partner abuse

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new directions in research, intervention, and policy

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Self-Determined Goals and Treatment of Domestic Violence Offenders: What If We Leave It Up to Them?

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Despite empirical evidence of self-determined goals and positive treatment outcomes, most conventional treatment programs of domestic violence offenders do not use self-determined goals as an integral part of their treatment efforts. The foundation for this article is a qualitative study that used data from 127 domestic violence offenders to explore the content and characteristics of goals that were self-determined by the offenders in a solution-focused, goal-directed treatment program. The emergent themes showed that the self-determined goals developed by offenders focused on self-focused and relational-focused attitudinal change and skills development. Three observed characteristics of these goals revolved around (a) emotional regulation versus cognitive understanding, (b) positively stated versus negatively stated goals, and (c) capacity building versus problem elimination. The implications of findings are discussed with the intention of generating useful dialogues among helping professionals to revisit treatment practices, orientations, and assumptions regarding treatment of domestic violence offenders.

KEYWORDS: self-determined goals; batterer treatment; solution-focused therapy; strengths-based
Intimate partner violence remains a major challenge to our society. Based on data from National Intimate Partner and Sexual Violence Survey, more than one in three women (35.6%) and more than one in four men (28.5%) in the United States have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime (Black et al., 2011). A systematic review of published literature from 2000 to 2010 based on findings of 249 studies indicated that approximately one in four women (23.1%) and one in five men (19.3%) experienced physical violence in an intimate relationship, with an overall pooled prevalence estimate of 22.4% (Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012). The early efforts of the battered women’s movement in the 1970s to protect victims and their children have been expanded to include legal sanction of domestic violence as well as the provision of treatment programs for offenders. Early batterer intervention programs (BIPs) were mostly influenced by a deficit-based understanding of the etiology of domestic violence, which assumes that domestic violence offenders have behavioral and cognitive skills deficits as well as distorted beliefs or expectation in relationships and gender roles. Consequently, conventional BIPs are mostly psychoeducational in nature and focus on confronting batterers to assure they recognize and admit their violent behaviors, take full responsibility for their problems, raise awareness of patriarchal power and control, learn alternative and effective ways to manage their anger, and communicate with their spouses (Pence & Paymar, 1993, 2003; Russell, 1995; Shepard, 2005; Wexler, 1999). Underlying the psychoeducational approach is a common belief that teaching is an effective way to facilitate new learning and behavioral and cognitive changes. The overarching premise is that offenders will need to be reeducated and learn new and beneficial skills to positively handle relational conflicts.

While recognizing the significant contributions of psychoeducational, feminist–cognitive-behavioral treatment approaches in advancing treatment for domestic violence offenders, some professionals raise questions regarding the effectiveness of these programs both from a treatment and outcome perspective. From a treatment perspective, a major therapeutic hurdle when working with this population is the issue of motivation because most offenders are involuntary, court-mandated clients (Lee, Sebold, & Uken, 2003). Dutton and Corvo (2006) express concern that the use of shaming and confrontation in the BIPs is ineffective in stopping domestic violence. Attrition from programs is high and presents a major challenge to BIPs (Edleson, 2008).

Findings of empirical studies of conventional BIPs are inconclusive. The recidivism rate of the Duluth Domestic Abuse Intervention Program based on the Duluth Model is 40% (Shepard, 1992). A multisite 4-year longitudinal follow-up evaluation of Duluth Model showed that 80% of the men did not reoffend in the previous year at 30 months and 90% had not been violent in the previous year at 48 months, indicating the effectiveness of the Duluth model in reducing recidivism (Gondolf, 2002, 2004). Other studies, however, are more critical of the effectiveness of these programs. Two experimental evaluations have found BIPs to be largely ineffective in that there were no significant differences between those who received group treatment and those who
did not in terms of their attitudes, beliefs, and behaviors (Feder & Forde, 2000; Feder & Wilson, 2005) or victims’ reports of new violent incidents (Davis, Taylor, & Maxwell, 2000). A large-scale study supported by National Institute of Justice studied BIPs using the Duluth Model in Broward County, Florida, and Brooklyn, New York. The findings indicated that these programs do not change batterers’ attitudes and may have only minor effects on behavior (Jackson et al., 2003). In addition, Babcock, Green, and Robie (2004) conducted a meta-analysis of findings of 22 studies evaluating batterer treatment efficacy. They reported that conventional BIPs produced a very small effect size, and these programs add only about 5% more reduction in reoffense than simple arrest alone (Babcock et al., 2004). They concluded that the Duluth approach, cognitive-behavioral therapy, and other models yield mixed results, and therefore, the criminal justice system should consider alternative treatments. Proponents of conventional BIPs, on the other hand, point to the methodological flaws of those studies and provide counter arguments and evidence that support the viability and effectiveness of these approaches (Gondolf, 2004, 2007).

Current BIPs are more diverse than the conventional psychoeducational, feminist–cognitive-behavioral treatment approaches. Eckhardt and his associates (2013) conducted a systematic review of published outcome studies on BIPs completed since 1990 that used randomized or quasi-experimental designs. Among the 30 studies included in the review, 20 studies evaluated conventional BIPs and 10 studies investigated alternative formats of BIPs, indicating the diversity of current intervention programs for offenders. These alternative, nontraditional interventions use constructs such as readiness to change, strengths, or motivational enhancement (e.g., Aguire, Lehmann, & Patton, 2011; Eckerle-Curwood, De Geer, Hyman, & Lehmann, 2011; Eckhardt, Holtzworth-Munroe, Norlander, Sibley, & Cahill, 2009; Simmons & Lehman, 2010). Findings of the review showed mixed evidence of effectiveness of these intervention programs with more recent investigations of novel programs with alternative content showing more promising results in reducing recidivism (Eckhardt et al., 2013). However, the authors cautioned against definitive conclusion of program effectiveness of any particular intervention approach or program because of the methodological flaws of these studies (Eckhardt et al., 2013).

Another factor identified by literature that might influence treatment outcomes is batterer subtypes. The seminal work by Holtzworth-Munroe and his associates (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Holtzworth-Munroe & Stuart, 1994) identified four typologies of batterers: family only, generally violent/antisocial (GVA), low-level antisocial, and psychopathology. Studies have shown that GVA subtype was generally associated with higher recidivism rates (e.g., Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2003; Huss & Ralston, 2008; Thijssen & Ruiter, 2011). However, despite having higher recidivism rates, GVA also made improvements, similar to other groups, in other measured treatment outcomes such as self-report total anger and partner violence (Huss & Ralston, 2008). Saunders (2001) has postulated that “the best intervention outcomes for men who batter may be obtained when the type of offender is matched to the type of treatment” (p. 237).
In general, there have been inconclusive research and practice evaluations, and this serves as an invitation for professionals to revisit the existing treatment approaches for domestic violence offenders.

SELF-DETERMINED GOALS AND TREATMENT OF DOMESTIC VIOLENCE OFFENDERS

Most conventional BIPs do not use clients’ self-determined goals as an integral part of their treatment efforts. This is likely a result of the treatment philosophy adopted by most state standards for the domestic violence batterer treatment. Ninety-five percent of the states adopt the conceptualization of domestic violence as an abusive form of power and control, with 27% listing power and control as the sole conceptual framework for treatment (Maiuro & Eberle, 2008). Treatment that focuses on using client’s self-determined goals as the venue for change builds on the assumptions that (a) it is usually easier for people to change when they themselves generate a plan for change as opposed to an external authority imposing new learning (Bohm & Peat, 2000) and (b) offenders have the ability, strengths, and skills to do something different and helpful to address their personal deficits and relationship conflicts (Lee et al., 2003).

Literature indicates that self-determined goals that are client-initiated and driven are associated with positive outcomes in treatment (Elliot & Church, 2002; Tryon & Winograd, 2011). Goal specificity is associated with reduced recidivism in domestic violence offenders (Lee, Uken, & Sebold, 2007). Avoidance goals, that is, goals stated in the form of avoiding certain actions, are associated with negative outcomes in treatment (O’Hearn & Gatz, 2002). In addition, goal agreement between client and therapist is important for the client’s success in treatment (Busseri & Tyler, 2004; Lee et al., 2007). Goals for change as determined by clients have an important and pervasive impact on the therapeutic process (Tryon & Winograd, 2011). A major challenge encountered by most clients and many treatment professionals is that they know when a problem is occurring but they do not know or have clear indicators of when positive change or success is occurring. Under such conditions, clients may be in treatment for a long time because there are no explicit and observable indicators of health and wellness (Lee et al., 2007). When goals are defined as a major focus of treatment, accountability for changing one’s behavior can be effectively achieved and measured. The use of goals shifts the focus of attention from what cannot be done to what can be accomplished; it moves clients away from blaming others or themselves and holds them accountable for developing a better, different future. Goals also increase the client’s awareness of their choices and offer them an opportunity to play an active role in their treatment (Lee et al., 2003). Consequently, clients’ goals influence how they orient to treatment, participate in the process, and evaluate the treatment effectiveness (Elliot & Church, 2002; Tryon & Winograd, 2011). Using client’s self-determined goals in treatment is also consistent with a strengths-based perspective that emphasizes the client’s empowerment (Saleebey, 2008).
Using Goals to Create a Context for Change: A Solution-Focused Approach for Treating Domestic Violence Offenders

The Plumas Program is a goal-directed, solution-focused, domestic violence group treatment program for offenders who were offered the opportunity to avoid prosecution by completing the program. The program primarily uses goals to create a context for participants to identify, notice, rediscover, and reconnect with their strengths and resources in addressing problems with domestic violence. Goals are a mandatory part of group involvement and serve as a major focus of group activity where change is expected to occur (Lee et al., 2003). Such a treatment approach was inspired by the work of Insoo Kim Berg, Steve de Shazer, and their associates at the Brief Family Therapy Center in Milwaukee (De Jong & Berg, 2008; de Shazer, 1991). Consequently, the program also uses an approach that holds domestic violence offenders accountable for solutions rather than responsible for problems (a detailed description of the treatment approach can be found in Lee et al., 2003). Treatment includes eight 1-hour group sessions over a 3-month period and is co-led by a female and male facilitator. The group process can be described as three stages even though the process is more cyclical and continuous rather than discrete and linear: (a) developing useful goals, (b) providing feedback in terms of noticing and amplifying changes as a result of goal efforts, and (c) consolidating changes.

During the intake interview, the group facilitator shares with potential participants that they must develop a goal that they will work on throughout the eight sessions to stay in the program. The group facilitators give the task of developing a goal and describe the parameters of a useful goal in the following manner (Lee et al., 2003, 2007):

We want you to create a goal for yourself that will be useful to you in improving your life (self-determined goal to enhance commitment). The goal should be one that is interpersonal in nature, that is to say, that when you work on the goal, another person will be able to notice the changes you’ve made, and potentially they could be affected by the change in how you behave (interpersonally related, observable, and specific). Another way to think about this is that if you brought us a videotape of yourself working on your goal, you would be able to point out the different things you were doing and maybe even note how these changes affected the other people on the tape (goal specificity). The goal needs to be something different, a behavior that you have not generally done before (different and new). The goal does not need to be something big. In fact, it is better to keep it small and doable (self-efficacy to enhance confidence to work on goal). Keep in mind that you will be expected to report on your goal work every time we meet so that we can keep track of the progress. It is important that your goal be a behavior you can do at least a few times a week (feedback).

Treatment focuses on developing participants’ ability to observe and evaluate beneficial consequences of their goal efforts so that they can fully envision the positive benefits of the goal behaviors, experiment with goal behaviors, and notice differences
between the new goal behaviors and their previous behaviors in a relational context (Lee et al., 2003, 2007). Because a major challenge in the field of treatment of domestic violence offenders is recidivism, the program focuses on creating sustainable and long-lasting change in offenders by helping them to begin describing themselves differently in a beneficial way (Lee et al., 2003). This process of ascribing a new description of self is the antithesis of diagnosing problems. Instead of using problem “labels” to describe themselves, such as “domestic violence offenders,” “aggressive,” “controlling,” “bossy,” or “bad-tempered,” it is important to help participants (a) evaluate and increase awareness of the positive changes and (b) consolidate change into alternative, beneficial “self-description” such as an honest man, a caring parent, or a loving husband. These descriptions encapsulate the overall change so that participants develop “the language of success” in place of the “language of problem” in describing the self and (c) connect participants’ goal work to the future by developing a road map that identifies indicators of progress (Lee et al., 2003).

In sum, a goal-directed, solution-focused, domestic violence group treatment uses goals to create a context for clients to engage in a change process that will benefit them personally and/or interpersonally, which in turn helps them successfully address the problem of violence.

METHODS

This study was a qualitative inquiry that explored the following research question: When domestic violence offenders were provided the opportunity to develop and self-determine a personal goal as their treatment focus, what would be the content and characteristics of those goals? This study was part of a larger outcome study that evaluated the efficacy of a goal-directed, solution-focused approach for treating domestic violence offenders (Lee, Uken, & Sebold, 2004, 2007, 2012). The recidivism rate for participants who completed the Plumas Program was 16.7% (Lee et al., 2004, 2012). The recidivism rates were compiled by counting all reoffending cases that were reported by the victim witness office, the probation office, or the district attorney’s office, as well as the self-reports of the spouse/partner of the offenders. The program completion rate was 92.8% and was calculated by comparing the number of participants who enrolled in the program and attended the first group meeting and the number of participants who attended at least seven out of eight group sessions (Lee et al., 2004, 2012).

Research Participants

Study participants were male or female court-mandated domestic violence offenders who were offered the opportunity to avoid prosecution by completing the group treatment program and abstaining from further violent conduct. Participants included a wide range of offenders. Although most of the participants were first-time offenders, approximately 15% were individuals who had attempted and failed to complete other
batterer treatment programs or individuals with histories of incarceration. The intake staff asked participants for their formal written consent regarding participation in the program evaluation. Participants were clearly told that neither participation nor refusal would affect their legal situation. No incentives were offered to participants. The study was reviewed for institutional review board approval at a major research university.

Data analyses were based on data of participants of 16 groups with 127 participants in these groups: 82.7% males and 17.3% females. The age of the program participants ranged from 19 to 74 years (mean = 37.6, SD = 9.86). Program participants were predominantly White (83.2%), with 8.8% African Americans, 4.0% Native Americans, and 4.0% Hispanic Americans. Participants had attained an average of 12.5 years of education (SD = 1.86, range = 8–19). Regarding the marital status of program participants, 49.6% were currently married or lived with a partner, 40.2% were divorced or separated, and 10.2% had never married. Among the 127 participants, approximately half of them self-identified as laborers (50.8%), 10.5% were professionals, 9.7% were service workers, 5.6% were students, 2.4% were on welfare or disability, 2.4% owned a business or were self-employed, 1.6% were homemakers, and 16.5% were unemployed. A mental status examination was conducted at intake by an experienced licensed clinical social worker. Using the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV) criteria, 22% of the program participants had an Axis I diagnosis, 23.8% had personality characteristics that suggested an Axis II diagnosis of personality disorder, and 5.6% had an Axis III diagnosis of brain injury. This study also collected information about the participants regarding their involvement in criminal offenses and childhood experiences. Of the 127 participants, 67.2% had substance and/or alcohol abuse problems, and 26.2% had criminal offenses other than domestic violence charges. In addition, 41.8% of program participants experienced parental divorce or separation, 51.9% were children of alcoholics, and 44.2% had experienced abuse as children. This profile is consistent with what is suggested by existing literature regarding characteristics of offenders, in that a sizable number of offenders have problems with substance abuse and/or experienced abuse as children (Saunders, 1995).

**Data Collection**

Data on self-determined goals of participants was based on two sources: (a) an assignment completed by participants at the end of the treatment program that asked them to clearly describe their goals of treatment and how confident they were to continuing their goal efforts and (b) a form completed by the group facilitators that described participants’ self-determined goals. This study collected data on goals at the end of treatment and not at the beginning because it was not uncommon for participants to modify or change their initial goals based on their experimentation with and feedback on the goals.
Data Analysis

An emergent design based on the constant comparison method was used to explore the content and characteristics of self-determined goals of participants (Corbin & Strauss, 2008; Lincoln & Guba, 1985). Constant interaction and reciprocal consideration of data and method were conducted at each stage of inquiry. The study used Atlas.ti 6.2 (Scientific Software Development GmbH, 2010) for data management and analysis purposes. All data were coded using an open coding process during the initial stage. Focused coding was used to narrow down open codes by combining codes with similar properties and dimensions into higher order codes. Axial coding was then used to relate codes and themes to each other and form a hierarchy of higher order concepts. During this process, the codes were organized into different higher order categories and subcategories (Corbin & Strauss, 2008; Padgett, 2008). This process continued until the highest level of conceptualization was attained that best described the characteristics of and connection among individual codes. The process of coding, recoding, and making connections was stopped at the point of “theoretical saturation,” when additional data did not increase our understanding of the studied phenomena (Corbin & Strauss, 2008). To establish intercoder reliability and validity, the first author (MYL) developed a set of codes based on the data. Another member of the research team then coded the data separately. Differences in the codes were discussed to clarify the definition and parameters of all of the codes until agreement was reached between the two coders. The data was coded using this revised code list. The research team reviewed and validated the final set of codes and analyses to ensure the confirmability of the study (Lincoln & Guba, 1985). In addition, diverse sources of data from offenders and facilitators allowed a triangulation of data sources that strengthened the trustworthiness of this study. In this study, the two sets of data closely resembled each other with the exception that the goals described by the offenders provided much more detail regarding the context and the behavioral content of the goals than the goals described by the facilitators, which tended to be more succinct and descriptive.

RESULTS

There were 118 open codes developed based on the data. The emergent themes showed that the self-determined goals developed by participants in the program focused on (a) attitudinal change and (b) skills development. In addition, each theme can be further distinguished into the dimension of the relational-focused or self-focused (Table 1).

Attitudinal Changes

Qualitative analyses showed that a major theme of self-determined goals by the offenders was to accomplish goals pertaining to attitudinal change. Some of these goals were self-focused and others were relational-focused. To note, most goals did have an interpersonal aspect, meaning when the person worked on the goal, another person
TABLE 1. *DSM-IV* Diagnoses of Program Participants (N = 127)  

<table>
<thead>
<tr>
<th>Axis I</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No diagnosis</td>
<td>78.0</td>
</tr>
<tr>
<td>Intermittent explosive disorder</td>
<td>6.3</td>
</tr>
<tr>
<td>Major depression</td>
<td>3.1</td>
</tr>
<tr>
<td>Impulse control disorder</td>
<td>3.1</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>2.4</td>
</tr>
<tr>
<td>Schizoaffective disorder</td>
<td>1.6</td>
</tr>
<tr>
<td>Posttraumatic stress disorder</td>
<td>1.6</td>
</tr>
<tr>
<td>Adjustment disorder</td>
<td>1.6</td>
</tr>
<tr>
<td>Attention deficit hyperactivity disorder</td>
<td>0.8</td>
</tr>
<tr>
<td>NOS</td>
<td>0.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Axis II</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No diagnosis</td>
<td>76.2</td>
</tr>
<tr>
<td>Antisocial personality disorder</td>
<td>15.9</td>
</tr>
<tr>
<td>Personality disorder NOS</td>
<td>2.4</td>
</tr>
<tr>
<td>Dependent personality disorder</td>
<td>1.6</td>
</tr>
<tr>
<td>Obsessive-compulsive personality disorder</td>
<td>1.6</td>
</tr>
<tr>
<td>Borderline personality disorder</td>
<td>0.8</td>
</tr>
<tr>
<td>Paranoid personality disorder</td>
<td>0.8</td>
</tr>
<tr>
<td>Narcissistic personality disorder</td>
<td>0.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Axis III</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No diagnosis</td>
<td>83.3</td>
</tr>
<tr>
<td>Brain injury</td>
<td>5.6</td>
</tr>
<tr>
<td>Other medical conditions</td>
<td>10.3</td>
</tr>
</tbody>
</table>

Global assessment functioning  
Mean: 61.3  
SD = 4.0  
Range: 50–74  

*Note.* NOS = not otherwise specified.

could potentially be affected by it. Consequently, we defined self-focused goals as goals that pertain to improving one’s self and relational-focused goals as goals that pertain to improving a relationship.  

**Self-Focused Attitudinal Changes.** With the exception of attitudes such as “not sweat over small things” and “not being perfectionistic” that participants would like to eliminate, the self-focused goals on attitudinal change include aspects of attitude that participants would like to further develop. These attitudes included the following: “be more flexible,” “focus on positive” (*to be more positive*), “stay calm” (*stay calm in stressful situations*), and “be curious” (*to be curious when I feel I’m being attacked*).
Relational-Focused Attitudinal Changes. The relational-focused goals on attitudinal change emphasized the interactional aspects of relationships. One major goal developed by offenders at the program was to “accept differences.” One offender described his goal as “accept the fact that I can’t make someone else see my view.” Another participant provided the description “not have to prove I’m right and accept the fact that I can’t make someone else see my view.” Other goals included the following:

- “Respect women”: Respect women’s wishes and what they are saying.
- “Be patient”: Be more patient with difficult customers; be more patient with others.
- “Feel comfortable with others”: Feel comfortable with others; relax around people.

Other relational-focused attitudinal changes emphasized aspects of attitude that the offenders would like to eliminate or decrease. In addition to goals of being “less sarcastic,” one most frequently mentioned attitude was “not force my ways.” Participants of the program described their goals vividly: Not force my ways and methods down everyone’s throat, let others have their point of view, and not have to prove I’m right. In addition, participants would like “to be less rigid and controlling” (I do not always need to be in control) and “to be less judgmental of others.” One participant specifically described his goal in the context of his relationship with his wife: “Let my wife be her own person, to look at my wife in different way much as when we were young and dating, quit having expectation of what she would do or become.”

Skills Development

Participants of the program come up with more goals on skills development than attitudinal change. In addition, they developed more skill development goals focusing on relational aspect (106) than focusing on the self (30).

Self-Focused Skills Development: Nurturing Self. Participants noticed the importance of developing skills that would nurture themselves so that they had increased capacity to address challenges in life. These skills were the following:

- “Learn to relax”: Learn relaxation techniques; work in the garden.
- “Focus on positive”: Make note of positive way I handled the situation and its results; focus my thought solely on the positive and not the negative.
- “Be more flexible.”
- “Give self space and time”: Give self an hour a day, take care of self; take more breathing room, do more things for self to decrease tension, and do more things independently.
- “Self-learning”: Read a book on how to be more self-disciplined and control in conflict situation.
Some participants also noticed the importance of “not drink” and “drive slower” as ways to nurture self.

**Relational-Focused Skills Development.** Participants came up with a wide variety of goals that focused on relational skills development. There were 106 goals developed for relational-focused skills development, making it the most common type of goal selected by participants as their treatment focus. These goals focus on developing skills in the following four areas: (a) nurture relationships with family members, (b) managing conflict and differences, (c) communication skills, and (d) general interpersonal skills.

**Nurture Relationships With Family Members.** The most often mentioned goals pertaining to relational skills development revolved around “do more things for loved ones,” “spend more time with loved ones” (the loved ones included wife, mother, children), “spend quality time with children,” “be kinder to my children,” and “show my wife I love her in ways I haven’t done before.”

