regarding your health may be required to be reported to appropriate medical or command authorities. **Specifically, I am ethically obligated to report if you disclose threats to harm yourself, others or if abuse of a child is disclosed. Disclosure of such information will be reported to the military police or to the Department of Child Protective Services.**

ENTITLEMENT TO CARE:

Federal laws and regulations govern your entitlement to medical and dental care and/or compensation in the event of injury. If you have questions about your rights as a research subject or if you believe you have received a research-related injury, you may contact the **Brooke Army Medical Center Protocol Coordinators, 210-916-2598 or BAMC Judge Advocate, 210-916-2031.**

Participation in this study does not alter your ongoing medical benefits as a military beneficiary. You will continue to receive any needed medical treatment should you experience illness or injury as a result of this study. In the event of injury resulting from the investigational procedures, the extent of medical care provided is limited and will be within the scope authorized for DoD health care beneficiaries.

STATEMENT OF GOOD FAITH:

The investigator cannot guarantee or promise that you will receive benefits from this study; however, the investigator will keep you informed of any serious complications, which may result from your participation in this study.

VOLUNTARY PARTICIPATION:

The decision to participate in this study is completely voluntary on your part. No one has coerced or intimidated you into participating in this project. You are participating because you want to. The Principle Investigator (CPT Adams) has adequately answered any and all questions you have about this study, your participation, and the procedures involved. The principal investigator or the Chief of Social Work, LTC at 254-288-6474 will be available to answer any questions concerning procedures throughout this study. If significant new findings develop during the course of this study that may relate to your decision to continue participation, you will be informed.

You may withdraw this consent at any time and discontinue further participation in this study without affecting your eligibility for care or any other benefits to which you are entitled. The principle investigator of this study may terminate your participation in this study at any time if he/she feels this to be in your best interest.

Your consent to participate in this study is given on a voluntary basis. All oral and written information and discussions about this study have been in English, a language in which you are fluent. A copy of this form has been given to you.

*VOLUNTEER'S SIGNATURE VOLUNTEER'S SSN DATE

VOLUNTEER'S PRINTED NAME FMP SPONSOR'S SSN

ADVISING INVESTIGATOR'S SIGNATURE DATE (PHONE)

PRINTED NAME OF ADVISING INVESTIGATOR

WITNESS' SIGNATURE DATE

PRINTED NAME OF WITNESS

- No minors can participate in this study.

Protocol #: C .2002.058

Date protocol Approved by BMC IRB: January 28, 2002

Date ICD Changes Approved by BAMC IRB:

PRIVACY ACT OF 1974 APPLIES.
DD FORM 2005 FILED IN CLINICAL/MEDICAL RECORDS

***Your signature on this consent form will not be linked to the research information that you provide.**

APPENDIX B – INCOMPLETE VIGNETTES

This segment of the interview will be taped. I'm going to read you three stories. Each story will be incomplete. I would like for you to tell me in as much detail as you can how you would respond to each situation. When responding to each vignette, would like for you to tell me how you might respond **physically and emotionally**. Take as much time as you need to explain your response.

1. You and your husband/partner have been yelling and screaming at each other daily for the past month. Several issues are often brought up but never resolved. You have strong feelings that your husband/partner is seeing another woman. He's been coming home later and later. Recently you noticed a credit card purchase for flowers on his visa bill. However, you did not receive any flowers from him and when you inquired about the purchase he said that he would not talk about it because you were prying/snooping in his personal mail. Today, he said he would be home at 9:00 p.m., immediately after work, but he does not show until 7:30 a.m. the next morning. You observe that he has lipstick on his shirt and smells of perfume. You ask him where he has been and he says shut up, I told you not to pry now get out of my face, I'm tired, then he stares at you. At this time you
2. Your husband/partner calls you after a stressful day at 6:00 p.m. in the evening saying that he is at the club with some of his buddies celebrating his new job promotion. He invites you to come and you agree to meet him in about ½ hour. When you arrive at the club you notice that your husband/partner is stripping on the table and being groped by the women in the club. He appears to be enjoying himself as you approach him. You ask him what is going on. He responds by motioning you to join his office buddies who are all cheering him on. At this time you
3. You and your husband/partner have agreed to share a checking account to pay bills. As the relationship progresses it appears that your husband/partner is making all of the financial decisions. You approach him, saying that you want to be more involved in the financial decisions. He tells you not to worry that he has everything under control and that he will ensure that you have what you need. He continuously ignores your requests when you ask to see the check book. The check book is always in his possession. You make one last final attempt to talk with him, at which time he gets upset and yells and screams at you, saying that you are not responsible and that he is the man of the house and he will make the decisions. He then grabs the check book off of the counter. At this time you

4. What were three thoughts/feelings you had while responding to these vignettes?

Thoughts:

Feelings:

5. Could you describe for me in detail a typical **real** incident (one that is more like the way you would normally respond) where you engaged in violence with your partner?
6. Is it more typical that you will strike your partner first or is it more typical that he would strike you first?
7. Using a 100% scale, what percentage of the time would you say that you initiate the violence in your relationship? Or, think of the last ten times that you and your partner had a physical altercation, how many times would you say that you hit him first?

APPENDIX B-1 INTER-RATER RELIABILITY

Name of Reviewer _____ Case Number _____

Circle the response that is most appropriate.

Response to vignette # 1 Aggressive Non-aggressive

Comment _____

Response to vignette # 2 Aggressive Non-aggressive

Comment _____

Response to vignette # 3 Aggressive Non-aggressive

Comment _____

Response # 5 Defending Aggressive Unsure

Comment _____

APPENDIX C – CONCEPTUAL DEFINITIONS FOR REVIEWERS OF INTER-RATER RELIABILITY OF THE DEPENDENT VARIABLE

Use the Aggressive and Non-aggressive definitions for vignettes 1, 2 & 3

Aggressive

Aggressive violence has been conceptualized as physically violent behavior that is used deliberately when there is no evidence that the person responded in self-defense at the time violence was used (Snyder, Pitts, Pokorny, 1986; and Trestman, 1997). Furthermore, aggressive violence takes into consideration the context and motives of a woman’s violent action. Ben-David (1993) suggests that the assessment of violent encounters by women should be limited to a given situation (context). An earlier definition by Baron (1977) reveals that aggression is any form of physical behavior toward an individual who is attempting to avoid such treatment. A more recent psychological definition of aggression is physical violence action that is intended control or harm; and/or physical violence directed at a living target wishing to avoid harm (Opatow, 2000).

Non-aggressive

A person would be considered non-aggressive if they do not use physical violence to resolve relational conflict in situations where emotional tensions are high, but instead may find other ways to avoid a physical encounter with their partner. For example, leaving a potential volatile situation or attempting to resolve the issue by discussing he matter.

Use the Aggressive vs. Defending definitions to rate question # 7. You may also refer to the Aggressive definition above.