Above all, participants recognized the importance of “doing things to be helpful to others” as a way to nurture relationships. They mentioned goals such as

- Be more helpful at home and do more family things.
- Help daughter with homework and help wife more.
- Do more things to help out at home.

In addition to goals that focused more on doing, other participants recognized the importance of developing skills that were more implicit and not behavioral. They mentioned the following goals:

- “Give space”: Allow his mentally disabled wife more freedom and not worry.
- “Awareness of (wife’s) needs”

**Managing Conflicts.** The program adopts a solution-focused approach to treatment and does not require offenders to focus on goals that explicitly address anger management or problem of violence. However, participants on their own developed many goals that focused on skills pertaining to managing conflict and differences. These goals focused on developing skills such as “give space to others” in time of differences or conflicts:

- Listen and give space to girlfriend; work as team.
- Withdraw when tension is high; change the subject.

One widely mentioned goal was to “slow down before reacting.” Participants developed a list of skills such as the following: Ask a question before getting angry, listen to wife before thinking it in my own way, decreasing reactions, to listen and not react, not to overreact, to be curious when people say things that bother me, and to listen instead of react.

Another commonly mentioned goal was “taking time-out.” Participants provided specific skills that they would use such as when having conflict with wife, go to mom’s
place when he needs to and withdrawing from daughter’s argument and coming back later. Participants also noticed the need to develop skills pertaining to “staying calm” particularly when interacting with their spouse or partner or in their work place: Stay calm when interacting with ex-wife, to remain calm and listen to wife, be calmer at work, to hold my own when around ex-husband, and respond calmly when talking with ex-wife.

Participants also recognized the importance of developing skills that help them to “address negative emotions” as a result of conflict. The goals were described either in a general form such as “learn how to deal with frustration” and “learn how to deal with anger” or in their unique life context, such as “engage in positive behaviors”: Engage in more positive behaviors with children and not take out frustration with alcoholic wife.

In addition to developing helpful skills to managing conflict, participants also recognized the need to eliminate some unhelpful behaviors such as “not to push others”: Stop being such a perfectionist, take more breathing room not to push others so harsh, or “not force my ways.”

Communication Skills. Participants developed several goals that help them with communication skills. The most often mentioned goal is “learn to listen”: to listen to what my wife was saying to me without interrupting, to remain calm and listen to wife, to listen instead of react, listening to (wife) and doing as she asked, and listen to my son. In addition to developing skills pertaining to listening, participants also recognized the importance of simple skills such as “ask for things politely” and “talk nicer to people.”

Importantly, participants were aware of the mistakes that they had made in communication and sought goals that would redress these mistakes.

- “Not do shit talk”: Change language; stop dirty jokes.
- “Stop swearing in front of people”: to stop swearing in front of son.

General Interpersonal Skills. Participants developed a list of skill development goals pertaining to general interpersonal skills. The list included the following:

- “Give space to others”: Let others have their point of view.
- “Being helpful”: Help out other people and give more of myself.
- “Pay attention to others and notice their needs.”
- “Keep hands to myself.”
- “Socialize”: Socialize and feel comfortable with others, not isolate.
- “Proactive”: Initiate actions instead of waiting for others to do it.
- “Set limits”: Set limits with other people, not be used by others.
- “Establish healthy relationships”: Be more social; develop healthy friends.
- “Practice being nicer to people.”
- “Being kinder.”
### TABLE 2. Self-Determined Goals by Program Participants

<table>
<thead>
<tr>
<th>Emerging Themes</th>
<th>Positively Stated Goals</th>
<th>Negatively Stated Goals</th>
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</thead>
<tbody>
<tr>
<td><strong>Attitudinal changes</strong></td>
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<tr>
<td>Self-focused</td>
<td>Be more flexible</td>
<td>Not sweat over small things</td>
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<td></td>
<td>Focus on positive</td>
<td>Not being perfectionistic</td>
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<td></td>
<td>Stay calm</td>
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<td></td>
<td>Be curious</td>
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<tr>
<td>Relational-focused</td>
<td>Accept differences</td>
<td>Less sarcastic</td>
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<td></td>
<td>Respect women</td>
<td>Not force my ways</td>
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<td></td>
<td>Be patient</td>
<td>To be less rigid and</td>
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<tr>
<td></td>
<td>Feel comfortable</td>
<td>controlling</td>
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<td></td>
<td>with others</td>
<td>To be less judgmental of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>others</td>
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<tr>
<td><strong>Skills development</strong></td>
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<tr>
<td>Self-focused skills development</td>
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<tr>
<td>Nurturing self</td>
<td>Learn to relax</td>
<td>Do not drink</td>
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<td></td>
<td>Focus on positive</td>
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<td></td>
<td>Be more flexible</td>
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<td></td>
<td>Give self space and time</td>
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<td></td>
<td>Self-learning</td>
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<td></td>
<td>Drive slower</td>
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<tr>
<td>Relational-focused skill development</td>
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<td></td>
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<tr>
<td>Nurturing relationship with family members</td>
<td>Do more things for loved ones</td>
<td>Not mentioned</td>
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<tr>
<td></td>
<td>Spend more time with loved ones</td>
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<tr>
<td></td>
<td>Spend quality time with children</td>
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<td></td>
<td>Be kinder to my children</td>
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<td></td>
<td>Show wife he loves her</td>
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<td></td>
<td>Doing things to be helpful to others</td>
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<tr>
<td></td>
<td>Give space</td>
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<td></td>
<td>Aware of others’ need</td>
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<tr>
<td>Managing conflict</td>
<td>Give other space</td>
<td>Not push others</td>
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<tr>
<td></td>
<td>Slow down before react</td>
<td>Not force my ways</td>
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<tr>
<td></td>
<td>Taking time-out</td>
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<td></td>
<td>Stay calm</td>
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<td></td>
<td>Learn how to deal with frustration</td>
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<td></td>
<td>Learn how to deal with anger</td>
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<td></td>
<td>Engage in positive behavior</td>
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(continued)
TABLE 2. Self-Determined Goals by Program Participants (Continued)

<table>
<thead>
<tr>
<th>Emerging Themes</th>
<th>Positively Stated Goals</th>
<th>Negatively Stated Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication skills</td>
<td>Learn to listen</td>
<td>Not do shit talk</td>
</tr>
<tr>
<td></td>
<td>Ask for things politely</td>
<td>Stop swearing in front of people</td>
</tr>
<tr>
<td></td>
<td>Talk nicer to people</td>
<td></td>
</tr>
<tr>
<td>General interpersonal</td>
<td>Give space to others</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>skills</td>
<td>Being helpful</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pay attention to others and notice needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Keep hands to myself</td>
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</tr>
<tr>
<td></td>
<td>Socialize</td>
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<tr>
<td></td>
<td>Proactive</td>
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<tr>
<td></td>
<td>Set limits</td>
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<tr>
<td></td>
<td>Establish healthy relationships</td>
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</tr>
<tr>
<td></td>
<td>Practice being nicer to people</td>
<td></td>
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<tr>
<td></td>
<td>Being kinder</td>
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</table>

DISCUSSION

Using qualitative analyses of data of self-determined goals developed by offenders, this study attempted to explore the research question “When domestic violence offenders were provided the opportunity to develop self-determined goals as their treatment focus using a solution-focused approach, what would be the content of goals that they would come up with?” Limitations of the study need to be acknowledged. Offenders participated in this study were offered diversion to avoid prosecution. Their treatment experience and responses were likely to be different from offenders who were not offered diversion. On the other hand, qualitative inquiry focuses on the richness of the studied phenomenon as revealed by the data and not the generalizability of findings to all populations. Still, it will be helpful to triangulate data based on offenders of different levels to explore themes of convergence and divergence. In addition, the structure of this eight-session, goal-directed, solution-focused domestic violence group treatment program will definitely need modifications to be implemented with court-mandated batterers in many states because of the state standards regarding length and content of treatment. For instance, 56% of state standards require a minimum of 24 to 26 weeks (Maiuro & Eberle, 2008). Also, unlike the state standards, the treatment philosophy of this program does not focus on the etiology of domestic violence (i.e., domestic violence as an abusive form of power and control) but on the venue of change (i.e., accountability for self-determined goals). Maiuro and Eberle (2008),
after evaluating current state standards of BIPs, made recommendations for improving standards and included a call for “expand[ing] theoretically conceived ‘one size fits all’ treatments to allow client-centered, evidence-based multivariate content and case management” and “establish[ing] victim-safety sensitive protocols for allowing and evaluating new treatments, treatment variance, expanded modalities, innovative case management strategies” (p. 149). The use of a goal-directed approach could potentially offer a helpful treatment component or modal for treating a particular group of domestic violence offenders when its effectiveness is established by empirical evidence and research.

Findings based on qualitative analyses of offenders’ self-determined goals showed that the offenders set goals to accomplish self-focused or relational-focused attitudinal changes and skills development. Reviewing the list of goals, it would appear that offenders would like to develop an attitude of openness and acceptance. Personally, they would like themselves to be more flexible, relaxed, calm, positive, thoughtful, and not imposing. Interpersonally, they would like to be more accepting of differences; respectful particularly toward women; and less rigid, controlling, or judgmental. In terms of skills development, offenders set goals to learn skills that would allow them to better nurture themselves so that they could be more relaxed, positive, flexible, and slowed down.

Offenders that participated in this study developed a rather elaborated list of goals pertaining to relational-focused skills. These goals are specific as well as generic. Their goals pertaining to skills for managing conflict are rather similar to what professionals would teach clients in the conventional psychoeducational programs such as the Duluth Curriculum (Pence & Paymar, 1993, 2003). The skills were, for example, to slow down before reacting, take timeout when needed, stay calm during arguments, and learn ways to deal with frustration and anger. They also developed a long list of goals about nurturing relationships with particular family members, mostly spouse, partner, parents, or children, as well as goals that focused on developing communication skills and general interpersonal skills. The goal content varied based on their unique life circumstances.

Reviewing this list of goals leads to some observations pertaining to the characteristics of the following self-determined goals.

**Emotional Regulation Versus Cognitive Understanding**

The self-determined goals developed by offenders do not emphasize cognitive understanding of violence. Instead, the focus is more on finding effective ways to deal with negative emotions, whether it is developing skills or changing attitudes. The themes focus on staying calm, learning how to relax, focusing on the positive, thinking positive, giving space to self and others, learning how to deal with frustration and anger, not sweating over small things, not being perfectionistic, and so forth. Such a finding is consistent with the philosophy and assumptions of a solution-focused approach, which assumes that clients’ problems and goals are socially constructed
and contextual (de Shazer, 1994). It is logical that participants’ self-determined goals were more immediately related to finding effective ways to regulate their negative emotions, which are usually the triggers of violent behaviors.

**Positively Stated Versus Negatively Stated Goals**

There were consistently more positively stated goals and fewer negatively stated goals in both self-focused or relational-focused attitudinal change and skills development. Positively stated goals are goals that describe the behavior that a person would like to engage, whereas negatively stated goals are those goals that focus on not doing something. For example, the self-determined goals of offenders under “managing conflicts” consisted of nine skills, with only two of them about getting rid of undesirable behaviors. Another example is with general interpersonal skills. Offenders had developed 11 positively stated goals and no negatively stated goals. Perhaps influenced by a solution-focused approach, most goals are positively stated, meaning they describe the presence of a certain attitude or skill and not the absence of it. Recognizing the important role of language in creating and sustaining reality, a solution-focused approach views that a positively stated goal is more helpful in providing an indicator of success because it explicitly describes the desirable behaviors to be accomplished. Negatively stated goals remind people of the behavior that they would like to get rid of without showing them the desirable behaviors (de Shazer, 1994; Lee et al., 2012). Literature also showed that goals stated in the form of avoiding certain actions are associated with negative outcomes in treatment (O’Hearn & Gatz, 2002).

**Building Capacity Versus Eliminating Problems**

Another observation is that the content of goals appears to focus more on capacity building in terms of fostering and nurturing relationships with family members or other people and less on eliminating problems. Offenders developed the longest list of goals pertaining to nurturing relationship with others and nurturing self. Likewise, offenders’ self-determined goals emphasized attitudes that are more likely to increase an individual’s competency such as being more flexible, having more patience, staying calm, and not sweating over small things. The focus on self-determined goals is not directly related to the problem of violence, such as being nonviolent and taking responsibility for one’s mistakes, which is usually an integral part of conventional batterer treatment programs. Again, such a finding is likely to be related to a goal-directed, solution-based approach that emphasizes the importance of fostering clients’ strengths and self-efficacy in the treatment process.

In sum, the self-determined goals are diverse and varied including goals that were general in nature or uniquely designed based on one’s life circumstance. Many of the self-determined goals are quite similar to a “textbook” description of positive and helpful personal or relational attitudes and skills and not unique to the problem of violence. Apparently, when domestic violence offenders in this program
were provided the opportunity to self-determine a goal as their treatment focus, they would like to work on positive and helpful personal and relational attitudes and skills that will make them a better person. Their goals are not much different from what helping professionals usually teach or advocate in relationship building or conflict management training. The only difference is that these goals are developed by the offenders and not being taught or imposed by someone else and that may be a significant difference.

CONCLUSION

Addressing the problem of domestic violence required concerted effort of multiple institutions (Edleson, 2008; Gondolf, 2012). The Plumas Program is part of a system of coordinated response to domestic violence. The court refers the offenders to receive treatment, and the group facilitators are required to submit a report to the court for each offender upon the completion of treatment. On the other hand, there should be a clear separation of facilitation of change responsibilities and social control among different systems. Relevant to treatment providers is the separation of social control and treatment function in programs (Lee et al., 2004). A goal-directed approach avoids taking a social control function that focuses on teaching and educating offenders as to what is right or wrong. Instead, a goal-directed solution-based approach uses the language of “empowerment, self-determination, and strengths” in treatment, which is part of a pluralistic, professional effort to develop pragmatic solutions to the problem of domestic violence. The treatment focus is to assist people in a self-initiated process of change.

The field of domestic violence intervention has been fueled with debates over what types of interventions serve best to stop violence (e.g., Dutton & Corvo, 2006; Gondolf, 2007). The observation that self-determined goals by offenders usually focus on enhancing emotional regulation, building capacity, and emphasizing positively stated goals should serve to invite treatment professionals to revisit treatment practices, orientations, and assumptions regarding treatment of domestic violence offenders. Eckhardt and his associates (2013), based on their systematic review of effectiveness of BIPs, recommend future researchers to examine specific components of interventions that are associated with positive behavior change in offenders. Findings of this study suggest that one worthwhile research question is to examine the comparative efficacy of diverse treatment foci ranging from a focus on emotional regulation, capacity building, self-determined goals, and positively stated goals (as proposed by a goal-directed approach) to cognitive understanding of violence, learning of beneficial behavioral and communication skills, problem elimination, or consciousness raising (as proposed by conventional BIPs such as the Duluth curriculum) in treating offenders and reducing recidivism. In addition, although there is no definitive conclusion to the question pertaining to the benefit of treatment match with batterer typology or factors (Heckert & Gondolf, 2005; Holtzworth-Munroe & Meehan, 2004), it will be helpful to examine whether the treatment focus of interventions has differential
impact on diverse types of domestic violence offenders, in particular, the group of more severely disturbed and distressed offenders who are hard to engage and unmotivated for treatment. These are verifiable empirical questions that could be tested and should have useful implications for providing effective and informed treatment of domestic violence offenders. After all, it is imperative that domestic violence treatment is based on rigorous evidence (Eckhardt et al., 2013; Gondolf, 2012) in addition to either ethical choices or ideological preferences.

REFERENCES


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Content and Framing of Male- and Female-Perpetrated Intimate Partner Violence in Print News

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North Carolina State University

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University of South Florida

This article investigates the content and framing of newspaper articles reporting male- and female-perpetrated intimate partner violence (IPV). There were 173 newspaper articles coded for IPV severity, typology, and framing. Print news coverage of female-perpetrated IPV was limited; however, when reported, cases of female-perpetrated IPV were more severe, more likely to be described as perpetrated in self-defense, and less likely to be framed in terms of individual factors. For both male and female perpetrators, incidents of IPV were overwhelmingly framed as a private matter, whereas larger societal and cultural factors were rarely discussed. We discuss implications and make recommendations for broadening print media coverage of IPV to include the broader institutional, societal, and cultural causes of IPV rather than focusing primarily on individual factors.

KEYWORDS: intimate partner violence; media portrayals; gender; framing analysis; social problem

Intimate partner violence (IPV) comprises “any behavior within a current or past intimate relationship that involves (actual, attempted, or threatened) harm . . . that may impact or detract from the victim’s physical, psychological, sexual, economic, or
spiritual well-being” (Desmarais, Gibas, & Nicholls, 2009, p. 185). Internationally, IPV tends to be conceived in gender terms (Bograd, 1988; Bullock, 2007; Dobash & Dobash, 1979; Schwartz, 2005), such that it is viewed in sociological and demographic terms as male oppression of women through patriarchy. This view holds that female violence is necessarily perpetrated in self-defense, is typified in battered woman syndrome (Walker, 1979), and has strongly influenced social and criminal justice policy (Dutton & Corvo, 2006; Dutton & Nicholls, 2005; Hamel, 2007). Although it is true that men are less likely to report physical victimization (Brown, 2004; Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012a; Tjaden & Thoennes, 2000; Watson, Cascardi, Avery-Leaf, & O’Leary, 2001), meta-analytic reviews of more than 30 years of research demonstrate that both men and women engage in a range of abusive behaviors in intimate relationships, consistent with IPV (e.g., Archer, 2000, 2002; Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012b). The purpose of this study is to explore the content and framing of print news media coverage of male- and female-perpetrated IPV.

JOHNSON’S TYPOLOGY OF INTIMATE PARTNER VIOLENCE

Male perpetration of IPV against women is well-documented; women are more likely to be the victims of IPV and to suffer more frequent victimizations (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; Kimmel, 2002; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Loseke & Kurz, 2005; Schwartz, 2005; Schwartz & DeKeseredy, 1997). Moreover, research has found female-perpetrated IPV to be qualitatively different from male-perpetrated IPV regarding particular aspects of IPV (Johnson, 1995, 2006, 2008). Indeed, research has found evidence of gender asymmetry with respect to rates of physical stalking and sexual coercion because males perpetrate these acts at significantly higher rates than females (Carney & Barner, 2012; Hamel & Russell, 2013). In addition, female victims are more likely to be physically injured than male victims and tend to be more fearful of their attackers and experience more psychological distress (Hamel & Russell, 2013; Johnson, 1995, 2006, 2008; Straus, 2009, 2010). In contrast, research has also found evidence of gender symmetry regarding rates of physical assaults, who initiates physical assaults, rates of emotional abuse, rates of controlling behaviors, risk factors for IPV, and motivations for IPV perpetration (Capaldi, Knoble, Shorttt, & Kim, 2012; Felson & Outlaw, 2007; Hamel & Russell, 2013; Laroche, 2005). Research remains inclusive whether there is a differential impact of emotional abuse and control over victims according to gender (Hamel & Russell, 2013).

However, studies show that men nonetheless represent a considerable proportion of IPV victims (Brown, 2004; Catalano, 2007; Hines, Brown, & Dunning, 2007; Hines & Douglas, 2010; Laroche, 2005; Tjaden & Thoennes, 2000; for a systematic review, see Desmarais et al., 2012a). Indeed, the Department of Justice’s Bureau of Justice Statistics report that 101,000 men experienced nonfatal violent victimization by an intimate partner, whereas women experienced 552,000 nonfatal victimizations by intimate partners in 2008 (Catalano, Smith, Snyder, & Rand, 2009).1 Research also finds men to be less likely to report IPV victimization when it does occur (Brown, 2004;
Stets & Straus, 1995; Straus, 2006, 2009; Watson et al., 2001). These findings have led many scholars to challenge researchers, practitioners, and policymakers to reconsider the conceptualization of IPV and its causes by investigating multifactor models of IPV in men and women (Carney, Buttell, & Dutton, 2007; Dixon & Graham-Kevan, 2011; Dutton, 2006; Ehrensaft, Moffitt, & Caspi, 2004; Hines & Douglas, 2010; Moffitt, Caspi, Rutter, & Silva, 2001; Whitaker & Lutzker, 2009).

Johnson (1995, 2006, 2008) developed a typology for understanding male- and female-perpetrated violence in intimate relationships that distinguishes between different types of IPV as a function of whether the behaviors arise out of the attempt to exert control or out of conflict. Specifically, Johnson described four types of IPV perpetration and victimization: (a) situational couple violence (one partner is violent and noncontrolling, the other is either nonviolent or also violent and noncontrolling), (b) violent resistance (one partner is violent and noncontrolling but in a relationship with violent and controlling partner), (c) intimate terrorism (one partner is violent and controlling, the other is nonviolent and noncontrolling), and (d) mutual violent control (both partners are violent and controlling). Until recently, intimate terrorism was argued to be “the domain of men” (Hines & Douglas, 2010, p. 36); however, Hines and Douglas (2010) documented female-perpetrated intimate terrorism against male victims resulting in physical injury. Yet, the predominant popular dialogue remains that of violence against women, a focus that is attributable, at least in part, to how IPV is framed in the media.

MEDIA FRAMING

The ability of print news, one of many forms of mass communication, to influence popular beliefs is well-documented. Sasson (2010) remarks that “human consciousness is bound up with social context and language, both rife with shades of symbolic meaning,” where the framing of news reports can influence discourse on subjects, such as crime (p. 154). To be sure, the process is cyclical in nature: Public interests and attitudes influence media coverage, and media coverage, in turn, influences public interests and attitudes; however, framing defines the ways in which these issues are presented in the media (Scheufele & Tewksbury, 2007). Specifically, the process of framing entails selecting certain aspects of an issue (e.g., individual factors that increase risk for IPV such as gender) and making them more prominent in discourse so that a particular perspective is emphasized (Entman, 1993). In other words, framing is a mechanism through which journalists may shape public attitudes—whether intentionally or not—through the amount and placement of new coverage, exclusion or inclusion of specific information, word choice, repetition of information, and linking familiar symbols to the subject matter (Bullock, 2007; Bullock & Cubert, 2002; Entman, 1993). The more frequently a particular frame is used by the media for a specific issue, the more likely it is to be accepted by the public at large (Carlyle, Slater, & Chakroff, 2008), for example, that women are necessarily victims of IPV and men, necessarily perpetrators.
Prior research has used framing analysis to examine how social constructs are portrayed in newspapers, and this approach may be particularly relevant to examining newspaper portrayals of IPV because some believe it is socially constructed as a newsworthy issue (Bullock, 2007). Indeed, the social constructionist perspective asserts that newspaper content echoes the sentiments of journalists and news organizations that work within and interact with the greater social structure (Bullock, 2007; Demers, 1996; Dunwoody & Griffin, 1999). Constructionists are not interested in the nature of social problems per se but rather seek to unearth how issues such as IPV are initially perceived as a social problem and later shaped by media discourse and the public’s viewpoint (Sasson, 2010). Thus, constructionists argue that conditions within society only become social problems when groups and individuals engage in claims-making, that is, when a social issue, such as IPV, is defined as a problem meriting attention (Kitsuse & Spector, 1973). In keeping with this perspective, media studies using framing analyses explore the strategies employed for constructing and processing news discourse and how such strategies become a characteristic of the discourse itself (Bullock, 2007).