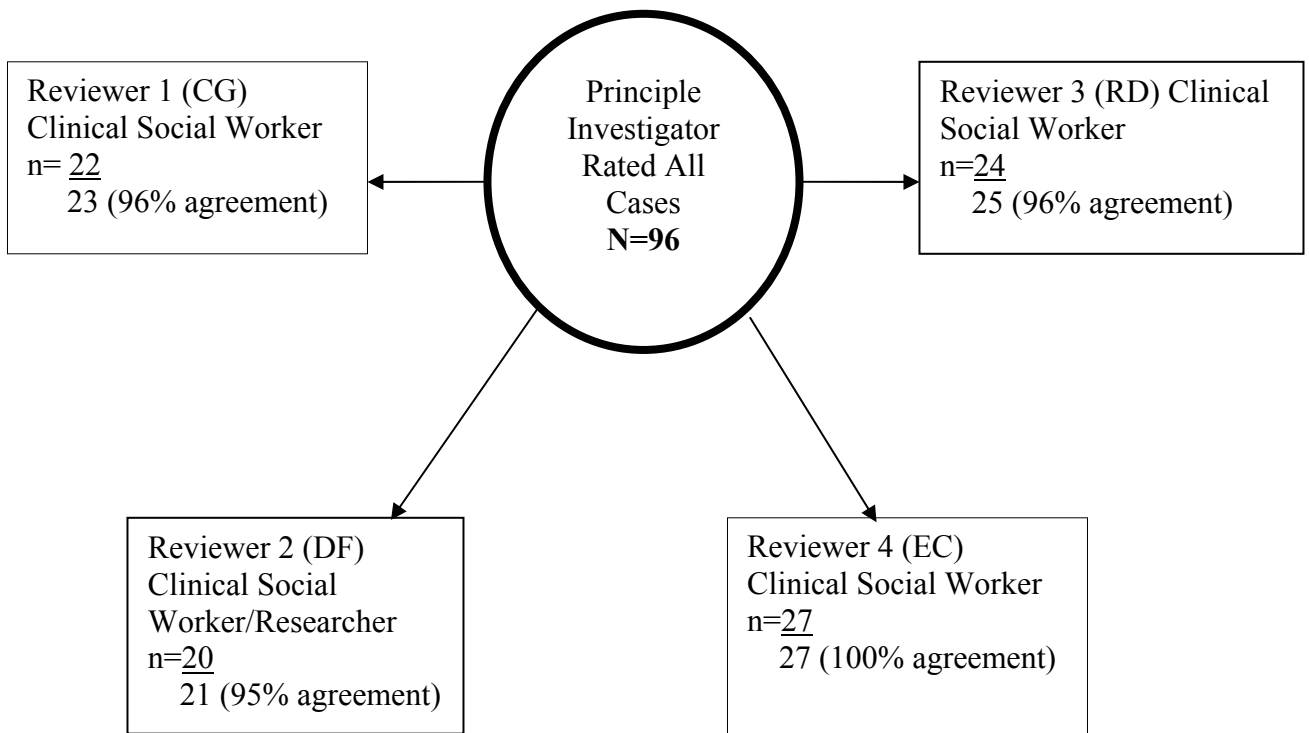
Aggressive vs. Defending

Lafave & Scott (1972) from the criminal law field offered a definition of self-defense—“One who is not the aggressor in an encounter is justified in using a reasonable amount of force against an adversary when one reasonably believes that (a) he is in imminent danger of unlawful bodily harm from an adversary and (b) that the use of such force is necessary to avoid this danger. This definition was referred to by Saunders (1986) as a means for understanding self-defense in the field of domestic violence. Aggressive violence differs from self-defense when women use violence for other reasons than defending themselves at the time that a physical encounter takes place.

EXAMPLES OF PHYSICALLY VIOLENT BEHAVIORS

- | | | |
|-----------------|--|------------|
| Grabbing | Choking | Spitting |
| Pushing/Pushing | Punching | Scratching |
| Holding | Sitting or standing on | Biting |
| Throwing things | Kicking | |
| Pinching | Hitting with hand or objects | |
| Slapping | Assaulting with knives, firearms or other weapons/objects. | |

APPENDIX C-1 –INTER-RATER RELIABILITY OUTCOME



* The cases where inter-rater reliability could not be established n=3, a third reviewer was asked to code those cases. These responses were coded based on the third reviewer's responses.

APPENDIX D – BACKGROUND QUESTIONNAIRE****TO BE COMPLETED WITH THE PI****

Thank you again for agreeing to participate. This section of the interview has three sections that will help me understand more about your background. There is no right or wrong answers. Your honesty is appreciated and your confidentiality will remain anonymous. Please write your assigned number in the upper right hand corner, do not write your name on this questionnaire.

SECTION I General Information

Write in the response or put an X in the appropriate space or box. Please mark only one category per question. Thanks.