MEDIA PORTRAYALS OF INTIMATE PARTNER VIOLENCE

A handful of studies have examined media portrayals of IPV (Berns, 1999; Bullock & Cubert, 2002; Carlyle et al., 2008; McManus & Dorfman, 2003; Wozniak & McCloskey, 2010). Representing the first such effort, Berns (1999) examined portrayals of domestic violence in 111 articles from 10 popular U.S. women’s magazines to determine the perspective from which responsibility for instances of reported IPV were established. Berns identified four frames used by the media to ascribe culpability: (a) individuals, namely the victims and/or perpetrators involved; (b) institutions, such as the legal and medical systems; (c) cultural and structural factors, such as societal attitudes, gender role socialization, and the economy; and (d) an integrated analysis focusing on the interactions among individual, institutional, and cultural and structural factors. Overall, he found that most media coverage portrayed the public issue of IPV as primarily a private problem—specifically, the victim’s problem. A few years later, Bullock and Cubert (2002) conducted a quantitative content and frame analysis of 230 newspaper articles, including companion and opinion pieces, which covered 44 specific cases of IPV fatalities in Washington State during 1998. Like Berns, Bullock and Cubert (2002) found that IPV was primarily covered because isolated incidences between individuals and the articles overall lacked portrayals of domestic violence being a larger social problem. McManus and Dorfman (2003) conducted a similar content and framing analysis in their investigation of how responsibility was ascribed in news coverage of IPV in California for 488 general newspaper stories published in 2000. Results showed that few articles (12.5%) treated the reported instances of IPV as a larger social issue, whereas the majority provided simple descriptions of violent episodes. Together, findings of these three studies suggest that IPV is portrayed as an individual issue with which the victim
must grapple rather than a shared social problem to be addressed by the public or society more broadly.

Another consistent finding in the literature is that media portrayals of IPV are primarily episodic in nature (Carlyle et al., 2008; McManus & Dorfman, 2003; Wozniak & McCloskey, 2010). In other words, most reporting rendered the instances of IPV as merely isolated criminal events devoid of broader societal context. Carlyle and colleagues (2008) conducted a content analysis of 395 nationally representative, IPV-related U.S. newspaper articles published between 2002 and 2003 and found that newspaper framing of IPV is overwhelmingly episodic in nature (88.3%). Similarly, Wozniak and McCloskey (2010) examined U.S. newspaper articles covering incidents of IPV perpetrated by men \( (n = 70) \) and women \( (n = 30) \) and found that 99% failed to cast IPV in the “broader context,” that is, as a widespread social phenomenon (p. 947). Conversely, Ryan, Anastario, and DaCunha (2006) investigated how the implementation of a best practices handbook\(^3\) on reporting domestic violence murders affected the coverage of this topic by conducting a qualitative content analysis of the articles written by 37 reporters over time, both prehandbook \( (n = 103, 1996–1999) \) and post-handbook \( (n = 172, 2000–2002) \). Their study found that the handbook helped media portrayals increase their depiction of IPV as a social problem warranting public intervention (Ryan et al., 2006).

**THE PRESENT STUDY**

This study examined the content and framing of media coverage of IPV perpetrated by adult men and women in a sample of articles from multiple international newspaper outlets. This endeavor builds on previous research in several important ways. First, we used an international sample of newspaper articles rather than focused on American sources. Second, we investigated the typology of the IPV reported, coded using Johnson’s (1995) typology (i.e., situational couple violence, violent resistance, intimate terrorism, mutual violent control), permitting a more nuanced analysis of the nature of IPV reported. Third, we examined print news coverage differed for male- versus female-perpetrated IPV. Fourth, we investigated how framing of the incident, as well as the manner in which responsibility for the incident was ascribed overall, differed as a function of Johnson's typology of IPV and perpetrator gender. We additionally explored associations between the level of IPV severity (i.e., low, medium, high) and the use of specific media frames.

Our study hypotheses were the following: (a) Men are more likely to be described as intimate terrorists, whereas women are more likely to be described as violent resistors; (b) Reported cases of male-perpetrated IPV are more severe than reported cases of female-perpetrated IPV; (c) The individual frame is more likely to be used to report male-perpetrated IPV, whereas the institutional frame is more likely to be used to report female-perpetrated IPV; and (d) In articles employing the individual frame, male perpetrators are more likely to be ascribed responsibility for the IPV compared to female perpetrators.
METHOD

Sample

The sample consisted of international newspaper articles discussing unique incidents of IPV published between August 2006 and August 2010. We conducted our search using LexisNexis, a legal news search engine that accumulates local and international newspaper articles, for articles reporting on specific instances of IPV occurring between two adults. We used five keywords (the maximum allowed) to conduct string and Boolean searches: *domestic violen* or *aggress* or *abus* or *batter* or *violen*.

Newspaper sources were selected from the “major world publications” category because it extended the search beyond the United States and Canada to also include newspaper articles, representing both large and small news carriers, from Australia, Ireland, New Zealand, Uganda, and the United Kingdom. Our initial search returned 973 articles. However, many of the articles covered topics including child abuse, public awareness campaigns, and other forms of violence or aggression not related to IPV between two adults. We subsequently discarded 800 that either did not describe IPV occurring between adults or did not include enough information to code the three constructs of interest. Our final sample included 173 articles from 103 newspapers, each reporting on one incident of IPV that occurred between two adults.

Coding Protocol and Measures

We developed a coding protocol to assess media depictions of IPV along three dimensions: (a) typology of IPV, (b) level of violence severity, and (c) frame used to report the incident. We coded cases using Johnson’s (1995, 2006) typology, identifying reports of (a) situational couple violence, (b) violent resistance, (c) intimate terrorism, and (d) mutual violent control. Johnson’s typology was chosen because it has been used in many other studies to examine the types of IPV perpetrated by men and women (see Hines & Douglas, 2010). In addition, Johnson’s typology of IPV takes into account aspects of control and socialized gender norms, which may be relevant media depictions of violence and crime in general. To distinguish between Johnson’s types of IPV, we searched for language or passages that may detail patterns of coercive control as well as the duration and level of violence intensity. To demonstrate, the following passage was coded as intimate terrorism because one partner was portrayed as consistently perpetrating controlling and violent behaviors over a noncontrolling victim for a long period of time:

After six years of emotional and physical pain suffered at the hands of the man she loved... “Five of those times were promises that he’d change, and twice I was physically forced to drop the charges.”... “They have this kind of way of controlling you, taking your own control away, so that when they are not there you feel out of control.” (Hazan, 2007, para. 3, 15–16)
We also coded IPV severity using the scale developed by Muller, Desmarais, and Hamel (2009) which focuses on the presence of physical injury or harm to the victim: (a) *low* (no actual physical contact or potential physical injury to the victim but a credible threat of physical harm is present), (b) *medium* (minor physical threat to the victim, which may cause mild to moderate, non–life threatening physical injury, such as cuts, scrapes, bruising, welts, and sprains), and (c) *high* (serious physical threat to the victim that may result in serious physical injury or death, such as broken bones, loss of teeth or consciousness, lacerations, and internal injury).

Finally, we classified the way in which the media attributed responsibility for the IPV incident according to one of four frames: (a) *individual*, (b) *institutional*, (c) *cultural/structural*, or (d) *integrated* (Berns, 1999). Key phrases and terminology, some identified by previous research (see McManus & Dorfman, 2003), were used to determine the frame. For instance, phrases such as “staying with violent partner,” “he or she was unfaithful,” “he or she was drinking/doing drugs,” “he or she was physically provoking,” “he or she snapped,” “he or she flirted with others,” or “it was a family affair” were representative of attributing responsibility to the victim or abuser. Phrases such as “failed to enforce protection orders,” “he or she was released to return to victimized spouse,” “officers left scene of domestic violence without arrest,” or “the couple received no counseling” were representative of the institutional frame in which blame is attributed to failures of institutional entities. Phrases such as “boys will be boys,” “men are naturally aggressive,” and “breadwinner” signified the use of the cultural/structural frame whereby blame was directed at larger societal attitudes, gender role socialization, sexism, poverty, and unemployment. We additionally noted characteristics of each partner (e.g., gender, age, race/ethnicity), the relationship (e.g., sexual orientation, marital status), and the newspaper articles themselves (e.g., country of origin, source, length).

All articles were initially coded by the first author (BGS) of this article, and each article took approximately 15 min to code. The third author (MT) of this article coded a random sample of 15% \((n = 26)\) of the articles to permit calculation of interrater agreement. Because there was little response variability across raters, Yeaton and Wortman’s (1993) formula was employed, which is \(\Sigma (\text{agreements}) / \Sigma (\text{agreements} + \text{disagreements})\). Excellent interrater agreement was found for all three constructs: Johnson’s typology (92%), level of severity (85%), and frame (92%).

**Analyses**

We first ran descriptive analyses to identify the characteristics of the partners, their relationships, the incident of IPV, and the newspaper articles themselves. We then conducted bivariate chi-square analyses to determine if perpetrator gender differed by typology of IPV, level of violence severity, and frame. For these analyses, statistical significance was set at the .05 level except where indicated otherwise. Effect size was determined by calculating phi or Cramér’s \(V\). Bonferroni adjustments were conducted for each chi-square to compare column proportions. We also tested multivariate
logistic regression models to evaluate whether perpetrator gender predicted the media frame, while controlling for typology and severity of the IPV. A final logistic regression model was tested including only those articles that used the individual frame (which, as will be described in the sections that follow, was the most frequently used frame across articles). This model was conducted to determine if perpetrator gender predicted whether the author ascribed responsibility to the perpetrator, while controlling for typology and severity of IPV.

RESULTS

Descriptive Characteristics

Of the 173 articles, the vast majority (86.7%, n = 150) reported cases of male-perpetrated IPV against a female partner. Of the 23 articles describing female-perpetrated IPV, 21 described abuse in heterosexual and two in lesbian relationships. Most victims were women (88.4%, n = 153). Only 50 of the articles (28.9%) reported the race/ethnicity of the perpetrator and even fewer (22.0%, n = 38) reported the victim's race/ethnicity. Perpetrators were predominately White (62.0%, n = 31), followed by Hispanic (16.0%, n = 8) and Black (10.0%, n = 5). Similarly, victims were mostly White (68.4%, n = 26) and roughly a quarter were either Hispanic (10.5%, n = 4) or Black (13.2%, n = 5). The average reported age of the perpetrators was 36.33 years old (SD = 11.71 years), whereas the mean age of the victims was 32.60 years old (SD = 11.37 years). Of those cases where relationship status was known, more than half were either married (30.6%, n = 52) or dating (33.5%, n = 57). The relationship status of the remaining cases included either common law (n = 39, 22.900%), separated (n = 8, 4.700%), divorced (n = 1, 0.005%), or other (e.g., ex-partners; n = 13, 7.600%). Close to 8 out of 10 articles came from newspapers in the United Kingdom (27.7%, n = 48) or the United States (51.4%, n = 89). The remaining 20% of the sample came from either Australia (n = 18), Canada (n = 8), Ireland (n = 2), New Zealand (n = 7), or Uganda (n = 1). The mean length of the newspaper articles was 509.40 lines (SD = 294.76, range = 2,192.00).

In terms of the nature of IPV reported, an overwhelming majority of the articles reported instances of intimate terrorism (84.5%, n = 142), whereas the second most reported type of IPV was violent resistance (8.3%, n = 14). More than half of the articles reported the highest level of violence severity (57.6%, n = 99), and nearly 4 out of 10 of the articles reported medium levels (38.4%, n = 66). Three-quarters of the articles (n = 130) used Berns’ (1999) individual media frame, whereas only 20.8% (n = 36) of the articles used an institutional frame. A mere 5 articles (2.9%) were identified as using the cultural/structural frame and only 2 (1.2%), the integrated frame. More than half (61.8%, n = 107) of the reports found the perpetrator at fault, about a third (30.6%, n = 53) were neutral in assigning responsibility, 8 (4.6%) articles found the victim at fault, and only 5 (2.9%) articles attributed responsibility to both the victim and perpetrator.
Comparisons Between Reports of Male- and Female-Perpetrated IPV

**Bivariate Models.** As depicted in Table 1, analyses of the violence reported with respect to the Johnson typology demonstrated that violent resistance and mutual violent control \(\chi^2[3, n = 168] = 75.10, p < .001, \text{Cramér’s V} = .67\) were more characteristic of female-perpetrated than male-perpetrated violence (52.2% vs. 1.4% and 13.0% vs. 2.8%, respectively). In contrast, intimate terrorism was more characteristic of male-perpetrated violence \(92.4%, n = 134\), although the rate for reports of female-perpetrated intimate terrorism was still quite high \(34.8%, n = 8\). Situational couple violence was rare, reported in only five articles \(3.0\%\), all male-perpetrated IPV.

Significant differences in newspaper reports as a function of perpetrator gender also were found for the level of violence \(\chi^2[2, n = 172] = 9.51, p = .009, \text{Cramér’s V} = .24\). As shown in Table 2, articles were three times more likely to report cases in which men perpetrated medium levels of violence \(42.3%, n = 63\) than cases of women perpetrated medium levels of violence \(13.0%, n = 3\). Unexpectedly, the proportion of reported cases of IPV that were high in severity was significantly higher for women \(87.0%, n = 20\) than for men \(53.0%, n = 79\). None of the reports of female-perpetrated incidents described low-severity violence, and only \(4.7\% (n = 7)\) of the articles reporting male-perpetrated incidents described low-severity violence.

Framing of IPV perpetrated by men and women differed significantly only on the cultural/structural category \(\chi^2[3, N = 173] = 12.30, p = .006, \text{Cramér’s V} = .27\): Articles reporting cases of female-perpetrated IPV \(13.0%, n = 3\) used this frame...
Sellers et al. far more frequently than articles reporting cases of male-perpetrated IPV (1.3%, \( n = 2 \)). Articles reporting both male- (76.7%, \( n = 115 \)) and female-perpetrated (65.2%, \( n = 15 \)) IPV prevalingly employed the individual frame—a nonsignificant gender difference. As revealed in Table 3, there were no gender differences in the use of the institutional frame: 21.3% (\( n = 32 \)) of articles reporting male-perpetrated IPV and

<table>
<thead>
<tr>
<th>Perpetrator Gender</th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>7 (4.7)</td>
<td>0 (0.0)</td>
<td>7 (4.1)</td>
</tr>
<tr>
<td>Medium</td>
<td>63 (42.3)</td>
<td>3 (13.0)</td>
<td>66 (38.4)</td>
</tr>
<tr>
<td>High</td>
<td>79 (53.0)</td>
<td>20 (87.0)</td>
<td>99 (57.6)</td>
</tr>
<tr>
<td>Total</td>
<td>149 (86.6)</td>
<td>23 (13.4)</td>
<td>172 (100)</td>
</tr>
</tbody>
</table>

Note. \( \chi^2(2) = 9.51, p = .009 \), Cramér’s V = .24. Bonferroni correction revealed that gender differences for medium and high levels of violence severity were statistically significant.

<table>
<thead>
<tr>
<th>Frame</th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>115 (76.7)</td>
<td>15 (65.2)</td>
<td>130 (75.1)</td>
</tr>
<tr>
<td>Institution</td>
<td>32 (21.3)</td>
<td>4 (17.4)</td>
<td>36 (20.8)</td>
</tr>
<tr>
<td>Cultural/structural</td>
<td>2 (1.3)</td>
<td>3 (13.0)</td>
<td>5 (2.9)</td>
</tr>
<tr>
<td>Integrated</td>
<td>1 (0.7)</td>
<td>1 (4.3)</td>
<td>2 (1.2)</td>
</tr>
<tr>
<td>Total</td>
<td>150 (86.7)</td>
<td>23 (13.3)</td>
<td>173 (100)</td>
</tr>
</tbody>
</table>

Note. \( \chi^2(3) = 12.30, p = .006 \), Cramér’s V = .27. Bonferroni correction revealed that gender differences for the cultural/structural frame were statistically significant.
17.4% (n = 4) of articles reporting female-perpetrated IPV. Only two articles used the integrated frame, one reporting a case of male-perpetrated IPV and the other, female-perpetrated IPV.

A newspaper dummy variable was included in the three bivariate models to test for possible effects of source on type, level of severity, or framing of IPV in newspaper reports. Inclusion of the newspaper variable as a covariate did not affect the significance or pattern of the bivariate results. As such, the newspaper variable was not included in our multivariable models.

**Multivariable Results.** We conducted logistic regression to examine if media frame differed systematically as a function of perpetrator gender, while controlling for the type and severity of IPV. We additionally calculated adjusted odds ratios to determine the percentage change in the odds for statistically significant predictors. Because so few articles used the cultural/structural and integrated frames, we ran only two logistic models: one predicting use of the individual frame and the other predicting use of the institutional frame. Table 4 reveals that only the level of violence severity remained statistically significant in predicting whether the individual or institutional media frame was employed by the author. When severity of IPV is high compared to medium, the odds that the individual frame was used decreased by 67.0%. Explained differently, the reporting of medium- compared to high-severity IPV increased the odds of the individual frame being used by threefold, or 205%. The reporting of high- compared to medium-severity IPV increased the odds that the institutional frame would be used by 264%. Gender of the perpetrator remained nonsignificant even when typology of IPV was added to the model. Typology was not significantly associated with framing, and the effect of severity remained significant (p < .05) in the same direction for both full models.

**TABLE 4. Logistic Regression Models Predicting Individual and Institution Frames Controlling for Severity of Violence**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Individual Model</th>
<th>Institution Model</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(b)</td>
<td>(SE)</td>
</tr>
<tr>
<td>Perpetrator gender</td>
<td>0.23</td>
<td>0.50</td>
</tr>
<tr>
<td>Low-severity violence</td>
<td>19.35</td>
<td>15,191.52</td>
</tr>
<tr>
<td>High-severity violence</td>
<td>-1.12</td>
<td>0.43</td>
</tr>
</tbody>
</table>

Model statistics

\(-2\) log likelihood = 178.39 161.38
Model chi-square = 12.83** 12.41**
Nagelkerke \(R^2\) = 0.11 0.11
\(n\) = 172 172
AUC = 0.65 0.67

*Note. OR = odds ratio; AUC = area under the curve.**

\(**p < .01.\)
For the final logistic regression analyses, we examined whether attribution of responsibility to the perpetrator or victim differed systematically with the gender of the perpetrator, while controlling for typology and severity of IPV. We focused specifically on articles using the individual frame for these analyses because (a) this frame was used in most articles and (b) the articles necessarily focused on the individuals involved in the IPV. As Table 5 reveals, both perpetrator gender and severity significantly affected the likelihood that the perpetrator would be described as being responsible for the IPV. In fact, Model 1 suggested that responsibility was 92% less likely to be attributed to female compared to male perpetrators. The use of high compared to medium severity violence increased the attribution of responsibility by 174%. Model 2 suggests that IPV typology had no significant effect on attribution of responsibility; however, perpetrator gender remained a significant predictor ($p = .05$). Even in the full model, the effects of perpetrator gender and severity remained significant and in the same direction ($p = .05$).

**DISCUSSION**

This study examined the content and framing of IPV in 173 newsprint articles from 103 newspapers around the world. Results demonstrate that print news coverage of female-perpetrated IPV is limited. When reported, incidents describe women as more likely to act under violent resistance, whereas men are more likely to function as intimate terrorists. This finding is commensurate with Johnson’s (1995) earlier conclusions that IPV is typically viewed and framed as being caused by patriarchy such that women are rarely seen as inflicting the most severe forms of IPV, namely intimate terrorism. Furthermore, this finding supports the first hypothesis regarding gender differences in the nature of an IPV perpetrated. Nevertheless, approximately one-third (35%) of the female-perpetrated IPV cases in our sample were reported as instances of intimate terrorism.

Incidents of female-perpetrated IPV reported in newspaper articles were more severe in nature compared to incidents of male-perpetrated IPV. This finding conflicted with our second hypothesized relationship between perpetrator gender and IPV severity. That said, more than half (58%) of the current sample of newspaper articles reported severe IPV, which may be representative of the “if it bleeds, it leads” media phenomenon. Thus, it is possible that only the most severe and extremely violent cases of female-perpetrated IPV were deemed newsworthy. Reporting only the most extreme cases of IPV may contribute to distortions in public perceptions of IPV, which, in contrast with media reports, is often nonhomicidal and results in nonlethal injuries (McManus & Dorfman, 2003). Indeed, the psychological sequelae from IPV can be long-lasting. The focus on severe IPV may reflect newspapers’ desire to increase economic profits. In the 1980s and 1990s, large-scale mergers of news networks and newspaper companies created new pressures for corporate owners to increase profit margins and ratings by seeking programming that was more entertaining (Beale, 2006; Dorfman & Schiraldi, 2001). As a result, coverage of “tabloid-style,” violent crime stories (including reports of IPV) has increased in the past 20 years (Beale, 2006, p. 424).
### TABLE 5. Logistic Regression Models Predicting Perpetrator Blame for Articles Classified by Individual Frame Controlling for Severity and Typology

<table>
<thead>
<tr>
<th>Variables</th>
<th>Severity Model</th>
<th></th>
<th>Typology Model</th>
<th></th>
<th>Full Model</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perpetrator gender</td>
<td>−2.53</td>
<td>0.72</td>
<td>0.08***</td>
<td>−2.71</td>
<td>1.11</td>
<td>0.07*</td>
</tr>
<tr>
<td>Low-severity violence</td>
<td>0.05</td>
<td>0.81</td>
<td>1.05</td>
<td></td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>High-severity violence</td>
<td>1.01</td>
<td>0.42</td>
<td>2.74*</td>
<td></td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Violent resistance</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>2.90</td>
<td>1.67</td>
<td>18.08</td>
</tr>
<tr>
<td>Intimate terrorism</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>2.02</td>
<td>1.18</td>
<td>7.55</td>
</tr>
<tr>
<td>Mutually violent control</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>−19.43</td>
<td>16,277.39</td>
<td>0.00</td>
</tr>
<tr>
<td>−2 log likelihood</td>
<td>156.07</td>
<td></td>
<td></td>
<td>140.40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Model chi-square</td>
<td>18.07***</td>
<td></td>
<td></td>
<td>25.12***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nagelkerke $R^2$</td>
<td>0.18</td>
<td></td>
<td></td>
<td>0.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$n$</td>
<td>130</td>
<td></td>
<td></td>
<td>125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUC</td>
<td>0.69</td>
<td></td>
<td></td>
<td>0.68</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note. OR = odds ratio; AUC = area under the curve.

*p < .05. **p < .01. ***p < .001.
Consistent with Berns’ (1999) findings, IPV was overwhelmingly framed as an individual problem, with larger societal and cultural elements overshadowed or ignored. Contrary to our third hypothesis, there was only one notable gender difference regarding framing. Among the five articles identified as receiving the cultural/structural frame, the perpetrator was more likely to be a woman. No other gender differences were found across the remaining three media frames. This finding indicates that regardless of the gender of the perpetrator, IPV is framed by the newsprint media primarily as a private, individual matter. The disproportionate use of the individual media frame is probably reflective of the individualistic culture of Western societies (Berns, 1999). Although articles were from newspapers in several countries, the majority were from Western societies of the first world. By framing IPV as a private problem and ascribing responsibility to the individuals, the media neglects an opportunity to expose broader institutional failures among law enforcement agencies, the courts, corrections, education, and medical and mental health services that contribute to IPV (Berns, 1999; McManus & Dorfman, 2003). Equally important, cultural attitudes related to patriarchy, sexism, and the socialization of gender roles (Berns, 1999; Bullock & Cubert, 2002; McManus & Dorfman, 2003) are either dismissed or ignored. In addition, the role of political–economic and structural inequalities, such as poverty and unemployment (Berns, 1999; McManus & Dorfman, 2003), are not adequately addressed when the focus is primarily on individuals.

Multivariable analyses revealed that only the level of violence severity significantly predicted whether the individual or institutional media frames were used. The gender of the perpetrator and the type of the IPV did not significantly influence whether one frame was used over another. This finding partially supports the fourth hypothesis that IPV characteristics would influence the overall framing of blame more so than the gender of the offender. On its face, this finding suggests that reporters may be using objective and case-relevant factors, such as severity of violence, in determining how they frame responsibility for IPV rather than adhering to gender stereotypes. A closer inspection of how responsibility is ascribed when the individual frame is employed showed, as hypothesized, that male perpetrators had significantly higher odds of being held responsible for their use of IPV than their female counterparts. However, IPV severity also significantly increased the odds that blame would be placed on the perpetrator. Specifically, responsibility is more likely ascribed to men and those using high levels of violence when compared to women and those using medium levels of violence, respectively. Still, it is hard to determine whether this finding suggests that the manner in which reporters attribute responsibility for IPV is actually gendered. Future research should examine specific mechanisms through which media influences public perceptions and vice versa.

Implications

These findings have several implications for the print news coverage of IPV. First, the newsprint media appears to have missed an opportunity for social advocacy by
neglecting to identify broader risk and protective factors for IPV and failing to highlight local resources and services for IPV victims (Carlyle et al., 2008; McManus & Dorfman, 2003). Second, patterns in newsprint coverage may undermine efforts to change public policy and consciousness and potentially reduce funding for IPV research and prevention campaigns (Ryan et al., 2006). Indeed, the predominance of articles describing severe IPV attributable to individual factors may, in fact, decrease public perception regarding the prevalence and seriousness of all forms of IPV and also reduce the likelihood that citizens will take action (Carlyle et al., 2008; McManus & Dorfman, 2003). Third, some readers—estimates suggest approximately one-quarter (Desmarais et al., 2012a)—may themselves be victims of IPV, and victim blaming through individually framed newsprint reports can only serve to reduce the likelihood they will seek help (Bullock & Cubert, 2002; Carlyle et al., 2008; McManus & Dorfman, 2003).

Limitations and Future Directions

This study’s findings should be understood within the context of its limitations. First, some research suggests that high-profile cases may result in several of the articles covering the same event (Carlyle et al., 2008); however, other studies have found that such cases do not substantially affect the nature of the coverage (Maxwell, Huxford, Borum, & Hornik, 2000). In an effort to address this limitation, we eliminated any duplicate reports from the sample, but high-status cases, such as the Rihanna and Chris Brown case may nonetheless have increased the attention given to IPV in newsprint media during the study period (Taylor, 2009). Second, our focus on print newspaper articles to the exclusion of other types of media may limit the generalizability of our findings (Carlyle et al., 2008; Manganello, Webster, & Campbell, 2006; Taylor, 2009). Although a recent report from the Pew Research Center (2011) indicates that newspapers (primarily in print format but also online) ranked first as the media source people rely on for most types of local news, future research should include reports from other news media (e.g., television, Internet) and from a wider spectrum of countries. Third, we excluded newspapers that were not available electronically; however, such exclusion is common in media studies because the most influential papers are typically available via electronic databases (Manganello et al., 2006). Fourth, only eight articles reporting cases of female-perpetrated IPV mentioned whether the perpetrator had previously been the victim of IPV. Our inability to examine such factors not only is a limitation but also reflects the often limited depth in the newsprint coverage of IPV. Fifth, we focused on articles published over a 5-year period; future research should conduct a longitudinal analysis of whether content and framing of IPV in the media has evolved over time. Sixth and finally, as with prior research (Manganello et al., 2006), our study did not examine the impact of media portrayals on beliefs about IPV. Future research must undertake the task of delineating how media portrayals and the manner in which they are framed influences public perception and sentiment (see Palazzolo & Roberto, 2011).
CONCLUSIONS

In summary, findings of this study offer insight into the manner in which the print news media reports incidents of IPV, indicating that incidents of IPV are overwhelmingly framed as a private matter. Service providers, advocates, and researchers have argued for reforms in news media that would change reporting practices, improve journalist professional training and in-service education, and establish institutional guidelines for the coverage of IPV (for a review, see Ryan et al., 2006). However, such reforms have been slow to be implemented. Because media plays a primary role in the public pedagogy on issues surrounding IPV (Bullock, 2007; Bullock & Cubert, 2002; Entman, 1993; Oxman-Martinez et al., 2009), it is crucial that reports also include the larger institutional, societal, and cultural mechanisms causing IPV in addition to couple-level factors (McManus & Dorfman, 2003). Changes in media portrayals of IPV could lead to increases in help seeking and improvements in intervention and prevention.

NOTES

1. These victimizations were reported to the Bureau of Justice Statistics’ National Crime Victimization Survey (1993–2008) and the Federal Bureau of Investigation’s Uniform Crime Reporting Programs Supplementary Homicide Reports (1993–2007).
2. Defined as perpetrating up to two controlling acts (Johnson & Leone, 2005).
3. The content for the best practices handbook came from the findings of content analysis, interviews, and focus groups conducted between 1996 and 1999 examining news coverage of 12 domestic violence murders. Journalists also were asked to review the handbook’s content, and their input was also incorporated into the final draft (see Ryan et al., 2006).

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The Effect of Self-Efficacy on the Association Between Social Support and Relationship Alternatives Among Female Intimate Partner Violence Victims

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This study examined the meditational effect of self-efficacy on the relation between enacted social support and perceived quality of relationship alternatives among an economically disadvantaged community sample of 101 female intimate partner violence (IPV) survivors. Three types of support—directive guidance, nondirective guidance, and positive social exchange—were positively associated with self-efficacy. In each case, the effect of enacted social support on perceived quality of relationship alternatives was fully mediated by women’s self-efficacy. Support in the form of tangible assistance was unrelated to women’s self-efficacy. Above and beyond the impact of each type of social support, non-White ethnicity and frequency of physical violence were negatively associated with self-efficacy. However, race and violence frequency did not impact the mediational effect of self-efficacy. These findings support the inclusion of women’s support networks in advocacy and therapeutic work with IPV survivors.

KEYWORDS: partner abuse; investment model; relationship persistence; empowerment

Intimate partner violence (IPV) is a widespread problem, which results in long-term mental and physical health consequences. Exact rates of IPV vary according to the population examined, assessment methods used, and type of abuse (Lewis & Fremouw, 2001). In a 2005 survey conducted by the Centers for Disease Control and
Prevention, approximately one in four women older than the age of 18 years reported experiencing IPV at some point in their lives.

Numerous studies have documented the negative impact IPV has on women’s quality of life. One population-based study by Hathaway et al. (2000) found that women who experienced IPV in the past year were more likely to experience anxiety and depression, be treated for injuries, and miss work or school compared to women who had not experienced IPV. Among IPV victims, severity of abuse is also associated with severity of depression, anxiety, and posttraumatic stress symptoms (Calvete, Corral, & Estévez, 2008; Calvete, Estévez, & Corral, 2007). Specifically among Mexican American women, IPV has been linked to poor perceived mental and physical health (Lowen & Vega, 2001). In addition, in a predominately African American sample of welfare recipients, chronicity of IPV was associated with poorer health outcomes over time (Staggs & Riger, 2005). Thus, irrespective of women’s ethnicity, IPV is associated with a wealth of negative outcomes. Importantly, the responsibility for the negative consequences of IPV rests with the perpetrators of violence, not the victims. However, because many partner abuse interventions lack consistent support for their efficacy (see Barner & Carney, 2011, and Babcock, Green, & Robie, 2004 for reviews), identification of intrapersonal victim characteristics, which are both associated with stay/leave decisions and are amenable to change, may help service providers promote women’s safety and well-being.

PERCEIVED RELATIONSHIP ALTERNATIVES

Despite their experiences of abuse, IPV victims often have emotions and aspirations similar to those of women in nonabusive relationships. As Barnett (2001) explains, they often love their partners and hope that their relationships will succeed in the future. Thus, although IPV victims experience abuse and negative sequelae, the decision to stay or leave is a complex process. Along these lines, violence severity is not always the best predictor of whether or not women will leave abusive relationships (Katz, Tirone, & Schukraft, 2012; Rhatigan, Moore, & Stuart, 2005).

Instead, Rusbult and Martz’s (1995) Investment Model, an interpersonal theory based on general relationship decision-making factors, has been suggested as one way to predict IPV victims’ stay/leave decisions. This model posits that relationship persistence depends on an individual’s quality of alternatives, investment, and relationship satisfaction, which, in turn, all contribute to a person’s level of commitment. Although some studies suggest that the investment model functions similarly for IPV victims and nonvictims (Rhatigan & Street, 2005; Rusbult & Martz, 1995), others have demonstrated that the model is impacted in unique ways by various forms of abuse (Edwards, Gidycz, & Murphy, 2010). Alternatively, Rhatigan, Shorey, and Nathanson (2011) have suggested that one facet of the model in particular, perceived quality of alternatives, may be the best indicator of termination in an abusive relationship. Perceived quality of alternatives is defined as the extent to which women believe their needs can be met by sources other than their current partner. These
sources may include family, friends, service agencies, or women’s own independent efforts (Rusbult, Martz, & Agnew, 1998). Perceived quality of alternatives is an important outcome variable to study among victimized women, in part, because it represents a belief, which may be amenable to change with intervention. Unlike other investment model variables, quality of alternatives is not directly related to an individual’s abusive partner. For instance, it could be difficult for an intervention to alter a victim’s commitment because it involves feelings toward their partner such as love and responsibility. Interventions targeting quality of alternatives have the potential to broaden victims’ view of their options outside their relationship while their feelings about their partner remain the same.

As an outcome measure, perceived quality of alternatives does not provide definitive information about whether or not an IPV victim remains separated from her partner. By contrast, many studies have used women’s relationship status to indicate women’s separation from their abuser (Lerner & Kennedy, 2000). However, women may return to the partner who abused them, multiple times before leaving permanently, with some ultimately remaining in the relationship (Cattaneo, Bell, Goodman, & Dutton, 2007). This has led to the definition of leaving as a process rather than a single act (Anderson & Saunders, 2003). Instead, others have promoted the examination of cognitive factors such as quality of alternatives, proposing they are “catalysts which may serve as forces to reevaluate rationalizations and initiate serious attempts to escape” (Ferraro & Johnson, 1983, p. 326). Importantly, even after many IPV victims attempt to definitively leave their partners, they are still in danger of reabuse (Fleury, Sullivan, & Bybee, 2000). This article takes the perspective described by Rhatigan, Street, and Axsom (2006) wherein leaving may not always be the best choice for women and that stay/leave decisions are a process.

**SELF-EFFICACY**

Self-efficacy has been defined as an individual’s belief in their ability to exert control over his or her immediate environment (Anderson & Saunders, 2003). IPV may leave women feeling powerless, potentially making them less likely to seek out alternatives to their relationships. Accordingly, many advocacy groups for IPV survivors work to restore women’s sense of agency by attempting to empower their clients (McDermott & Garofalo, 2004). Empowerment is said to occur when women are enabled to use their own skills and access resources which allow them to cope more effectively (Johnson, Worell, & Chandler, 2005). One study of this paradigm demonstrated that among 204 women recruited from battered women’s shelters, empowerment was associated with lower levels of posttraumatic stress disorder (PTSD) and depression (Wright, Perez, & Johnson, 2010). In general, the principle of empowerment suggests self-efficacy is a prerequisite to women successfully using tools which would assist them in leaving their abusive partner. In other words, a woman could have a wide variety of alternatives to the current relationship at her
disposal such as money or case management services; however, whether or not she leaves may depend on her belief that she is capable enough to use these resources. Self-efficacy is also a particularly relevant factor to examine given the multiple efforts required to obtain safety in the context of a violent relationship or to permanently leave a partner. According to Bandura’s (1977) theory of behavior change, beliefs about one’s efficacy determine the strength and duration of an individual’s efforts in the face of adversity.

Existing research suggests that self-efficacy is associated with exercising personal agency in violent relationships. In one study of 191 IPV survivors in a rural community, women who had been out of a relationship 6 months or more had significantly higher self-efficacy than women who had not yet left a relationship or those who had been out of the relationship for less than 6 months (Lerner & Kennedy, 2000). To date, only one published study has examined the relationship between self-efficacy and investment model factors. In this cross-sectional study of female college sexual assault victims, self-efficacy mediated the impact of depressive and posttraumatic stress symptoms on perceived quality of alternatives (Rhatigan et al., 2011). Put another way, whether or not mental health symptoms impacted women’s perceived options to their abusive partner depended on how efficacious they felt.

**SOCIAL SUPPORT**

Social support is another intrapersonal factor that may be associated with positive outcomes among IPV victims. However, existent research on social support and IPV is limited, and most research has not examined its relation to stay/leave behavior. In one study, Beeble, Bybee, Sullivan, and Adams (2009) examined perceived social support among 160 IPV survivors over the course of 2 years. Controlling for psychological and physical abuse severity, social support was associated with decreases in depression and increases in quality of life over time. Cross-sectional IPV research also indicates an inverse relation between social support and depression (Mburia-Mwalili, Clements-Noloe, Lee, Shadley, & Wang, 2010).

Social support can be conceptualized as an integral aspect of women’s empowerment because, according to Johnson and colleagues (2005), empowerment involves the activation and encouragement of one’s social network. Importantly, IPV victims’ social support may be altered with targeted assistance from service agencies, as suggested by an experimental study of women receiving domestic violence shelter services (Tan, Basta, Sullivan, & Davidson, 1995). Compared to a control group who received no services postdischarge, women who were randomly assigned to weekly advocate support after their shelter stay (including a focus on improving social support) reported more close friends and more satisfaction with social support over time. In the same study, various aspects of the quality of women’s social support were generally related to psychological well-being but not to whether or not women remained with their current partner.
Some studies suggest that the beneficial effects of social support may depend on individual’s sense of self-efficacy; however, results have been mixed. For instance, a community-based study of expecting mothers found that the relationship between the receipt of parental support and a reduction in depression symptoms over time was mediated by women’s self-efficacy (Haslam, Pakenham, & Smith, 2006). Meanwhile, in a study of HIV-positive hurricane survivors, general enacted social support was positively associated with posttraumatic growth and self-efficacy; self-efficacy was associated with posttraumatic growth (with PTSD symptom severity as a moderator), but there were no indirect effects of social support (Cieslak et al., 2009). Among IPV survivors, social support has also been associated with women’s self-reported self-efficacy of obtaining needed resources (Tan et al., 1995).

Mixed findings regarding the association between social support and self-efficacy may be related to the fact that many studies assess perceived social support or general enacted support. Perceived support is the perception that support has been available in the past and will be again in the future (Gleason, Iida, Shrout, & Bolger, 2008). Meanwhile, enacted social support refers to assistance that has actually been provided in times of need (Schumm, Briggs-Phillips, & Hobfoll, 2006). Although conceptually related, research has demonstrated that these two concepts are theoretically and empirically distinct (Haber, Cohen, Lucas, & Baltes, 2007; Norris & Kaniasty, 1996). In fact, the receipt of some types of support may reduce self-efficacy if an individual considers it a sign of personal shortcomings or if the receipt prompts the individual to negatively compare themselves to the support givers (Barrera, 1986).

To better delineate the role enacted social support plays in the lives of IPV victims, it may be necessary to distinguish between different types of enacted support. The Inventory of Socially Supportive Behaviors (ISSB; Barrera, Sandler, & Ramsey, 1981) distinguishes between positive social exchange, which includes spending time with an individual as a diversion, and tangible assistance, the provision of material goods or services. The measure also assesses directive guidance, which includes specific advice, and nondirective guidance, including more general emotional support. To date, only one study has examined the correlates of distinct types of enacted support among IPV victims. Among pregnant IPV victims, practical assistance (similar to tangible assistance) was positively associated with self-esteem and negatively related to anxiety symptoms. Meanwhile, emotional support (similar to nondirective guidance) was not related to any mental health variables (Levendosky et al., 2004).

THE PRESENT STUDY

Empowerment, in the form of receiving social support and experiencing self-efficacy, may help women perceive more quality alternatives to their abusive relationships. Although there is some evidence that self-efficacy mediates the relationship between perceived and enacted social support and health outcomes, no published studies have
examined whether self-efficacy mediates the relation between enacted support and women’s perceived relationship alternatives. Using a sample of female IPV victims, we examined the relations among four types of enacted social support, self-efficacy, and relationship alternatives. We expected each type of social support to be positively associated with self-efficacy. In addition, we predicted that self-efficacy would mediate the relations between each type of enacted social support and quality of relationship alternatives.

METHOD

Participants

Participants were 102 women with histories of IPV recruited from a midsized city in the southeastern United States. One woman was excluded from this analysis because of severe intellectual impairment as evidenced during the research interview. This study was conducted using self-report data from the baseline sessions of the remaining 101 women. Participants' ages ranged from 18 to 61 years ($M = 32.28, SD = 11.28$). The sample was predominately White (61%) and African American (32%). There was also one woman who reported Native American, Indian/Middle Eastern, Mixed, and Other, respectively. Most participants were single (42%) or separated/divorced (31%). Fewer women reported being married (12%) or engaged to be married (8%). Thirty-two percent of women reported that they were currently living with their partners. In terms of employment, the women reported being unemployed with the greatest frequency (59%), followed by being on disability (15%), employed full-time (13%), and employed part-time (9%). The women reported a diverse range of educational employment including some high school (25%), a high school degree (27%), technical school (13%), and at least some college (26%). Most women reported an income of less than $100 a week (62%), with smaller percentages of women reporting incomes of $101–$300 a week (24%) and greater than $300 a week (8%). On average, the women had approximately two children ($M = 2.46, SD = 1.23$) and had been in their relationship for 5 years (in months: $M = 64.42, SD = 84.84$). Of the 90 women who reported their sexual orientation, 87 (97%) were heterosexual, 2 (2%) were gay/lesbian, and 1 (1%) was bisexual.

Procedure

Women were solicited through flyers for “The Women’s Health Study,” which were placed at local businesses and the city’s domestic violence court and shelter. Once participants called the research lab, they were screened for inclusion criteria that required they were 18 years of age or older, were currently in a relationship with a romantic partner or separated from that partner within the past 6 weeks, and experienced at least one act of physical violence from that romantic partner in the past 6 months. Physical violence was defined using items from the revised Conflict
Tactics Scales (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), such as being pushed, hit, grabbed, or shoved; having something thrown at them that could hurt; or having a partner attempt to hit them. After providing informed consent, participants completed a research interview, described in detail elsewhere (Nathanson, Shorey, Tirone, & Rhatigan, 2012), and a series of brief self-report questionnaires. Afterward, participants were offered referral information and were paid $100 cash. All study procedures were approved by the institutional review board of the authors’ university.

**Measures**

Demographics were obtained using an 11-item questionnaire developed by the investigators assessing age, race/ethnicity, employment, income, education, relationship status, sexual orientation, and number of children.

**Alternatives.** Quality of alternatives was assessed using the Investment Model Scale (IMS; Rusbult et al., 1998). The measure has demonstrated good convergent and discriminant validity as well as internal consistency (Rusbult et al., 1998). All women were asked to complete the measure with their abusive partner in mind even if they considered the relationship to be over at the time of the interview, given the process nature of stay/leave decision making. Women rated the five alternative items on a 9-point scale (0 = do not agree at all, 8 = agree completely). Items for the perceived quality of alternatives subscale were summed, such that higher scores indicate greater perceived quality of alternatives. In this study, internal consistency was good (α = .82).

**Enacted Support.** The ISSB (Barrera et al., 1981) was used to examine enacted social support. The ISSB contains 40 items, which assess participants’ exposure to enacted support in the previous month. Specifically, the ISSB contains four subscales that each measure a distinct form of enacted support, including tangible assistance (e.g., provided you with a place to stay), directive guidance (e.g., taught you how to do something), nondirective support (e.g., expressed interest and concern in your well-being), and positive social exchanges (e.g., joked and kidded to try to cheer you up; Barrera & Ainalay, 1983). Respondents indicated the frequency with which they received each type of support using a 5-point scale (1 = not at all, 5 = about every day). Participants were instructed only to consider support received from members of their social network (i.e., family and friends). The internal consistency (Barrera et al., 1981) and factor structure (Finch et al., 1997) of the ISSB have been shown to be acceptable. Internal consistency was good to excellent for positive social exchange (α = .90), nondirective guidance (α = .88), directive guidance (α = .91), and tangible assistance (α = .94).

**Self-Efficacy.** The Perceived Self-Efficacy Scale (PSES; Coppel, 1980) was used to examine women’s self-efficacy. This 22-item measure examines the degree to which
respondents’ believe they can handle difficult life circumstances and stressors. Examples of items include *I believe I use my skills to their best advantage* and *I rely on my inner strength to deal with problems*. Responses range from 1 to 5 (1 = *not at all like me*, 5 = *very much like me*). The psychometric properties of the PSES are good, with past research finding excellent internal consistency and good test–retest reliability in a sample of college students (Coppel, 1980). For this study, internal consistency of the PSES was .86.

**Intimate Partner Violence.** The CTS2 (Straus et al., 1996) was used to assess the degree to which women experienced aggression victimization from their intimate partner in the previous 6 months. This study used the 12 items pertaining to physical aggression, which demonstrated excellent internal consistency ($\alpha = .91$). Women indicated the frequency with which their partner committed each violent act according to an 8-point scale. Responses were summed such that higher scores indicate greater frequency of violence. The CTS2 has demonstrated good internal consistency and construct validity across a range of populations (Straus, 2004).

**Results**

Correlations, means, and standard deviations of mediation model variables are presented in Table 1. Self-efficacy was positively associated with directive guidance, nondirective guidance, positive social exchange, and quality of alternatives. All forms of social support were associated with one another. Quality of alternatives was positively associated with nondirective guidance and positive social exchange.