1. How old were you on your last birthday? _____

2. What is your race/ethnicity?

African-American/Black _____
 Latino/Mexican American _____
 White (non-Hispanic) _____
 Asian _____
 Other _____

3. What is the highest level of education completed?

GED _____
 High School _____
 Did not complete High School or get GED _____
 Associate Degree _____
 Bachelor's Degree _____
 Masters Degree or Higher _____

4. What is your current marital status?

Married _____
 Single, never married _____
 Single, divorced _____
 Separated _____
 Common law marriage _____
 Widow _____
 Other _____

5. What is your total yearly household income right now?

- Under \$5,000 _____
- \$5,000 – \$9,999 _____
- \$10,000 – \$14,999 _____
- \$15,000 - \$19,999 _____
- \$20,000 - \$24,999 _____
- \$25,000 - \$29,999 _____
- \$30,000 – or above _____
- Don't know _____

SECTION II Your Personal Experiences with Violence

For the next section, indicate the number of times you can recall (your best estimate from 1-100 or 100+) that the behavior occurred up to the age of 18. See Appendix D-1, Section A for definitions of behaviors. Also, circle the severity of the abuse you experienced, with 5 being severe and 1 being minor. See Appendix D-1, Section B for severity of abuse guidelines. See Appendix D-1, Section C for definitions of direct and indirect experiences of abuse that occurred in an out of the family.

For example,

As a child (18 or younger) did you directly experience any of the following from someone **NOT** in your family?

	How many times	Severity of abuse				
Physical abuse	<u>10</u>	1	2	3	4	5
Sexual abuse	_____	1	2	3	4	5
Emotional/Psychological abuse	_____	1	2	3	4	5
Rape	<u>1</u>	1	2	3	4	5

**** Appendix D-1 (attached) provides you with definitions of each category.**

6. As a child (18 or younger) did you directly experience any of the following from someone **NOT** in your family?

	How many times	Severity of abuse				
Physical abuse	_____	1	2	3	4	5
Sexual abuse	_____	1	2	3	4	5
Emotional/Psychological abuse	_____	1	2	3	4	5
Rape	_____	1	2	3	4	5

7. As a child (18 or younger) did you observe anyone **NOT** in your family experience either of the following?

	How many times	Severity of abuse				
Physical abuse	_____	1	2	3	4	5
Sexual abuse	_____	1	2	3	4	5
Emotional/Psychological abuse	_____	1	2	3	4	5
Rape	_____	1	2	3	4	5

8. As a child (18 or younger) did you directly experience anyone of the following in your family?

	How many times	Severity of abuse				
Physical abuse	_____	1	2	3	4	5
Sexual abuse	_____	1	2	3	4	5
Emotional/Psychological abuse	_____	1	2	3	4	5
Rape	_____	1	2	3	4	5

9. As a child (18 or younger) did you observe anyone in the family who experienced any one of the following?

	How many times	Severity of abuse				
Physical abuse	_____	1	2	3	4	5
Sexual abuse	_____	1	2	3	4	5
Emotional/Psychological abuse	_____	1	2	3	4	5
Rape	_____	1	2	3	4	5

SECTION III Your Experiences with using Physical Violence ONLY!

For the next section, if you have ever used Physical Violence (See Appendix D-1, Section A for definition of Physical violence) toward anyone listed below, please indicate by placing an X in the appropriate space. Also, indicate the number of times you can recall (your best estimate) that the behavior occurred.

12. many	As a child	How many	As an Adult	How
	<u>18 & younger</u>	<u>times</u>	<u>19 & older</u>	<u>times</u>
Mother	_____	_____	_____	_____
Father	_____	_____	_____	_____
Sister	_____	_____	_____	_____
Brother	_____	_____	_____	_____
Friend	_____	_____	_____	_____
Stranger	_____	_____	_____	_____
Teacher	_____	_____	_____	_____
Coworker	_____	_____	_____	_____
Other	_____	_____	_____	_____
Specify: _____				
Other	_____	_____	_____	_____

13. Have you ever been arrested? If yes, please indicate below what year and the offense charged. List all offenses. If more space is required, please list the number and the information on the back of this page.