Because race has been associated with many outcomes among IPV victims (Bachman & Coker, 1995; Lipsky, Caetano, Field, & Larkin, 2006), $t$ tests were run comparing White ($n = 32$) women to women of color on the mediation model variables. For these analyses women who identified as “other” were grouped with women who

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**TABLE 1. Correlations, Means, and Standard Deviations of Study Variables**

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*p < .05. **p < .01.
TABLE 2. Multiple Regression Analyses Testing the Effect of Social Support on Self-Efficacy

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*p < .05, **p < .01.

reported they were Black (n = 65). The four women who declined to endorse their race were excluded from these comparisons. On average, White women had higher self-efficacy (M = 3.36, SD = 0.61) than women of color (M = 2.98, SD = 0.59; t[96] = 2.91, p < .01). However, the two groups did not differ in perceived quality of alternatives (t[96] = 0.77, ns) or frequency of physical violence (t[96] = 0.86, ns). Likewise, White women and women of color reported similar levels of directive guidance (t[96] = 0.41, ns), nondirective guidance (t[96] = −0.19, ns), tangible assistance (t[96] = 1.20, ns), and positive social exchange (t[96] = 0.11, ns). Because multiple theories also implicate the amount of physical violence in women’s stay/leave decisions (Gelles, 1976; Walker, 1983), frequency of physical violence was also controlled for in subsequent analyses.

To examine mediation, two separate regression analyses were performed for each type of enacted social support. First, the effect of social support on self-efficacy was examined, controlling for physical violence and race (Table 2). Next, separate regression analyses were performed with each type of social support and self-efficacy predicting perceived quality of alternatives while controlling for physical violence and race (Table 3). Where appropriate, the indirect effect of self-efficacy on the relationship between social support and alternatives was examined using the z formula provided by MacKinnon, Lockwood, Hoffman, West, and Sheets (2002).
TABLE 3. Multiple Regression Analyses Testing Self-Efficacy as a Mediator of the Relationship Between Social Support and Quality of Alternatives

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*p < .05.
**Directive Guidance.** The first model, in which directive guidance predicted self-efficacy, was significant (Table 2). As predicted, social support was positively associated with self-efficacy. In the same equation, frequency of physical violence and non-White ethnicity were negatively associated with self-efficacy. When quality of alternatives was regressed on directive guidance, physical violence, race, and self-efficacy, this model was also significant (Table 3). A main effect was observed only for self-efficacy. Meanwhile, directive guidance, physical violence, and race were unrelated to quality of alternatives. When effects were compared, the resulting $z$ value (1.94) exceeded the critical value provided by MacKinnon et al. (2002). This indicates self-efficacy fully mediated the relation between directive guidance social support and perceived availability of alternatives.

**Nondirective Guidance.** When nondirective guidance was used to predict self-efficacy the model was also significant (Table 2). Nondirective guidance was positively associated with self-efficacy. Again, frequency of physical violence and non-White ethnicity were negatively associated with self-efficacy. Likewise, the model predicting quality of alternatives was significant (Table 3). Self-efficacy, and not nondirective guidance, physical violence, or race, was a positive predictor of quality of alternatives. Results indicated that the effect of nondirective guidance on alternatives was mediated by self-efficacy ($z = 1.79$).

**Positive Social Exchange.** The model including positive social exchange was significant (Table 2). Main effects on self-efficacy were observed for positive social exchange, physical violence, and race. The model predicting quality of alternatives was also significant (Table 3). Self-efficacy was positively related to quality of alternatives, whereas positive social exchange, physical violence, and race were not. In addition, self-efficacy mediated the relation between positive social exchange and quality of alternatives ($z = 1.76$).

**Tangible Assistance.** Similarly, the model in which tangible assistance predicted self-efficacy was significant (Table 2). There was not a main effect of tangible assistance; however, there were effects for race and physical violence. This suggests that beyond the effect of enacted tangible assistance, identifying as a woman of color and physical violence were both associated with lower self-efficacy. The failure of the fourth type of social support to predict the mediator precluded further examination of mediation.

**DISCUSSION**

This study examined the mediational effect of self-efficacy on the relationship between four types of enacted social support and perceived relationship alternatives among female IPV survivors. Results demonstrated that self-efficacy mediated the association between directive guidance, nondirective guidance, and positive social
exchange and perceived quality of alternatives. Tangible assistance, on the other hand, was not related to self-efficacy above and beyond race and frequency of physical violence. Among this sample, non-White ethnicity and frequency of physical violence were associated with lower self-efficacy above and beyond the impact of each type of social support. However, race and violence frequency did not impact the degree to which self-efficacy mediated the relation between directive guidance, nondirective guidance, or positive social exchange and perceived relationship alternatives. In other words, the more violence an IPV victim experienced (or when she identified as being a woman of color), the more likely she was to have poor self-efficacy. Meanwhile, the effect of social support on perceived quality of alternatives was dependent on self-efficacy for all women, on average.

In general, these results suggest that enacted social support may play an important role in women’s perceived alternatives to abusive relationships. However, the impact of social support on women’s perceived quality of alternatives may ultimately depend on how efficacious women feel. If women do not feel confident in their own abilities, they may believe they have no choice but to stay with an abusive partner. These results suggest that efforts to increase specific types of social support from social network members may increase women’s self-efficacy. The combination of these factors, in turn, may help promote changes in the way women think about the opportunities and resources available to them outside of the violent relationship.

Importantly, many women experiencing IPV want the violence to end but not necessarily their relationship (McDermott & Garofalo, 2004). In addition, abusive partner behaviors may escalate when women attempt to leave their relationships (Bell, Goodman, & Dutton, 2007). Thus, it is of critical importance that women’s values, wishes, and environmental constrains be respected in the context of IPV research and intervention. However, even for women who choose to stay, interventions aimed at self-efficacy and social support have the potential to improve IPV survivors’ quality of life. Consistent with our mediational models, women may act with increased agency within violent relationships. For example, a woman who is experiencing feelings of self-efficacy, receiving support from friends, and considering her options could be more likely to develop a safety plan. Such plans usually involve steps such as outlining exit strategies from different areas in the home and hiding cash and spare car keys. These kinds of actions could help women escape when violence escalates without necessarily terminating their relationship, if relationship termination is not desired by victims.

Notably, we failed to find support for this mediational relationship with tangible assistance. The theory of conservation of resources (COR) could be used to explore this finding (Hobfoll & Freedy, 1990). This hypothesis suggests that all resources, particularly social support, are obtained at a cost. When one individual receives assistance from a supportive other, the individual must give something back to maintain the relationship. Consequently, some individuals may be less likely to seek help, particularly under times of stress, because they lack the resources to return the favor.
When an IPV victim receives tangible assistance, “repayment” could overwhelm her already taxed resources, leaving her feeling indebted to materially reciprocate support. At the same time, COR does not necessarily contradict the other mediational models. COR posits that self-efficacy is an internal resource, which enables individuals to both use social support and offset the relational costs of receiving support from others. In other words, individuals who feel efficacious could also feel more confident about their ability, for example, to provide reciprocal nondirective guidance to a supportive other. However, self-efficacy may not be as strongly linked to an individuals’ ability to repay material goods and services.

Several limitations of this study should also be noted. The data presented here were cross-sectional in nature. As such, the hypothesized relationships between variables may change when they are evaluated across time, precluding any assumptions of causality. For instance, women who possess more options outside of a violent relationship (i.e., another nonviolent romantic interest) may feel more efficacious and seek to expand their social network. Longitudinal work is needed to clarify the nature of the relationships between study variables. The sample also lacked a control group of nonvictims; thus, it is unclear whether our findings are unique to IPV victims. Finally, results from our small sample of economically disadvantaged women may not generalize to IPV victims in the population at large.

In addition, the experiences of men, a substantial portion of the IPV population, were not evaluated. Although some theories suggest that IPV has a unique impact on women because of power differences associated with gender still prevalent in today’s society, it is difficult to empirically test such theories with data from only one gender. Hence, to draw meaningful conclusions about the role of gender, and to validate and understand the experiences of male victims, future research is needed on the variables of interest including both men and women. Social constructionism, a feminist theory that involves the exploration of the meanings, privileges, and oppressions associated with various identities, may be particularly useful to this end. Accordingly, an accurate understanding of the impact of social support and self-efficacy on individuals in violent relationships requires consideration of individuals’ gender, race, ethnicity, socioeconomic status, sexual orientation, and experiences of oppression. For example, Johnson et al. (2005) suggest women’s experiences of racism and sexism work to undermine empowerment, defined as the belief that one can engage with and use available forms of support. In summary, if future research in this area does not address indicators of relative privilege, oppression, and power, it may fail to capture nuanced similarities and differences across race, gender, and sexual orientation (Vanwesenbeeck, 2009).

Other factors may also impact the relationship between social support, self-efficacy, and relationship alternatives. According to traditional feminine gender roles, women should find fulfillment out of being in a romantic relationship, causing them to value relationship goals over other life goals, even in the presence of abuse (Chung, 2005). Adherence to gender roles may also foster acceptance of IPV as a normal part of relationships. Similarly, gender role socialization may inhibit
women’s economic and emotional independence, factors which are key in perceiving alternatives to an abusive relationship (Barnett, 2001). Hence, when women value their relationship as an important part of their feminine identity, it may be difficult for them to experience empowerment. For example, a recent study by Katz et al. (2012) found that after experiencing physical violence, college-aged women may engage in more sacrifices for their partners, as an attempt to improve their relationship. It is possible that when traditionally feminine women receive social support, they may experience more confidence that they can improve their relationship instead of their alternatives. Additional studies are needed to examine whether gender role socialization influences these factors, ultimately making women less likely to leave.

Overall, our findings suggest received social support plays a role in IPV victims’ beliefs about their abilities and their options. Service providers may wish to explore ways to integrate support members into their interventions, specifically in ways that promote victims’ self-efficacy. Educating individuals about the effects of IPV and about what types of assistance to provide to victims has the potential to empower women in this population and to increase awareness of the problem of IPV in our communities.

REFERENCES


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Missing the Trees for the Forest: Understanding Aggression Among Physically Victimized Women

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Erika Lawrence, PhD
University of Iowa

Research on physically victimized women’s aggression has focused on distal predictors and correlates of aggression and on women’s self-reported motivations for their aggression. The absence of examinations of contextual predictors of women’s intimate partner violence has resulted in a limited understanding of the proximal circumstances in which physically victimized women perpetrate aggression. The purpose of this study was to elucidate the situational contexts in which physically victimized women use physical aggression in their relationships by analyzing a detailed narrative of a specific violent episode. Women were significantly more likely to use physical aggression under the following conditions: (a) when they were the first to initiate the physical aggression; (b) when their partners engaged in either moderate or severe violence as opposed to extremely severe physical violence; (c) when their partners were sober as opposed to drunk or high; and (d) when they were experiencing a specific emotion as opposed to a combination of emotions such as fear, anger, and sadness. Women’s motivations for being aggressive were moderated by their partners’ severity of aggression. When men perpetrated moderate physical aggression, women’s aggression was largely emotion-driven. When men engaged in severe physical aggression, women’s physical aggression was motivated by a combination of wanting to retaliate and emotional arousal. When men engaged in extremely severe physical aggression, there was a trend for women’s physical aggression to be motivated primarily by self-defense. These results suggest that the context of a specific argument is important in understanding why physically victimized women perpetrate aggression.

KEYWORDS: physical aggression; violence; abuse; intimate partner violence; women’s aggression
Intimate partner violence\(^1\) (IPV) is highly prevalent in our society (Desmarais, Reeves, Nicholls, Teldford, & Fiebert, 2012) and has deleterious mental and physical health consequences for individuals, couples, and children exposed to violence (Lawrence, Orengo-Aguayo, Langer, & Brock, 2012; Madsen, Stith, Thomsen, & McCollum, 2012; Sturge-Apple, Skibo, & Davies, 2012). Extensive research and theory development has emerged over the past three decades, with an emphasis placed on understanding male IPV. Multiple nationally representative studies, however, suggest that women engage in physical aggression at equal or greater rates than men (Langhinrichsen-Rohling, Selwyn, & Rohling, 2012). Moreover, women engage in physical aggression even in relationships characterized by severe male-to-female (M → F) physical aggression (Desmarais et al., 2012), a finding that has sparked great controversy and debate. Particularly, proponents of a feminist or patriarchal framework have argued that because these women are victimized by their partners, their own aggression is a function of self-defense (e.g., Dobash & Dobash, 1979; Pagelow, 1981; Pence & Paymar, 1993; Walker, 1979).

In an effort to understand physically victimized women’s aggression, researchers have investigated distal predictors and correlates of aggression (e.g., personality traits, family of origin violence) and women’s self-reported motivations for their aggression. In contrast, there have been minimal to no examinations of proximal or contextual predictors of women’s IPV, such as alcohol use at the time of the argument or emotions experienced at the time of the argument. This omission has resulted in a limited understanding of the proximal circumstances in which physically victimized women perpetrate aggression. Such knowledge is important for informing interventions aimed at increasing women’s abilities to effectively and safely handle conflicts with their romantic partners. The purpose of this study was to elucidate the situational contexts in which physically victimized women (i.e., women who are victims of severe M → F violence) use physical aggression in their relationships.

**PREVALENCE AND SEVERITY OF WOMEN’S PHYSICAL AGGRESSION**

Evidence from national surveys (e.g., Caetano, Ramisetty-Mikler, & Field, 2005; Schafer, Caetano, & Clark, 1998; Whitaker, Haileyesus, Swahn, & Saltzman, 2007), studies of treatment-seeking couples (e.g., Cascardi, Langhinrichsen, & Vivian, 1992; Langhinrichsen-Rohling, Neidig, & Thorn, 1995; Vivian & Langhinrichsen-Rohling, 1994), studies with adolescent and college samples (e.g., Lewis & Fremouw, 2001), and even one meta-analysis (Archer, 2000) converge to suggest that physical aggression in intimate relationships is largely bidirectional (i.e., both partners engage in physical IPV). A recent comprehensive review by Langhinrichsen-Rohling and colleagues (2012) provides further support for these findings. When comparing rates of bidirectional versus unidirectional physical violence (M → F vs. female-to-male [F → M]) across different types of samples (i.e., epidemiological, small community, university/schools, legal/treatment-seeking samples), bidirectional violence was the most common
pattern reported. When considering only unidirectional violence, $F \rightarrow M$ violence was more prevalent than $M \rightarrow F$ violence across epidemiological, community, and school samples. Equal rates of $F \rightarrow M$ and $M \rightarrow F$ unidirectional violence are observed among treatment-seeking samples (i.e., relationships characterized by severe physical IPV behaviors such as punching and kicking). There is also evidence to suggest that women engage in similar levels of moderate (e.g., pushing, grabbing, slapping) and severe (e.g., kicking, punching) aggression compared to men across ethnicities (Caetano et al., 2005); across epidemiological, community, and treatment-seeking samples (Cercone, Beach, & Arias, 2005; Langhinrichsen-Rohling et al., 1995); and regardless of whether or not they were also victims (see Desmarais et al., 2012 for a comprehensive review). In summary, an overwhelming body of evidence demonstrates that men and women engage in similar rates of physical aggression in romantic relationships, as well as in similar levels of moderately and severely aggressive behaviors. Furthermore, when men engage in severe IPV, their female partners also tend to engage in physical aggression (e.g., McDonald, Jouriles, Tart, & Minze, 2009; Simmons, Lehmann, & Collier-Tenison, 2008).

Women who identify as victims in severely abusive relationships comprise only a subgroup of the population of women who perpetrate IPV (Langhinrichsen-Rohling et al., 2012). However, understanding the context in which physically victimized women are aggressive is important for ensuring the safety and well-being of these women and their children. Women who aggress against physically abusive partners report poorer psychological outcomes such as elevated levels of depression, anxiety, and posttraumatic stress disorder (PTSD; Swan & Snow, 2003). They are at increased risk of being physically injured and victimized further (Capaldi & Owen, 2001; Dasgupta, 2002; Williams, Ghandour, & Kub, 2008). They are also more likely to be arrested and sentenced to batterer education programs given the mandatory and dual arrest policies that have taken effect across the country (Hirschel & Buzawa, 2002). Consequently, we focus specifically on physical aggression among women who have been physically victimized by their male partners.

PHYSICALLY VICTIMIZED WOMEN’S AGGRESSION

In an effort to better understand women’s aggression in heterosexual romantic relationships, most IPV research has focused on one of two questions. First, what are the distal correlates (e.g., personality traits, family of origin experiences) of IPV? Second, what are women’s self-reported motivations for perpetrating IPV?

Distal Correlates of Women’s Intimate Partner Violence

Researchers who investigate distal contributors to women’s IPV have focused on demographics, family of origin experiences, and psychological symptoms. Regarding demographics, women are more likely to engage in IPV if they are younger (e.g., Kim, Laurent, Capaldi, & Feingold, 2008; Rodriguez, Lasch, Chandra, & Lee, 2001), have
lower incomes and greater financial stress (e.g., Cunradi, 2009), have less education (e.g., Cunradi, Caetano, & Shafer, 2002; Lussier, Farrington, & Moffitt, 2009), are unemployed (e.g., Caetano, Vaeth, & Ramisetty-Mikler, 2008), or are members of a racial or ethnic minority group (e.g., Huang, Son, & Wang, 2010). Family of origin risk factors such as exposure to parental IPV (e.g., Roberts, Gilman, Fitzmaurice, Decker, & Koenen, 2010) and childhood abuse and neglect (e.g., Dowd, Leisring, & Rosenbaum, 2005; Kernsmith, 2006; White & Widom, 2003) are also associated with women’s IPV. Interestingly, the link between these demographic and family of origin factors and the perpetration of physical aggression appears to be mediated by the development of subsequent problematic behaviors (e.g., antisocial behavior, substance use; Capaldi, Knoble, Shortt, & Kim, 2012).

Psychological factors have also been found to correlate with female IPV. Women who engage in IPV are more likely to experience depressive symptoms and low self-esteem (e.g., Kim & Capaldi, 2004; Whiting, Simmons, Havens, Smith, & Oka, 2009); trauma-related symptoms resulting from past experiences of abuse and neglect (e.g., Chen & White, 2004; Flemke & Allen, 2009; Miller & Meloy, 2006; White & Widom, 2003); conduct problems and antisocial behavior (e.g., Huesmann, Dubow, & Boxer, 2009; Kim & Capaldi, 2004); personality traits such as aggressiveness, impulsivity, or neuroticism (e.g., Barry, Lawrence, & Langer, 2008; Bettencourt, Talley, Benjamin, & Valentine, 2006); and borderline or antisocial personality disorders (e.g., Clift & Dutton, 2011). Depression and low self-esteem, in particular, appear to be stronger correlates of women’s IPV perpetration than men’s (Capaldi et al., 2012). Notably, these psychological symptoms are also higher among physically victimized women, so it is not clear whether these psychological correlates are unique to female perpetrators specifically.

Although this body of work is certainly informative, most of these distal factors are fixed and not responsive to interventions. For instance, changing someone’s family of origin experiences, race, age, or income is not possible. Furthermore, there are no known treatments that specifically alter personality traits. In summary, understanding the distal predictors and correlates of women’s IPV is useful for predicting which women might end up engaging in IPV but is not as useful for identifying targets for intervention.

Motivations for Women’s Intimate Partner Violence

A longstanding debate in the field, particularly in samples where there is co-occurring male IPV perpetration, is whether women’s aggression is primarily in self-defense. There is now a body of literature documenting victimized women’s motivations for engaging in IPV, and the findings are equivocal. Whereas some researchers have found that women report self-defense as their motivation (e.g., Barnett, Lee, & Thelen, 1997; Downs, Rindels, & Atkinson, 2007; Makepeace, 1986; Saunders, 1986), others have found that women report motivations such as retaliation, expression of intense emotions, and control (e.g., Graham-Kevan, 2009).
In a community sample of women who engaged in IPV (90% of whom had also been physically victimized), the expression of negative emotions, control, jealousy, and a desire to exhibit a “tough guise” were each significantly and positively related to women’s perpetration of physical aggression even after controlling for previous victimization from partners and for social desirability. Those who endorsed the highest scores on a measure of self-defense were also highly aggressive but also highly victimized (Caldwell, Swan, Allen, Sullivan, & Snow, 2009). Archer and Graham-Kevan (2003) examined aggression and self-reported motivations in samples of college students, women from a domestic violence shelter, and male prisoners. Women in general, and women in shelters in particular, demonstrated a stronger association between instrumental beliefs (e.g., “I believe that physical aggression is necessary to get through to my partner”) and controlling behaviors (e.g., coercion and threats, intimidation) compared to men. Nevertheless, there was a stronger correlation between instrumental beliefs and actual partner aggression for men than for women. In another study, examining physical perpetration among low-income urban women, most of whom were victims of serious abuse, Swan and Snow (2003) found that almost all of the women had engaged in moderate physical violence, and 57% had engaged in severe forms of violence. Furthermore, 54% of these women injured their partners, 45% reported that they used physical aggression for “retribution,” and 86% reported using some form of coercive control. However, the men in this sample committed 1.5 times as many acts of severe violence, and only 9% of female victims indicated that they initiated the aggression.

Many women who are arrested and sentenced to batterer intervention programs have also been severely physically victimized by their partners (Babcock, Miller, & Siard, 2003; Henning, Renauer, & Holdford, 2006; Simmons et al., 2008). Among these studies, most women reported engaging in IPV to retaliate or to get back at their partners for hurting them physically or emotionally (Hamberger & Guse, 2002; Henning et al., 2006; Kernsmith, 2005; Miller & Melloy, 2006; Stuart, Moore, Hellmuth, Ramsey, & Kahler, 2006), to express anger and frustration (Henning, Jones, & Holdford, 2005; Stuart et al., 2006; Weston, Marshall, & Coker, 2007), or to control their partners (Kernsmith, 2005; Stuart et al., 2006; Swan & Snow, 2003; Weston et al., 2007). However, when directly comparing men and women court-ordered to domestic violence interventions, women were more likely to report that their male partners were more aggressive than they were and that men were more likely to initiate the aggression during arguments (Hamberger & Guse, 2005). Hamberger and Guse (2002) also examined motivations for IPV among two groups of women: women recruited from shelters and women who had been arrested for IPV. The women in the shelters were more likely to report using violence in response to ongoing violence or in retaliation for prior violence.

These data converge on two key points. First, physically victimized women engage in IPV for various reasons. Their behavior often is not simply a function of self-defense. Feelings of frustration and anger, as well as retaliation, might be just as important to predicting their aggression against their abusive partners (Bair-Merritt et al., 2010). Second, and perhaps more importantly, IPV among physically victimized
women appears to be best understood within the context of the violence being committed against them (Swan, Gambone, Caldwell, Sullivan, & Snow, 2008; Swan & Snow, 2006). For women to be able to report that their aggression was in retaliation, anger, or self-defense, there must be a context or situation to which they are responding.

Critique of This Research

These studies represent important preliminary steps toward understanding physically victimized women's physical aggression. However, most of the existing research suffers from a key methodological limitation: The measures used do not appropriately address the context in which such violence occurs (Smith, Smith, & Earp, 1999). First, most of these studies have relied on structured or semistructured interviews that do not explore the context of specific violent episodes but rather ask women to report their motivations for using aggression in general. Second, researchers have asked women for their interpretations of events or provided them with questionnaires with prescribed answers. In the absence of observational data (with the notable exception of Capaldi & Crosby, 1997), some have suggested that the field move toward using in-depth interviews in which individuals provide narratives that include specific details of the violent argument to allow for a more objective determination of women's motivations (Babcock, Costa, & Green, 2004; Babcock et al., 2003). Detailed narrative accounts would allow us to clarify (a) how violent arguments unfold, (b) the circumstances in which women engage in aggressive behavior, and (c) whether women's motivations are independent or interdependent of their partner's behavior.

Several researchers have employed this approach and yielded interesting findings. Cascardi and Vivian (1995) asked married individuals to give detailed accounts of the worst violent episode in the past year and analyzed current stressors, the function of aggressive behaviors, alcohol consumption and drug use, and other situational variables. They found that their aggression was generally precipitated by an ongoing argument in which both husbands and wives used psychological aggression. Twenty percent of the severely aggressive wives and husbands reported drinking during the argument. Forty percent of severely aggressive wives reported that their physical aggression was due primarily to family and child stressors, and 32% mentioned finance/work-related stressors. Seventy-nine percent of husbands who were severely aggressive reported that their violence was primarily because of financial and work stress.

Men's alcohol consumption before an argument also increases the likelihood and severity of violence in relationships characterized by previous violence (Leonard & Quigley, 1999; Testa, Quigley, & Leonard, 2003). Similar evidence has also been found for women, with those who have been drinking alcohol or using drugs more likely to become physically aggressive during an argument (Caldwell et al., 2009; Chase, O'Farrell, Murphy, Fals-Stewart, & Murphy, 2003; Miller & Meloy, 2006). These data suggest that the specific context of an argument (e.g., who initiated the argument, alcohol/drug use, physical and psychological abuse) can help us understand when physically victimized women are likely to be aggressive and why.
In summary, there has been a growing call to study physically victimized women's aggression at the episodic level (within a given violent argument) and in the context of their relationships with their partners (Swan & Snow, 2006). Examining women's aggression in this manner will allow us to “begin to consider the complex intersubjectivity and dyadic interactional processes between female and male violence within a relationship, hopefully leading to [a] better understanding of the relationship between these two forms of aggression” (Holtzworth-Munroe, 2005, p. 258).

THE PRESENT STUDY

The purpose of this study was to clarify the context in which physically victimized women engage in physical aggression against their romantic partners. We examined detailed narratives of the argument in which their partners used the most severe physically aggressive tactics in their relationship history. The first aim of this study was to describe the proximal context in which these women engaged in physical aggression during an argument characterized by severe M → F aggression. Specifically, we examined the following contextual factors: (a) what triggered the argument, (b) who initiated the argument and who initiated the physical aggression, (c) what specific psychologically and physically aggressive behaviors were used, (d) women's self-reported motivations for using physically aggressive behaviors, (e) alcohol and/or drug consumption, and (f) women's emotions experienced during the argument. The second aim of the study was to determine which, if any, of these contextual variables best predicted women's physical aggression during this argument. Given the exploratory nature of this study, and the limited literature examining physically victimized women's context of violence perpetration, no a priori hypotheses were made.

Previous studies (see Bair-Merritt et al., 2010 for a review) have examined women's self-reported motivations for engaging in physical violence across different types of relationships with varying levels of severity of violence (e.g., treatment-seeking couples, community samples) and found different results. For this reason, we were also interested in going beyond simply describing women's self-reported motivations for engaging in IPV to understanding whether women's motivations for engaging in physical violence during this argument were predicted by the severity of their partner's physical violence. Therefore, the third aim of the study was to examine whether the severity of men's physical aggression—moderate, severe, or extremely severe—predicted women's motivations for engaging in physical aggression.

METHOD

Participants

This study was part of a larger study aimed at studying the relation between IPV and mental health outcomes in women. Because of this larger study's purpose and because of ethical concerns about the women's safety if their male partners were
involved, only women (not couples) were enrolled. The primary focus of the larger study was to study the effects of M → F violence rather than F → M violence. However, for the purposes of this study, the data were used to examine the context of physically victimized women’s physical aggression during an argument in which their partners perpetrated IPV as well.

Participants were recruited through newspaper postings and flyers placed in supermarkets, community centers, women’s restrooms, counseling centers, and so forth, where permission was granted throughout the state. The advertisement offered $125 over 12 months to “women 18–55 years of age who have been living with a male partner for at least 3 months—married or unmarried—and who have experienced at least one major argument in that relationship in the past 4 months.” Participants were provided a telephone number and an e-mail address if they were interested in finding out more about the study. To be eligible for the study, women had to be cohabiting at least 3 months with their partners (to ensure some level of investment and commitment), be at least 18 years old, have at least a 10th-grade education (so they could read and understand the questionnaires), be relatively fluent English speakers (so they could read and understand the questionnaires and interview questions), and have experienced at least two moderate acts (e.g., shoved, pushed, grabbed, scratched, slapped) or one severe act (e.g., punched, kicked) of M → F physical aggression in the past 4 months.

The first 40 women who met eligibility criteria, agreed to participate, and completed the semistructured interview were included in this study. Women’s average age was 35 years (SD = 10.95), and 68% had at least some college education, whereas 30% had a high school diploma or less. More than half of the women (68.6%) were White and 22.9% were African American. Approximately 72% of the women identified themselves as Christian. About half (56%) were employed, and 30% had an annual personal income below the poverty line (<$10,000), whereas 55% had an annual personal income between $10,000 and 40,000. The women had lived with their partners an average of 50 months (SD = 73.81), and 20% were married. Women had an average of 1.56 (SD = 1.42) children with their current partners and an average of 2.13 (SD = 1.29) children with a previous partner(s).

Procedures

All procedures were approved by the university’s institutional review board. Women who called or e-mailed in response to recruitment efforts were screened to ensure eligibility. Eligible women were scheduled for 90-min in-person sessions at their convenience. Sessions could be scheduled during the day or evening and during the week or on weekends. Women could choose to come to our laboratory or to meet at another location that was more convenient but that also ensured their safety and privacy (i.e., a community clinic or church in or away from their neighborhood). In some cases, women requested to complete their questionnaire packet through the mail and to do the semistructured interviews over the phone to ensure their safety.
After signing the informed consent document, participants provided information on their demographics and relationship history. Participants then completed a series of questionnaires, including measures of psychological and physical aggression. Next, participants were administered the interview, which was audiotaped. Participants were compensated with $25 via cash or a gift card. Participants later completed a series of other procedures that were beyond the scope of this study. A safety management team and protocol were established to ensure participants’ safety throughout the course of the study. For example, the principal investigator wore a pager, and free or low-cost referrals were offered to all participants.

Measures

Demographics. Participants reported their age, education level, race, religion, employment status, estimated personal annual income, number of months living with their current partner, relationship status, and the number of children with their partners and with previous partner(s).

The revised Conflict Tactics Scales (CTS-2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) is a 78-item self-report scale of aggression that has occurred in the context of conflicts (e.g., physical, psychological, and sexual tactics) with a partner during the previous 12 months. In this study, we asked participants to focus only on the past 4 months for the purposes of the larger study. This measure demonstrates moderate internal consistency and yields significant interpartner agreement (Straus et al., 1996). In this study, only the Physical Assault scale was used, which consists of 24 items (12 perpetration items and 12 victimization items). Moderately physical aggression items include throwing something at partner, pushing, grabbing, or slapping partner. Severe items include punching, kicking, and biting. Examples of extremely severe items include beating up, choking, using a weapon, or burning partner. Items are rated on 7-point scales ranging from never to 20 times or more. We calculated composite scores by adding the midpoints for each response category across tactics (e.g., for a response choice of 3–5 times, the midpoint of 4 was used as the score), as recommended by Straus et al. (1996). Separate composite scores were computed for participants and their partners. Internal consistency for the Physical Assault scale was high (α = .89).

The Multidimensional Measure of Emotional Abuse (MMEA; Murphy & Hoover, 1999) is a 56-item scale (28 perpetration items and 28 victimization items) in which participants rate how often each emotionally or psychologically abusive behavior occurred in their relationship on 7-point scales ranging from never to 20 times or more. In this study, we asked participants to focus only on the past 4 months for the purposes of the larger study. Sum scores were calculated by adding the midpoints for each response category across tactics (e.g., for a response choice of 6 to 10 times, the midpoint of 8 was used as the score). Separate composites were computed for participants and for their partners. The psychometric properties of the MMEA have been tested in a sample of female college students and a sample of aggressive men in treatment,
with $\alpha$ ranging from .83 to .94 (Murphy & Hoover, 1999) and in a sample of community couples with $\alpha$ ranging between .88 and .91 for husbands and .77 and .88 for wives (Ro & Lawrence, 2007). Internal consistency for this study was high ($\alpha = .89$).

The Context of Intimate Partner Violence Interview (CIPVI; Lawrence et al., 2008) is a 30-min semistructured interview that focuses on a specific episode of IPV. Open-ended questions are asked to allow novel contextual information to be obtained, followed by a series of closed-ended questions. The main goal of the interview is to obtain a detailed description of the circumstances leading up to the use of physical aggression by one or both partners and to obtain a detailed narrative of how the argument unfolded. This instrument provides the participant with an opportunity to “tell her story” without being constrained by prescribed options such as those provided a priori in questionnaires, which might not accurately reflect her experiences. The result is a rich, detailed, and more complete picture of what occurs emotionally, cognitively, and behaviorally during violent arguments.

Participants begin describing the argument, and if not offered spontaneously, interviewers probe for specific facets of the argument. Specifically, interviews probe for the following information: (a) what triggered the argument, (b) what psychologically and physically aggressive behaviors each partners engaged in, (c) injuries sustained during the argument, (d) police or any other legal involvement, (e) witnesses (e.g., children, neighbors), (f) women’s motivations for engaging in physical aggression, (g) women’s emotions experienced during the argument, and (h) either partner’s use of alcohol or other substances on the day of the argument.

Interview data were analyzed using a qualitative content analysis approach (Boyatzis, 1998; Elo & Kyngas, 2008; Hsieh & Shannon, 2005). We followed the procedures recommended by Hsieh and Shannon (2005). Specifically, we used a “systematic classification process of coding and identifying themes or patterns” (Hsieh & Shannon, 2005, p. 1278). This approach is recommended for studies in which categories are expected to emerge from the data. According to Hsieh and Shannon (2005), “knowledge generated from . . . content analysis is based on participants’ unique perspectives and grounded in the actual data” (p. 1280). All interviews were transcribed, and a random selection of 25% of the interviews were read by the first author (RO-A) to identify repeated themes across the following domains: (a) what triggered the argument, (b) who initiated the argument and who initiated the physical aggression, (c) what specific psychologically and physically aggressive behaviors were used, (d) women’s self-reported motivations for using physically aggressive behaviors, (e) alcohol and/or drug consumption by either partner, and (f) women’s emotions experienced during the argument. Saturation of themes within these domains was achieved after this initial exploration of the data. A coding system was then developed using each of these domains as categories and using the various themes identified in the interviews as subcategories (e.g., within the category “argument trigger,” subcategories included a sensitive topic being discussed, substance use, and partner characteristics). Once the coding system was developed, a coding team composed of six psychology undergraduate research assistants were trained until interrater reliability with the first author
(RO-A) reached a level of $\kappa$ greater than .80 (Landis & Koch, 1977). After the training was completed, each interview was coded independently by two team members who later met to establish consensus among their codes. Additional themes or subthemes that were identified during this process were added to the coding system and discussed among the raters. In the event that consensus was not reached for a given theme, a third rater coded the interview independently. Once consensus was reached and all interviews had been coded, the first author (RO-A) randomly coded two-thirds of the interviews. Interrater reliability of $\kappa$ greater than .80 was reached at this stage as well, ensuring that all interviews were coded using the proper guidelines established by the coding system.

RESULTS

For those who completed the questionnaires, data determined to be missing at random were estimated using the participant’s mean score on the subscale to which that item belonged. Less than 1% of the data were estimated using this substitution technique. Skew and kurtosis were not within normal limits for the physical aggression and psychological aggression measures. A square root transformation of the composite scores corrected for this deviation and yielded skew of less than 2 and kurtosis of less than 3. Of the 40 women who completed the semistructured interview, 18 either chose not to complete the psychological and physical aggression questionnaires or originally agreed but did not mail back the questionnaires despite several reminders. Attrition analyses revealed no significant differences in age, race, income, or relationship duration between the women who completed the questionnaires and those who did not ($t$s ranged from 0.241 to 1.060, all $ns$; $\chi^2$ ranged from .004 to 1.940, all $ns$).

Prevalence, Nature, and Gender Differences in Psychological and Physical Aggression Scores

To provide a basis of comparison to previously published studies, we examined rates of men's and women's psychological and physical aggression. Over the 4 months prior to assessment, men ($M = 27.69$, $SD = 39.88$) engaged in significantly more physical aggression than women, ($M = 6.69$, $SD = 11.25$), $t(36.92) = -2.83$, $p = .008$. Men ($M = 180.96$, $SD = 129.72$) were also significantly more psychologically aggressive than their female partners, ($M = 58.64$, $SD = 34.82$), $t(32.50) = -4.90$, $p < .001$. This pattern of findings was expected given that the objective of the larger study was to collect data from women involved in $M \rightarrow F$ physically aggressive relationships and because data were obtained from women only. Surprisingly, two women indicated that their partners had not been physically or psychologically aggressive toward them on these questionnaires. They did endorse physical and psychological victimization during the initial eligibility screen and during the semistructured interview, however.

Men's psychological and physical aggression scores were weakly correlated, $r(20) = .26$, $p = .23$, such that men who engaged in physical aggression also engaged
in some psychological aggression. Women’s psychological aggression and physical aggression scores were also weakly correlated, \( r(20) = .08, p = .73 \). Men and women’s psychological aggression scores \( (r[20] = .40, p = .07)\) and physical aggression scores \( (r[20] = .58, p = .005)\) were moderately correlated, demonstrating some bidirectionality of aggression in these relationships. These findings are consistent with other studies that have examined the correlations between partners’ aggression scores on the CTS-2 (e.g., Lawrence & Bradbury, 2001; O’Leary et al., 1989).

Next, we examined the nature of men’s and women’s aggression based on the interview data. Specifically, we analyzed prevalence rates and severity levels of physical and psychological aggression perpetrated during the specific argument on which the women reported (see Table 1). Eighty-three percent of men and 70% of women engaged in psychological aggression (e.g., name calling, controlling the partner’s actions, threatening). Men and women did not differ significantly in their likelihood to engage in psychologically aggressive tactics during this argument \((\chi^2[1, N = 80] = 0.73, ns)\).

Almost all of the men (95%) and half of the women (50%) engaged in physical aggression during this argument, and this difference was significant \((\chi^2[1, N = 80] = 18.13, p < .001)\). When comparing only the men and women who used physical IPV during the argument, there were no differences in the proportion of men and women who engaged in moderate aggression \((\chi^2[1, N = 80] = 0.00, ns)\) or who engaged in severe aggression \((\chi^2[1, N = 80] = 0.70, ns)\). However, men were significantly more likely than women to engage in extremely severe physical violence \((\chi^2[1, N = 80] = 12.12, p < .001)\). Of the men and women who were physically aggressive, more men (82%) than women (40%) initiated physical aggression during the argument.

**Aim 1: Examining the Context of Women’s Aggression**

The first aim of this study was to describe the situational context in which these women engaged in physical aggression during an argument characterized by severe \(M \rightarrow F\) aggression. Each contextual facet can be found in Table 2. Results
demonstrated that these arguments were characterized predominantly by severe to extremely severe M $\rightarrow$ F violence. (Note that participant responses in the following sections were spontaneous. Response choices were not provided so as not to bias participant responses.)

**Argument Triggers.** Men and women were equally likely to initiate the argument (45.0% vs. 47.5%, respectively). Arguments were typically triggered either (a) because

### TABLE 2 Descriptives of Contextual Facets of Physically Aggressive Argument

<table>
<thead>
<tr>
<th>Contextual Facet</th>
<th>Response Categories</th>
<th>% (N = 40)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who initiated the argument</td>
<td>The man</td>
<td>45.0</td>
</tr>
<tr>
<td></td>
<td>The woman</td>
<td>47.5</td>
</tr>
<tr>
<td></td>
<td>Both/it was mutual</td>
<td>7.5</td>
</tr>
<tr>
<td>Trigger for argument</td>
<td>Sensitive topic</td>
<td>52.5</td>
</tr>
<tr>
<td></td>
<td>Substance abuse</td>
<td>22.5</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>7.5</td>
</tr>
<tr>
<td></td>
<td>Other/DK</td>
<td>17.5</td>
</tr>
<tr>
<td>Women's motivations for physical aggression(^a)</td>
<td>Emotion-driven</td>
<td>45.0</td>
</tr>
<tr>
<td></td>
<td>Retaliation + emotions</td>
<td>30.0</td>
</tr>
<tr>
<td></td>
<td>Self-defense</td>
<td>25.0</td>
</tr>
<tr>
<td>Women's emotions</td>
<td>Anger</td>
<td>27.5</td>
</tr>
<tr>
<td></td>
<td>Sadness</td>
<td>12.5</td>
</tr>
<tr>
<td></td>
<td>Fear/anxiety</td>
<td>7.5</td>
</tr>
<tr>
<td></td>
<td>Combination</td>
<td>52.5</td>
</tr>
<tr>
<td></td>
<td>Anger and fear</td>
<td>47.6</td>
</tr>
<tr>
<td></td>
<td>Anger and sadness</td>
<td>23.8</td>
</tr>
<tr>
<td></td>
<td>Fear and sadness</td>
<td>4.8</td>
</tr>
<tr>
<td></td>
<td>Anger, fear, and sadness</td>
<td>23.8</td>
</tr>
<tr>
<td>Man's alcohol/drug use(^b)</td>
<td>None</td>
<td>42.5</td>
</tr>
<tr>
<td></td>
<td>Consumed (but not drunk or high)</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td>Drunk or high</td>
<td>50.0</td>
</tr>
<tr>
<td>Woman's alcohol/drug use(^c)</td>
<td>None</td>
<td>67.5</td>
</tr>
<tr>
<td></td>
<td>Consumed (but not drunk or high)</td>
<td>7.5</td>
</tr>
<tr>
<td></td>
<td>Drunk or high</td>
<td>17.5</td>
</tr>
</tbody>
</table>

*Note.* DK = don't know.

\(^a\)Based on the women who were physically aggressive during this argument (n = 20).

\(^b\)Does not total to 100% because 5.0% of participants did not provide an answer to this question.

\(^c\)Does not total to 100% because 7.5% of participants did not provide an answer to this question.
a “sensitive topic” was brought up (e.g., infidelity, money, child-rearing practices) or (b) because one or both partners were under the influence of alcohol or drugs. For example,

He had left and been gone like 3 days. I felt like he had gone and was probably staying with somebody. He’s not faithful. Infidelity has been an issue. He got angry with me because I said that. He said, “You’re always accusing me.” He’d start yelling really loud and everything . . . .

—63-year-old African American female

Motivations for Women’s Physical Aggression. When describing their motivations for using physical aggression during the argument, most of the women (45%) indicated that they were angry, “worked up,” or frustrated by their partner’s actions and by the discussion that they were having and that this “led them” to become physically violent. During this same argument, 30% of these women indicated that, in addition to being driven by anger or frustration, they also became physical in retaliation/to get back at their partners for something negative or harmful that their partners had done during the argument. Finally, 25% of these women indicated that they used physical violence to defend and protect themselves from their partner. Specifically, they reported that if they did not become physical, their partners could have hurt them or even killed them:

He saw me with somebody. Thought they [sic] was my boyfriend. Bust my lip. I’ll never forget that. It was a Father’s Day picnic. And I came back from the picnic . . . food went everywhere. My lip was busted. He just swung at me when he seen me walkin’ . . . He saw me with another guy, but it was just talkin’. We was [sic] friends. And he just went off. You know . . . he tried to put it all together. The picnic . . . she met a guy. And you know, stuff like that . . . so I swung back.

—47-year-old African American female

Women’s Emotions During the Argument. Most women (52.5%) reported experiencing several emotions during the argument. Of these women, most reported feeling anger and fear (47.6%) or anger and sadness (23.8%). Only 4.8% expressed feeling fear and sadness, and 23.6% experienced a combination of all three emotions. Some women only felt emotions along the continuum of anger (e.g., annoyance, irritation, frustration; 27.5%). Others only felt emotions related to sadness such as being hopeless, numb, helpless (12.5%), and still others only reported feelings of anxiety, fear, and nervousness (7.5%). As some women expressed,

I was in a rage. I always was angry. I was angry because he had messed my face up. I was mad because my dad had to bust him in his head. I had a lot of anger. I did. I had a lot of anger . . . It was mostly fear. I thought he was gonna come back around or maybe want his revenge on my father for bustin’ him in his head . . . And I felt anxiety. I felt shaky. I felt nervous. I felt mad. I felt victimized. I felt a whole lot of things at one time while this was going on . . . they were very intense.

—48-year-old African American female
Alcohol and Other Substance Use. One-fourth of the women (25%) consumed alcohol or drugs before or during the argument compared to half of the men (52.5%); this difference was significant ($\chi^2[1, N = 80] = 4.09, p < .05$). Similarly, nearly all of the men who consumed alcohol or drugs were believed to be drunk or high, whereas only half of the women who consumed believed themselves to be drunk or high; this difference was also significant ($\chi^2[1, N = 80] = 8.05, p < .005$).

Aim 2: Predicting Physically Victimized Women’s Physical Aggression

The second aim of the study was to identify the specific contextual factors that predicted women’s use of physical aggression during the argument. Contextual predictors were the following: what triggered the argument, which partner initiated the argument, psychological aggression used by either partner before or during the argument, feelings that the woman experienced during the argument, alcohol and/or drug consumption before or during the argument by both partner, and the severity of men’s physical aggression. We first conducted a series of logistic regression analyses, with women’s physical aggression during a given argument as the categorical outcome variable to determine which contextual variables predicted whether or not women would become physical during the argument. The results of logistic regression analyses are presented in Table 3.

Contextual Predictors. First, we analyzed each contextual predictor separately. Women were significantly more likely to use physical aggression under the following conditions: (a) when they were the first to initiate the physical aggression, (b) when their partners engaged in either moderate or severe violence as opposed to extremely severe physical violence, (c) when their partners were sober as opposed to drunk or high, and (d) when they were experiencing a specific emotion as opposed to a combination of emotions such as fear, anger, and sadness.

Next, we entered the significant predictors simultaneously. These four contextual factors accounted for 49% of the variance in women’s use of aggression, $R^2 = .49; \chi^2(5, N = 40) = 17.88, p < .005$. Only two of the contextual predictors within this model, however, emerged as significant: (a) women experiencing a combination of emotions and (b) men initiating the physical violence. Thus, we then entered these two predictors into a new model. This model accounted for 40% of the variance in women’s aggression ($R^2 = .40; \chi^2[2, N = 40] = 14.04, p < .001$).

Aim 3: Do Women’s Motivations Vary as a Function of the Severity of Men’s Physical Aggression?