Yes or No

a. When _____
Offense _____

b. When _____
Offense _____

c. When _____
Offense _____

d. When _____
Offense _____

Thank you very much for your honest participation.

APPENDIX D-1 DEFINITIONS

Section A - Child (Any person under the age of 18)

Physical abuse

- Physical acts that may or may not cause physical injury that are intended to cause pain or injury. This may include, hitting with hand or objects, cuts, lacerations, bruises or welts, burns or scalds or other injury that impairs the well-being of a child.

Sexual abuse

- Sexual activity with male or female, regardless of age, and a child, when the offender is in a position of power over the child whether in a caretaker role or not. This may include inappropriate rubbing, kissing, licking, groping of a females body.

Rape

- Any act of sexual intercourse committed by force and without consent.

Emotional abuse

- Involves a pattern of active, intentional berating, disparaging, or other abusive behavior that may not cause observable injury.

Psychological abuse

- A pattern of behavior involving one or more of the following behaviors: explicit or implicit threats of violence, mental degradation (name calling, etc.), and isolating behavior.

Section B – Severity of Abuse Guidelines

- Minor – Injuries include cuts, bruises or welts; or other shaking or twisting incidents, physical or emotional/psychological abuse that did not impair one’s mental health or physical functioning.
- Severe – Acts that result in hospitalization, to include psychiatric inpatient care or other physical or emotional/psychological abuse that seriously impaired someone’s mental health or physical functioning.

1
Minor

2

3
Moderate

4

5
Very Severe

Section C –Direct and Indirect Experiences of Abuse

1. Direct experiences of abuse Not in the family – Refers to abuse that you personally experienced from someone not in your family. This can be anyone that is not related to you by blood or marriage, i.e. neighbor, family friend, babysitter.
2. Observe anyone Not in your family experience abuse – Refers to abuse that you actually seen someone else experience. You had to physically see the abuse. This can be anyone that is not related to you by blood or marriage, i.e. neighbor, family friend, babysitter, school friend.
3. Direct experience of abuse In your family – Refers to abuse that you personally experienced from someone in your family. This can be anyone that is related to you by blood or marriage, i.e. mother, father, sister, brother, aunt, uncle, cousin, step family.
4. Observe anyone In your family experience abuse - Refers to abuse that you actually seen someone else in your family experience. This can be anyone that is related to you by blood or marriage, i.e. mother, father, sister, brother, aunt, uncle, cousin, step family.

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VITA

Sheila R. Adams was born in Buchanan, Michigan on July 17, 1968, the daughter of Earlie Mae Walker and LeRoy Nelson Walker. After completing her work at Dowagiac Union High School, Dowagiac, Michigan in 1987, she entered Western Michigan University in Kalamazoo, Michigan. She received her Bachelors in Social Work in August, 1991 and was commissioned as a Second Lieutenant in the United States Army. As a graduate in good academic standing, she attended the Master of Social Work advance standing program in December, 1992 at Our Lady of the Lake University in San Antonio, Texas and graduated at the end of the same year. Mrs. Adams entered the United States Army active service in October, 1994 as a Social Work Officer and continues to maintain her active duty status. One of her military assignments was at the Army Medical Department Center & School in San Antonio, Texas where she worked as an instructor/writer teaching an array of behavioral science subjects to professionals from various disciplines. As a result of her performance she received the Meritorious Service Medal and was selected for Long Term Health Educational Training. She has published four articles, two on the subject of women and violence and two on hospital patient satisfaction. Her quest to pursue her doctorate began in September, 1999 at the Graduate School of The University of Texas at Austin in the Department of Social Work.

Permanent Address: 58430 M-62 N
Dowagiac, Mi 49047

This dissertation was typed by the author.