We were also interested in understanding whether women’s motivations for engaging in physical violence during this argument were predicted by the severity of their partner’s physical violence. We therefore examined women’s motivations for engaging in
physical aggression toward their partners during this argument. As presented under Aim 1, women’s spontaneously self-reported motivations were classified as self-defense, emotional arousal, or a combination of retaliation and emotional arousal. We examined whether the severity of men’s physical aggression—moderate, severe, or extremely severe—predicted women’s motivations for engaging in physical aggression. Results are presented in Table 4.
When men engaged in moderate physical aggression, women’s aggression was largely emotion-driven (i.e., they reported experiencing intense emotions such as sadness, anger, and fear or a combination of these). When men engaged in severe physical aggression, women’s physical aggression was motivated by a combination of wanting to retaliate and emotional arousal (experiencing intense emotions). Finally, when men engaged in extremely severe physical aggression, there was a trend for women’s physical aggression to be motivated primarily by self-defense ($p = .08$).

**DISCUSSION**

Physically victimized women’s perpetration of aggression in romantic relationships has long been a source of heated debate. Although data from nationally representative, community, and clinical samples suggest that these women engage in similar rates of physical aggression compared to men, our knowledge about when and why they are physically aggressive in romantic relationships is limited. Moreover, studies in which physically victimized women’s aggression has been examined have not adequately addressed the context of the specific violent episodes.
Summary and Interpretation of the Results of the Present Study

To provide a basis of comparison to previously published studies, we first examined rates of men’s and women’s psychological and physical aggression in this sample based on women’s self-reports of their own and their partner’s behaviors. Based on questionnaire data, men were significantly more physically and psychologically aggressive than women. Two women, however, indicated on the questionnaires that their partners were not physically or psychologically aggressive toward them but did endorse physical victimization during the in-depth interview. Furthermore, women reported that they were equally likely to engage in psychological aggression as were their male partners, and 50% endorsed becoming physically aggressive even though they were recruited because they were in relationships characterized by M → F violence. These surprising discrepancies suggest that allowing women to narrate a specific violent argument in detail, as opposed to providing them with prescribed questionnaire answers exclusively, might make women more comfortable sharing the specific psychologically and physically aggressive behaviors that they and their male partners engaged in during a specific argument. Another interesting finding was that 40% of the women who engaged in physical aggression reported initiating that aggression during the argument. Physically aggressive women were as likely as their partners to engage in moderate or severe levels of aggression; however, men were significantly more likely to engage in extremely severe violence. Taken together, these findings contradict traditionally held beliefs about physically victimized women’s aggression: Many of these women are initiating aggression, engaging in more than just moderately aggressive tactics, and engaging in similar levels of psychological aggression as their partners.

To better understand physically victimized women’s aggression, the first aim of the study was to elucidate the situational context in which their aggression occurs via semistructured interviews with these women about a specific aggressive argument. We examined the following contextual factors: what triggered the argument, who initiated the aggression, the specific behaviors that each partner engaged in before the argument became physical, the emotions women experienced, and whether alcohol or other substances were ingested prior to the argument. Interview responses indicated that men and women were as likely to initiate the argument (not the violence) itself and that these arguments were primarily triggered by the discussion of a sensitive topic (e.g., infidelity, substance use, money). Men and women were as likely to be psychologically aggressive toward their partners and to engage in moderate and severe levels of physical aggression. However, men were more likely to initiate the physical aggression and more likely to use extremely severe forms of physical aggression during this argument. These results are consistent with previously published findings that physical and psychological aggression is predominantly mutual in nature (Caetano et al., 2005; Schafer et al., 1998), even in samples characterized primarily by M → F violence such as our sample. Moreover, the finding that men were more likely to engage in extremely
severe forms of aggression was expected given the type of sample we initially sought to recruit.

Most women reported feeling a combination of emotions during the argument. This finding is consistent with previous studies in which women report experiencing fear plus other emotions during violent arguments (see Bair-Merritt et al., 2010 for a review). However, this is the first study to our knowledge (a) to ask about emotions experienced during a specific argument, (b) to assess how women might experience a combination of emotions as opposed to just one specific emotion (e.g., fear or anger), or to (c) assess how a combination of emotions predicts women's aggression.

Regarding substance use, most of the women had not consumed alcohol or drugs before or during the argument; however, half of the men had consumed substances, and most of these men were believed to be drunk or high during the argument. This finding is in accord with previous studies in which men's alcohol consumption before or during an argument has been found to increase the likelihood and severity of violence in the relationship (Leonard & Quigley, 1999; Testa et al., 2003). Our study, however, is novel in the sense that it is one of the first to examine whether alcohol consumption by men and women during an argument predicts women's aggression during that argument.

Physically victimized women who perpetrate aggression have traditionally been thought to act exclusively in self-defense (Dobash & Dobash, 1979; Pence & Paymar, 1993; Walker, 1979). Our findings—based on women's own spontaneous descriptions—did not support this assertion. Of the women who perpetrated some type of physical aggression against their partners, most (75%) reported that they did so because they were either emotionally aroused (e.g., angry, frustrated, irritated, annoyed) or because they wanted to get back at their partners for something their partners did during the argument (retaliation). Only 25% cited self-defense as a primary motivation. These findings are consistent with previous studies of women's motivations for aggression (see Bair-Merritt et al., 2010 for a comprehensive review) and suggest that motivations other than self-defense are important for understanding victimized women's aggression. These findings are unique, however, in that the women recruited in this particular study reported that they were in relationships characterized primarily by severe to extremely severe male violence. There has been a widely published assumption that these women are most likely to report self-defense as the primary motivation for their aggression. Nevertheless, even in relationships characterized by extremely severe male violence, women report motivations such as retaliation and not simply self-defense.

To date, most studies of women's physical aggression have remained at the descriptive level. No studies have examined whether specific contextual variables of a given argument predict women's physical aggression. Having clarified the context of a specific violent episode, the second aim of the study was to go a step further and determine which contextual variables best predicted women's aggression. Our results suggest that women's aggression and their specific motivations for engaging in this aggression do depend on the context of the argument. Women were more likely to be
physically aggressive if their partners were sober during the argument, if their partners were engaging in moderate-to-severe violence as opposed to extremely severe violence, and if they were experiencing a specific emotion (only sadness, only anger) as opposed to a combination of emotions during the argument.

Previous studies (see Bair-Merritt et al., 2010 for a review) have examined women’s self-reported motivations for engaging in physical violence across relationships with varying levels of severity of violence (e.g., treatment-seeking couples, community samples) and found different results. We were therefore interested in seeing whether women’s motivations were moderated by the severity of men’s physical aggression, and we found very interesting trends. When men were moderately to severely aggressive, women’s aggression was motivated by emotional arousal and retaliation. In contrast, when men used extremely severe tactics, women’s aggression was motivated by self-defense.

These results provide evidence that these women were physically aggressive toward their partners as a result of (a) specific behaviors that their partners engaged in during an argument and (b) the specific emotions that they were feeling at the moment. In other words, understanding the context of the specific argument is important for understanding why physically victimized women are aggressive. Furthermore, the results suggest that women’s motivations for engaging in physical aggression were moderated by the severity of men’s physical aggression. Specifically, self-defense was the least reported motivation for becoming aggressive. When self-defense was offered as a motivator, it was reported mainly when their partners were engaging in extremely severe violence (e.g., choking, use of a weapon).

Implications and Future Directions of the Present Study

Several methodological features of this study enhance our confidence in the findings. First, we explored the context of a specific argument to examine the unique role that situational factors might play in physically victimized women’s aggression rather than relying exclusively on self-report questionnaires with prescribed answer choices, which may bias our findings and thus limit the conclusions that can be drawn. Second, we employed a detailed narrative approach in which we asked participants to spontaneously narrate a specific violent episode (using follow-up questions when needed). This approach allowed us to objectively quantify and analyze the context of a specific argument and women’s motivations for physical aggression rather than relying solely on participants’ subjective opinions. Third, we included a relatively ignored sample of women in the IPV literature: women who are not living in shelters or appearing in emergency rooms yet are experiencing more severe violence than we see among community samples (e.g., national surveys, newlywed samples). In other words, we chose to study women who rarely come to the attention of authorities yet are still experiencing nontrivial levels of violence and would benefit from interventions.
As with any study, there were also some limitations. First, although comparable to other qualitative studies of IPV (Barnett et al., 1997; Hamberger, 1997; Saunders, 1986), our sample size was small, which limits the generalizability of our findings and might have led to insufficient power to detect certain differences between women who were and were not aggressive. Second, it is unlikely that women remembered every detail of the argument precisely. Third, we did not have men’s versions of the argument to corroborate women’s accounts. Although this approach was taken to increase women’s safety and the likelihood that they would share their stories with us in an open and honest way, men might have provided different responses. Finally, it is important to note that these findings may not generalize to women who are the primary perpetrators of aggression in their relationships or to women in same-gender relationships.

The findings of this study lend support to the importance of studying not only men’s aggression but also women’s physical and psychological aggression. Our findings indicate that women in relationships characterized by M → F severe and extremely severe IPV are also engaging in IPV and do so for reasons other than self-defense. It is important to further understand the nature and context of their violence to design more effective secondary and tertiary interventions aimed at reducing IPV.

At a conceptual level, our findings indicate that the field’s tendency to focus on distal variables has resulted in an incomplete understanding of women’s aggression. We found that contextual variables such as the emotions experienced during the argument and alcohol ingestion by either partner are critical to clarifying which women are more likely to engage in physical aggression. Future studies should explore contextual variables further and examine their interactions with distal factors such as family of origin violence and personality traits.

Regarding methodological implications, future studies examining physically victimized women’s violence should consider gathering not only questionnaire data but also interview data that allows men and women to provide a detailed narrative of specific violent episodes. This method of gathering data yields more detailed information that allows for more precise predictions of the circumstances under which victimized women are more likely to become physically aggressive against their male partners.

Taken together, our findings demonstrate that physically victimized women’s aggression in heterosexual romantic relationships is a complex multifaceted phenomenon that is best understood by examining the context of a specific violent episode. First, our results indicate that victimized women’s aggression is influenced by their partner’s aggression, the emotions experienced during the argument, and the specific behaviors that they and their partners engage in during the argument (e.g., alcohol or drug consumption). Second, we found that women’s motivations for being physically aggressive during a given argument were mainly driven by the severity of their male partner’s physical aggression. When men engaged in extremely severe tactics, women were more likely to report that they were aggressive in self-defense.
men reportedly engaged in moderate to severe aggression, women were more likely to be motivated by retaliation and emotional arousal. Ultimately, we will begin to better understand physically victimized women’s aggression—and, more importantly, understand and reduce IPV in general—as we assess both partners’ behaviors and the situational context of violent episodes.

NOTES

1. The terms intimate partner violence, aggression, abuse, and violence are used interchangeably throughout this article.
2. We recognize that there are other subgroups of women who perpetrate IPV such as those who are violent toward nonviolent partners, women in relationships with lower levels of male violence, and those in same-gender relationships. We realize that contextual predictors of aggression for this group of women might be different than other subgroups of women who are violent toward their partners. For the purposes of this study, however, we focused on physically victimized women in heterosexual relationships.

REFERENCES


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Psychological abuse between intimate partners is common and is an important area of inquiry. The present study sought to develop and validate the Cyber Psychological Abuse (CPA) scale to assess psychological abuse during arguments between romantic partners using cell phones, e-mail, computers, and through social networking sites. A sample of 271 undergraduate students who were currently in romantic relationships completed a series of measures in an online survey. Results indicated a 2-factor structure of the CPA scale (minor and severe cyber abuse). Cyber psychological abuse was very common with 93% of college students perpetrating and being victimized by minor cyber abuse (e.g., swearing, insulting, or “shouting” with capital letters) during arguments in their current romantic relationships. Severe cyber psychological abuse (e.g., threats or public humiliation) was less common with 12%–13% of college students reporting such abuse. No gender differences were found for minor cyber abuse, but males were more likely to report being victimized by severe cyber abuse than females. The CPA's victimization and perpetration scales showed an expected pattern of associations with previously validated abuse and aggression measures as well as with perceived stress levels. Minor cyber abuse on the CPA scale predicted levels of perceived stress over and above physical abuse. The results of the current study provide a preliminary demonstration of the validity of the CPA scale, which appears to be an internally consistent and valid measure for capturing psychological partner abuse as it occurs in an electronic context.

**KEYWORDS:** cyber aggression; intimate partner violence; electronic aggression; partner abuse
Intimate partner violence is an important public health issue and social problem (Douglas & Straus, 2006; Luthra & Gidycz, 2006), and it is common among college students across the globe (Straus, 2004a). Straus (2004a) found that 29% of 8,666 college students in samples across 16 countries perpetrated physical partner violence against romantic partners in the past year. Physical forms of violence have received the most attention in the partner violence literature; however, experts in the field have suggested that psychological aggression toward romantic partners also warrants study (Carney & Barner, 2012; O’Leary, 1999). Psychological aggression is often a precursor to physical violence in romantic relationships (Baker & Stith, 2008; Murphy & O’Leary, 1989). Furthermore, it has been reported that the consequences of psychological abuse can be just as negative as the consequences of physical violence (O’Leary, 1999; Prospero, 2007). In college romantic relationships, psychological aggression is the most common type of partner aggression (Mason & Smithhey, 2012; Shorey, Cornelius, & Bell, 2008). Psychological aggression can vary in nature, but examples include shouting, calling one’s partner names, swearing at one’s partner, or threatening to harm one’s partner (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Between 80% and 90% of college students report being victims and perpetrators of psychological aggression with similar rates across genders (Carney & Barner, 2012).

An examination of psychological abuse perpetrated through information and communication technologies is necessary because the use of communication technologies by adults, and by college students in particular, is common. Eighty-three percent of adults have a cell phone, and most of them exchange text messages (Smith, 2011). Young adults between the ages of 18 and 24 years have been found to be the most frequent text message exchangers, with the median cell phone user in this age range sending or receiving 50 text messages per day (Smith, 2011).

The use of social media by college students is also rampant. Seventy-two percent of young adults used social networking sites in 2009 (Lenhart, Purcell, Smith, & Zickuhr, 2010). More recently, more than 90% of college students reported specifically using Facebook (Elphinston & Noller, 2011; Locatelli, Kluwe, & Bryant, 2012), and they spend more than 6 hours per week using Facebook (Elphinston & Noller, 2011). Although MySpace and LinkedIn social networking sites have many users, young adults have reported being more likely to use Facebook (Lenhart et al., 2010). Twitter use among college students is also gaining in popularity (Bicen & Cavus, 2012).

Southworth, Finn, Dawson, Fraser, and Tucker (2007) and Melander (2010) have called for research examining the role that technology plays in intimate partner violence. The use of information and communication technologies to stalk intimate partners has been described in the literature (see Leisring, 2009; Southworth & Tucker, 2007 for reviews), but research has also started examining other (nonstalking) forms of cyber partner abuse. Various terms have been used for such phenomena, including electronic aggression, digital dating abuse, cyber aggression, and cyber abuse (Associated Press & Music Television, 2009; Bennett, Guran, Ramos, & Margolin, 2011; Schnurr, Mahatmya, & Basche, 2013; Zweig, Dank, Yahner, & Lachman, 2013).
Some research on cyber abuse has focused on young adolescents. Liz Claiborne hired Teen Research Unlimited to conduct a national study regarding dating violence, and more than 600 13- to 18-year-olds participated in the study in 2006 (Picard, 2007). The researchers found that 25% of youth had partners “call them names,” “put them down,” or “say really mean things” to them using a cell phone or computer (Picard, 2007). Even more alarmingly, 10% of respondents said that a partner had threatened them physically using a cell phone or computer (Picard, 2007). Cutbush, Ashley, Kan, Hampton, and Hall (2010) and Cutbush, Williams, Miller, Gibbs, and Clinton-Sherrod (2012) used questions from Picard’s (2007) study and found that 31% of 1,430 seventh graders had been victimized by electronic dating aggression in the past 6 months, and 56% of 4,282 ninth graders had been victimized by electronic dating aggression in their lifetime.

Zweig and colleagues (2013) studied cyber dating abuse in a sample of 7th–12th graders across 10 schools in New York, Pennsylvania, and New Jersey, and they reported rates by gender. Overall, 26% of the 3,745 students with a dating history had been victims of cyber dating abuse. Females were more likely to report perpetrating nonsexual cyber aggression than males, but they were also more likely than males to report being victimized by sexual cyber aggression. Much overlap between cyber aggression and noncyber aggression was found.

The Associated Press (AP) and Music Television (MTV) conducted two digital abuse studies (AP & MTV, 2009, 2011). In 2009, more than 1,200 individuals between the ages of 14 and 24 years participated. Twenty-two percent of respondents indicated that their partners checked up on them too frequently either online or using a cell phone. More than 25% had a partner that checked the text messages on their phone without permission. In 2011, 1,355 individuals between 14 and 24 years participated, and similar rates of “checking up on” and “checking text messages without permission” were found. In the 2009 study, 12% indicated that their partner had used a computer or cell phone to put them down, call them names, or say really mean things.

Only four published studies to date appear to have studied cyber partner abuse specifically in college-aged individuals. Melander (2010) used focus groups to examine aggressive use of technology against romantic partners. Thirty-nine college students discussed examples that they had heard regarding technological forms of psychological abuse. Many were describing their friends’ experiences. Some examples of psychological abuse perpetrated through technology included reading a partner’s text messages, constant text messaging to check up on one’s partner, sending harassing or threatening messages, monitoring of a partner’s social networking sites, and using the internet to publicly embarrass and harass one’s partner.

Draucker and Martsolf (2010) conducted a qualitative study of electronic dating violence with 56 18- to 22-year-olds who were previously the victims of adolescent dating violence before the age of 18 years. The participants were recruited in diverse communities, and only 52% of the participants were currently students. Thirty of the 56 participants reported that they had emotionally or verbally abused their partners by using electronic means of communication.
Bennett and colleagues (2011) studied four different types of electronic aggression victimization (hostility, intrusiveness, humiliation, and exclusion) among 437 undergraduates. In this quantitative study, the researchers found that more than 75% of college women and men were victims of at least one type of electronic dating aggression. Approximately 46% of college men and women indicated that their partners had sent them a mean or hurtful text message, although perpetration of electronic dating abuse was not assessed.

Schnurr and colleagues (2013) collected data from 148 college students and their romantic partners. They measured cyber aggression with five items and found that perpetration of cyber aggression (as measured by victim reports) was correlated with physical and traditional psychological abuse toward partners. Interestingly, women's use of traditional psychological and physical dating aggression increased as their partner's use of cyber aggression increased. For men, this result was only found for psychological abuse such that men's use of psychological abuse increased as their female partner's use of cyber aggression increased. It was also found that when women's dominance and cyber aggression perpetration were high, their male partners perpetrated less physical aggression toward them.

To date, there have been no published research articles reporting the psychometric properties of a comprehensive measure that assesses both perpetration and victimization of cyber psychological abuse. Cutbush et al. (2010, 2012) and Picard (2007) used Picard's 8-item measure, but psychometric data were not reported. Melander (2010) used focus groups, and Draucker and Martsolf (2010) conducted a qualitative study. Schnurr et al. (2013) used five yes-or-no questions adapted from the work of Draucker and Martsolf asking participants whether partners had used technology to “embarrass them,” “make them feel bad,” “control them,” “monitor them,” and “argue with them.” Schnurr et al. did find high internal consistency for their items.

The two most detailed measures available with some psychometric data are Bennett et al.’s (2011) “electronic victimization and anticipated distress” with 22 items and Zweig et al.’s (2013) “cyber dating abuse” scale with 4 sexual cyber abuse items and 12 nonsexual cyber abuse items. Bennett et al.’s measure did not assess perpetration. Neither Bennett et al.’s nor Zweig et al.’s measure assesses the technological equivalent of some traditional forms of psychological abuse. For example, they do not specifically assess swearing at one’s partner, using capital letters to “shout” at one’s partner, or calling a partner names using technology during an argument. Therefore, the current study aims to fill these gaps in the literature on the measurement of cyber abuse. Specifically, the current study describes the creation of a new measure of cyber dating abuse that includes both victimization and perpetration scales of such behaviors. The goals of the present study were the following:

1. Determine the factor structure of the Cyber Psychological Abuse (CPA) scale through factor analysis and demonstrate reliability of the CPA scale.
2. Determine the frequency with which female and male undergraduates report perpetrating or being victimized by cyber psychological abuse with their current romantic partners.
3. Examine the convergent validity of the CPA scale by comparing it to traditional measures of psychological and physical dating victimization and examine the divergent validity by comparing the CPA to a traditional measure of general aggression.

4. Assess the concurrent validity of the CPA scale by examining its association with perceived levels of stress in college students and determine if the CPA scale provides incremental validity in predicting stress over and above the Conflict Tactics Scale (CTS2) or Multidimensional Measure of Emotional Abuse (MMEA).

METHOD

Participants

Participants in this study were 317 undergraduates from a university in the northeastern United States who were recruited for a study on “technology and conflict in romantic relationships.” Participants learned about the study via an online psychology department research study database and earned course credit for their participation. They had to be at least 18 years of age and currently in a romantic relationship to participate. Forty-six participants were excluded because they either were not in a current romantic relationship or because they completed less than 50% of the survey, leaving a final sample of 271 participants. The sample was composed of 213 females and 58 males, most of whom were heterosexual (95.2%), White (84.1%), and first-year college students (58.3%), with a mean age of 19.03 years (SD = 1.16). The mean length of participants’ self-reported longest relationship was 22.6 months (SD = 16.16), and the mean length of the current relationship was 17.66 months (SD = 17.52). Most participants (64.9%) indicated that their relationship was a combination of geographically close for part of the year and long-distance for part of the year, whereas 26.6% of the sample indicated that their relationship was geographically close all year, and 8.5% were long-distance all year.

Measures

Perceived Stress Scale (PSS-10). This 10-item measure is a widely used questionnaire for measuring the perception of stress (Cohen & Williamson, 1988). The questionnaire assesses feelings and thoughts related to stress that were experienced within the past month, for example, “In the last month, how often have you felt nervous and ‘stressed?’” Responses are on a 5-point Likert scale ranging from never to very often.

Buss-Perry Aggression Questionnaire (AQ). This 29-item measure assesses trait aggression and has four subscales (anger, physical aggression, verbal aggression, and hostility; Buss & Perry, 1992). Participants rated how characteristic each item was of them on a 5-point scale ranging from extremely uncharacteristic of me to extremely characteristic of me.

In the current study, the last two items from the hostility scale were inadvertently left off of the questionnaire. Despite this modification, the hostility subscale and total scale of the AQ both had good internal consistency in the current study (see Table 1).
**TABLE 1.** Descriptive Statistics, Intercorrelations, and Scale Reliabilities for All Study Variables

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TABLE 1. Descriptive Statistics, Intercorrelations, and Scale Reliabilities for All Study Variables (Continued)

| Number | Variable              | 21  | 22  | 23  | 24  | 25  | 26  | 27  | 28  | 29  | 30  | 31  | 32  | 33  | 34  | 35  | 36  | 37  | 38  | 39  | 40  |
|--------|-----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 21     | MMEA Total–V          | .92 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 22     | CTS All Phys–P        | .65 | .74 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 23     | CTS M Phys–P          | .61 | .97 | .77 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 24     | CTS S Phys–P          | .48 | .62 | .40 | .50 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 25     | CTS All Phys–P        | .31 | .39 | .25 | .63 | .90 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 26     | CTS M Phys–V          | .31 | .46 | .35 | .60 | .93 | .74 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 27     | CTS S Phys–V          | .27 | .27 | .13 | .58 | .93 | .74 | .91 |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 28     | CTS All Phys–V        | .73 | .92 | .89 | .58 | .36 | .40 | .27 | .74 |     |     |     |     |     |     |     |     |     |     |     |     |
| 29     | CTS M Psy–V           | .67 | .89 | .92 | .38 | .16 | .24 | .06 | .96 | .79 |     |     |     |     |     |     |     |     |     |     |     |
| 30     | CTS S Psy–V           | .40 | .35 | .20 | .63 | .75 | .60 | .81 | .42 | .17 | .67 |     |     |     |     |     |     |     |     |     |     |
| 31     | CPA Minor–P           | .54 | .66 | .68 | .30 | .18 | .26 | .07 | .60 | .64 | .19 | .09 | .10 | .04 | .87 |     |     |     |     |     |     |
| 32     | CPA Severe–P          | .41 | .14 | .06 | .31 | .48 | .38 | .52 | .14 | .04 | .36 | .24 | .13 | .36 | .22 | .68 |     |     |     |     |     |     |
| 33     | CPA Minor–V           | .60 | .67 | .69 | .27 | .14 | .23 | .03 | .69 | .72 | .22 | .18 | .21 | .07 | .90 | .14 | .86 |     |     |     |     |     |
| 34     | CPA Severe–V          | .35 | .12 | .04 | .29 | .53 | .43 | .57 | .13 | .01 | .43 | .28 | .15 | .41 | .21 | .90 | .12 | .78 |     |     |     |     |
| 35     | CPA Total–P           | .57 | .66 | .66 | .33 | .24 | .30 | .14 | .60 | .61 | .14 | .12 | .12 | .09 | .99 | .35 | .83 | .33 | .82 |     |     |     |
| 36     | CPA Total–V           | .64 | .67 | .68 | .31 | .22 | .29 | .12 | .69 | .70 | .16 | .21 | .23 | .13 | .91 | .28 | .99 | .27 | .91 | .81 |     |     |
| 37     | Perceived stress      | .23 | .18 | .19 | .05 | .04 | .08 | -.01| .18 | .21 | -.03| .13 | .16 | .04 | .18 | .03 | .20 | .00 | .18 | .19 | .85 |     |

Note. N = 271. Internal consistency reliability values are provided along the diagonal (in italics). FAS = Facebook Argument Scale; AQ = Aggression Questionnaire; MMEA = Multidimensional Measure of Emotional Abuse Scale; RE = restrictive engulfment; P = perpetrator; D = denigration; HW = hostile withdrawal; I = intimidation; V = victim; CTS = Conflict Tactics Scale; Psy = psychological abuse scale; M = minor; S = severe; Phys = physical abuse scale; CPA = Cyber Psychological Abuse Scale. Correlations greater than .12 are significant at p < .05 and correlations greater than .20 are significant at p < .001.
Facebook Argument Scale (FAS). This scale was developed for the current study. Five yes-or-no questions were asked: Have you ever had an argument with a partner due to Facebook? Have you ever had an argument with a romantic partner due to wall or picture postings from others? Have you ever had an argument with a romantic partner regarding whether to list your relationship status as “in a relationship”? Have you ever had an argument with a romantic partner regarding one of your or your partner’s Facebook status updates? Have you ever had an argument with a romantic partner regarding a picture that you or your partner posted on Facebook? The responses were summed for the total score, giving a possible range of 0 to 5 for each participant. As seen in Table 1, Cronbach’s alpha for this scale was acceptable ($\alpha = .79$).

Cyber Psychological Abuse (CPA) Scale. This is an 18-item questionnaire developed for the present study to assess psychological abuse in romantic relationships that is perpetrated during arguments through technological means such as cell phones, e-mail, computers, and social networking sites. The questionnaire assesses both perpetration and victimization of specific acts of abuse (with 9 items for each; see Table 2 for the full list of items). Individual items were created after an examination of commonly used psychological abuse measures: the psychological aggression subscale from the revised Conflict Tactics Scale (Straus et al., 1996) and the Psychological Maltreatment of Women Inventory (Tolman, 1999). Undergraduate students who use relevant technologies on a daily basis were also consulted in the development of items for this measure.

Response options for the CPA scale were similar to the revised Conflict Tactics Scale (Straus et al., 1996) and ranged from 0 to 6 ($0 = never$, $1 = once$, $2 = twice$, $3 = 3–5$ times, $4 = 6–10$ times, $5 = 11–20$ times, $6 = more than 20 times$). Participants were asked to indicate how often each behavior has happened during an argument in their current romantic relationship. Scoring of the CPA scale was similar to the “annual frequency” scoring of the CTS (Straus, 2004b), in that it was scored by adding the midpoints for the response categories chosen by the participant. The scores are the same as the midpoints for response options 0, 1, and 2. For response Option 3, the midpoint and score is 4, Option 4 is 8, Option 5 is 15, and Option 6 is 25 (see also Straus et al., 1996).

Multidimensional Measure of Emotional Abuse (MMEA). This measure was designed to assess four types of emotional abuse. All four subscales of the MMEA were used in the current study: restrictive engulfment, denigration, hostile withdrawal, and dominance/intimidation (Murphy, Hoover, & Taft, 1999). Each subscale contains seven items. Participants were asked about their perpetration of the behaviors and their victimization within their current romantic relationship. A sample item for restrictive engulfment is “Have you tried to make your partner feel guilty for not spending enough time together?” A sample item for denigration is “Have you said or implied that your partner was stupid?” A sample item for hostile withdrawal is “Have
TABLE 2. Pattern Matrix Coefficients From a Principal Axis Exploratory Factor Analysis of Cyber Psychological Abuse Scale

<table>
<thead>
<tr>
<th></th>
<th>Victim 1</th>
<th>Victim 2</th>
<th>Perpetrator 1</th>
<th>Perpetrator 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eigenvalue</strong></td>
<td>3.690</td>
<td>2.290</td>
<td>3.660</td>
<td>1.760</td>
</tr>
<tr>
<td><strong>Factor 1: minor cyber abuse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your partner called you names . . . ?</td>
<td>0.884</td>
<td>0.010</td>
<td>0.930</td>
<td>0.090</td>
</tr>
<tr>
<td>Has your partner sworn at you . . . ?</td>
<td>0.800</td>
<td>0.090</td>
<td>0.860</td>
<td>0.020</td>
</tr>
<tr>
<td>Has your partner insulted you . . . ?</td>
<td>0.730</td>
<td>-0.050</td>
<td>0.710</td>
<td>-0.040</td>
</tr>
<tr>
<td>Has your partner abruptly stopped e-mailing, instant messaging, or text messaging during a disagreement?</td>
<td>0.720</td>
<td>0.000</td>
<td>0.700</td>
<td>0.030</td>
</tr>
<tr>
<td>Has your partner used capital letters to “shout” at you . . . ?</td>
<td>0.710</td>
<td>0.010</td>
<td>0.600</td>
<td>-0.150</td>
</tr>
<tr>
<td>Has your partner kept tabs on you by checking your e-mail messages, messages on your cell phone, or inbox messages on a social networking site?</td>
<td>0.520</td>
<td>-0.030</td>
<td>0.470</td>
<td>0.100</td>
</tr>
<tr>
<td><strong>Factor 2: severe cyber abuse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your partner threatened you . . . ?</td>
<td>-0.090</td>
<td>1.000</td>
<td>-0.080</td>
<td>0.880</td>
</tr>
<tr>
<td>Has your partner sent an e-mail about you to others to hurt or embarrass you?</td>
<td>-0.050</td>
<td>0.890</td>
<td>-0.040</td>
<td>0.640</td>
</tr>
<tr>
<td>Has your partner posted inappropriate pictures or embarrassing information online to humiliate you?</td>
<td>0.090</td>
<td>0.540</td>
<td>0.100</td>
<td>0.390</td>
</tr>
</tbody>
</table>

**Note.** Items shown are for the victimization scale. Items with an ellipsis ( . . . ) have the phrase “in an e-mail, instant message, text message, or on a social networking site?” at the end. Perpetration scales are identical, with the exception that “your partner” is changed to “you” and “you” is changed to “your partner.”

you acted cold or distant when angry?” A sample item for dominance/intimidation is “Have you become angry enough to frighten your partner?”

**Revised Conflict Tactics Scale (CTS2).** In the current study, the physical aggression and psychological aggression subscales were used (Straus et al., 1996). The physical aggression subscale contains five “minor” acts of aggression (e.g., pushed or shoved your partner) and seven “severe” acts of aggression (e.g., choked your partner). The psychological aggression subscale includes four minor acts (e.g., insulted or swore at partner) and four severe acts (e.g., threatened to hit or throw something at my partner). Participants indicated how many times they had engaged in each behavior during an argument in their current romantic relationship using a scale
ranging from 0 times to more than 20 times. Participants also indicated how many times a partner had engaged in each behavior against them during an argument in their current romantic relationships using the same scale. In the current study, one item from the severe psychological abuse victimization scale (“Has your partner accused you of being a lousy lover?”) was removed because of poor item–total correlation, and removal improved the internal consistency reliability of the scale (from $\alpha = .59$ to $\alpha = .67$). Also, the severe psychological abuse perpetration scale had low internal consistency reliability in this study ($\alpha = .50$), and removing items would not help to bring it up. This could possibly be because no one wants to admit to these behaviors or because they are relatively low-frequency behaviors.

**Procedure**

The survey was administered online through SurveyMonkey, and surveys were completed anonymously. After answering demographic questions and questions about texting and Facebook use, participants completed the FAS, the PSS-10, the AQ, the CPA scale, the MMEA, and the minor and severe physical aggression subscales and psychological aggression subscales from the CTS2.

**RESULTS**

**Determination of Factor Structure**

To determine the factor structure of the CPA scale, both exploratory and confirmatory factor analyses were conducted. The full sample ($N = 271$) was randomly divided into two subsamples. The first subsample ($n = 138$, 78.9% female, 57.7% first-year students, 81.3% White, age $M = 19.24$ years, $SD = 1.80$) was used for exploratory factor analysis (EFA). A parallel analysis and a scree plot (O’Connor, 2000) were examined to establish the initial number of factors to extract. The parallel analysis and scree plot both indicated that two factors should be extracted. Next, two principal axis factor analyses were conducted using an oblique rotation (direct oblimin) on the nine items from both the victim and the perpetrator scales. Based on the results in the pattern matrix, we identified two factors, which were labeled as minor and severe cyber psychological abuse (see Table 2). The eigenvalues for these two factors were 3.69 and 2.29, respectively, and together, the two factors accounted for 66.4% of the variance.

Next, we conducted a confirmatory factor analysis (CFA) using Mplus (Muthén & Muthén, 2012) on the second subsample ($n = 133$, 75.6% female, 58.8% first-year students, 85% White, age $M = 19.01$, $SD = 1.16$). We compared two competing models using the criteria for acceptable model fit outlined by Hu and Bentler (1998). Specifically, we considered model–data fit to be satisfactory if the following fit criteria were met: comparative fit index (CFI) or Tucker-Lewis index (TLI) greater than .90 and standardized root mean squared residual (SRMR) or root mean square error of approximation (RMSEA) less than .10. Data appeared to be multivariate nonnormal,
with high values for skew and kurtosis, so a bootstrap procedure was used with maximum likelihood (ML) estimation (Yung & Bentler, 1996). Results were compared for a one-factor model (all nine items loading onto a single factor) versus a two-factor model (see Table 3). Results indicate that whereas a single-factor model did not fit the data well, acceptable model fit was obtained for the two-factor model for both victim and perpetrator scales (CFI > .90 and SRMR and RMSEA < .10).

The results of EFA and CFA suggest that two subscales should be created for the CPA scale. Thus, we created these two subscales using the sum of the items for each factor based on the full sample (N = 271). In addition, total cyber abuse scores were created by taking the sum of all nine items for both victim and perpetrator scales. Creating these total scores was justified by acceptable model fit from two CFAs with a higher order “cyber abuse” factor with direct effects on the two lower order factors for both victimization and perpetration scales (victim: χ² = 40.75, df = 25, CFI = .97, RMSEA = .068, SRMR = .074; perpetrator: χ² = 59.03, df = 25, CFI = .92, RMSEA = .099, SRMR = .080). Internal consistency reliability was good for both the total cyber abuse victimization scale (α = .81) and perpetration scale (α = .82).

Descriptive statistics, internal consistency reliability, and intercorrelations for all study variables are provided in Table 1. Results indicate that the two factors of the cyber abuse scale had acceptable internal consistency reliability because the Cronbach’s alpha values were close to or greater than .70 for the minor and severe victimization and perpetration scales. In addition, nearly all remaining measures in the study demonstrated acceptable internal reliability. The severe psychological abuse–perpetration scale on the CTS2 had relatively poor reliability (α = .50) as noted earlier; therefore, results based on this scale should be interpreted with caution. The minor cyber abuse victimization scale was very highly correlated with the minor cyber abuse perpetration scale (r = .90, p < .001). The severe cyber abuse scales were also highly correlated (r = .90, p < .001). In addition, the minor and severe cyber victimization scales were not significantly correlated (r = .12, p = .060), and the minor and severe cyber perpetration scales exhibited a small relationship.

### Table 3. Summary of Fit Indices for the Cyber Psychological Abuse Scale From Confirmatory Factor Analysis

<table>
<thead>
<tr>
<th>Version</th>
<th>Model</th>
<th>χ²</th>
<th>df</th>
<th>χ²/df</th>
<th>CFI</th>
<th>TLI</th>
<th>SRMR</th>
<th>RMSEA [95% CI]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim</td>
<td>Single-factor</td>
<td>277.52*</td>
<td>27</td>
<td>10.09</td>
<td>.53</td>
<td>.37</td>
<td>.14</td>
<td>.260 [.23, .29]</td>
</tr>
<tr>
<td></td>
<td>Two-factor</td>
<td>40.75*</td>
<td>26</td>
<td>1.57</td>
<td>.97</td>
<td>.96</td>
<td>.07</td>
<td>.060 [.02, .10]</td>
</tr>
<tr>
<td>Perpetrator</td>
<td>Single-factor</td>
<td>164.27*</td>
<td>27</td>
<td>6.08</td>
<td>.67</td>
<td>.57</td>
<td>.12</td>
<td>.190 [.16, .22]</td>
</tr>
<tr>
<td></td>
<td>Two-factor</td>
<td>59.03*</td>
<td>26</td>
<td>2.27</td>
<td>.92</td>
<td>.89</td>
<td>.08</td>
<td>.096 [.06, .13]</td>
</tr>
</tbody>
</table>

*Note. n = 134. df = degrees of freedom; CFI = comparative fit index; TLI = Tucker-Lewis index; SRMR = standardized root mean squared residual; RMSEA = root mean square error of approximation; CI = confidence interval. *p < .05.
Validation of the Cyber Psychological Abuse Scale

Finally, the total scores on both victimization and perpetration scales were highly correlated ($r = .91, p < .001$). These results suggest that individuals perpetrating cyber abuse toward partners are highly likely to be victimized by cyber abuse from their partners as well.

**Frequency of Cyber Abuse Among College Students**

Ninety-three percent of the college students in the current study reported being the victim of at least one form of minor cyber abuse, and 93.7% of the sample reported perpetrating at least one form of minor cyber abuse. Regarding severe forms of cyber abuse, only 12.6% of the sample reported being a victim, whereas 13.3% reported being a perpetrator. As seen in Table 1, individuals in relationships lasting longer tend to report higher levels of minor cyber abuse victimization and perpetration. The most frequently reported cyber abuse behavior perpetrated by participants was “abruptly stopped e-mailing, instant messaging, or text messaging during a disagreement,” whereas the most commonly reported cyber abuse victimization behavior was “Has your partner sworn at you [via technology]?”

**Gender Differences in Cyber Abuse**

To determine if males and females differ in their experience of cyber abuse as either a victim or perpetrator, a series of independent samples’ $t$ tests were conducted. Results indicated that males and females did not differ in average levels of minor cyber abuse for both the victimization scale ($M_{females} = 28.88, SD = 33.82; M_{males} = 30.11, SD = 33.53; t[268] = 0.24, p = .81$) or the perpetration scale ($M_{females} = 33.00, SD = 36.16; M_{males} = 26.11, SD = 31.88, t[268] = 1.31, p = .19$). However, significant differences emerged between males and females in average levels of severe cyber abuse for both the victimization scale ($M_{females} = 0.64, SD = 3.13; M_{males} = 3.19, SD = 10.31; t[268] = 3.12, p = .002$) and the perpetration scale ($M_{females} = 0.85, SD = 3.67; M_{males} = 2.81, SD = 9.00; t[268] = 2.49, p = .013$). That is, males not only reported being victims of severe cyber abuse more often than females but also reported being perpetrators of severe cyber abuse more often than females.

In addition to the previously mentioned analyses, we also compared dichotomous versions of the victimization and perpetration variables (e.g., never experienced cyber abuse victimization vs. experienced it at least once) for males and females. Results of chi-square analyses indicate that there were no differences in frequencies for minor or severe perpetration or minor victimization across males and females (all $p$’s > .05). However, there was a significant difference for the severe victimization scale, with a higher proportion of males reporting victimization than females ($\chi^2[1, N = 271] = 6.49, p = .01$). These results coincide with the earlier mentioned finding that males report being victimized by severe cyber abuse more often than females.
Convergent, Divergent, and Concurrent Validity

To determine the convergent validity of the current cyber abuse perpetration and victimization scales, we compared these measures to existing measures of emotional abuse and intimate partner violence (see Table 1 and note that any correlation value larger than $r = .20$ is significant at $p < .001$). Results indicate that the minor cyber abuse perpetration and victimization scales are moderately positively correlated with Facebook arguing ($r_{\text{perpetrator}} = .38$, $r_{\text{victim}} = .40$). Next, we examined the bivariate relationships with MMEA. Results indicate strong positive correlations between MMEA total scores and both minor cyber abuse perpetration ($r_{\text{MMEA perpetration}} = .64$, $r_{\text{MMEA victimization}} = .54$) and victimization ($r_{\text{MMEA perpetration}} = .63$, $r_{\text{MMEA victimization}} = .60$) and slightly weaker relationships with severe cyber abuse perpetration ($r_{\text{MMEA perpetration}} = .52$, $r_{\text{MMEA victimization}} = .41$) and victimization ($r_{\text{MMEA perpetration}} = .46$, $r_{\text{MMEA victimization}} = .35$). Notably, very strong relationships were found between the MMEA intimidation perpetration subscale and severe cyber abuse perpetration ($r = .70$) and victimization ($r = .75$).

Next, we examined the relationships with the CTS2 and found very strong relationships between traditional psychological abuse perpetration and minor cyber abuse ($r_{\text{perpetration}} = .66$, $r_{\text{victimization}} = .67$) as well as between psychological abuse victimization and minor cyber abuse ($r_{\text{perpetration}} = .60$, $r_{\text{victimization}} = .69$). Interestingly, the strongest relationships with severe cyber abuse were with severe CTS2 psychological abuse victimization ($r_{\text{perpetration}} = .36$, $r_{\text{victimization}} = .43$) and also with severe CTS2 physical abuse perpetration ($r_{\text{perpetration}} = .52$, $r_{\text{victimization}} = .57$). Taken together, these results suggest that the factors of the CPA scale may be valid for predicting other forms of minor and severe abuse.

Evidence for the discriminant validity of the CPA was demonstrated by the pattern of small to very small positive correlations between both scales of the cyber abuse measure and the scales of the AQ. Finally, we examined whether cyber abuse might predict perceived stress over and above any of the traditional abuse measures. Hierarchical regression analyses were conducted separately for victimization and perpetration. In Step 1 of the regression, each individual “traditional” abuse scale was added (MMEA total score, CTS2 physical abuse, or CTS2 psychological abuse), and in Step 2, both minor and severe cyber abuse were added. Results indicate that neither the victimization nor the perpetration scales of cyber abuse added significant incremental prediction of perceived stress over and above the MMEA total score or the CTS2 psychological abuse scale. However, the minor scale of both the victimization and perpetration versions of the CPA scale added incremental validity over and above the CTS2 physical abuse scale (see Table 4). In both cases, minor cyber abuse was able to explain an additional 3% of the variance in perceived stress over and above physical abuse.

DISCUSSION

The purpose of the current study was to develop and validate the CPA scale. The items were developed to capture the content domain of psychological abuse and configured so
that they capture these behaviors as they occur via technology (including e-mails, instant messages, text messages, and social networking). The results of the current study suggest that the CPA scale is a useful and valid measure for capturing psychological abuse as it occurs in an electronic context.

Results of factor analyses reveal a two-factor structure for the CPA scale that is consistent with minor and severe cyber psychological abuse. Although the minor scale consists of behaviors such as swearing, insulting, and “shouting” with capital letters at one’s partner, the severe scale includes threats and public humiliation of one’s partner. Convergent validity evidence suggests that these minor and severe factors align well with the minor and severe forms of psychological aggression from the CTS2 (Straus et al., 1996). In addition, the levels of severe cyber abuse found in the current study are similar to the levels of cyber venting perpetration (18%) found by Lyndon, Bonds-Raacke, and Cratty (2011), which represent similar forms of perpetration (including posting inappropriate things about an ex-partner on someone’s Facebook wall). The data also supported combining the minor and severe scales of the CPA into a total CPA score indicating that researchers can use either the two-factor version of the scale (minor and severe) or combine items into an overall CPA score.

The CPA’s victimization and perpetration scales showed an expected pattern of associations with previously validated abuse and aggression measures, with higher

### TABLE 4. Hierarchical Regression Analyses Predicting Perceived Stress

<table>
<thead>
<tr>
<th>Variable</th>
<th>$b$</th>
<th>$SE$</th>
<th>$\beta$</th>
<th>$t$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1: $F(1, 266) = 0.38, p = .57$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CTS physical abuse perpetration</td>
<td>0.020</td>
<td>0.03</td>
<td>0.04</td>
<td>0.57</td>
</tr>
<tr>
<td>Model 2: $F(3, 264) = 3.09, p = .03, $\Delta R^2 = .033$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CTS physical abuse perpetration</td>
<td>0.003</td>
<td>0.03</td>
<td>0.08</td>
<td>0.11</td>
</tr>
<tr>
<td>Minor cyber abuse perpetration</td>
<td>0.030</td>
<td>0.01</td>
<td>0.18</td>
<td>2.97*</td>
</tr>
<tr>
<td>Severe cyber abuse perpetration</td>
<td>-0.110</td>
<td>0.08</td>
<td>-0.01</td>
<td>-0.15</td>
</tr>
<tr>
<td>Model 1: $F(1, 266) = 4.62, p = .03$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CTS physical abuse victimization</td>
<td>0.050</td>
<td>0.02</td>
<td>0.13</td>
<td>2.15*</td>
</tr>
<tr>
<td>Model 2: $F(3, 264) = 4.93, p = .03, $\Delta R^2 = .036$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CTS physical abuse victimization</td>
<td>0.040</td>
<td>0.02</td>
<td>0.11</td>
<td>1.79</td>
</tr>
<tr>
<td>Minor cyber abuse victimization</td>
<td>0.330</td>
<td>0.11</td>
<td>0.19</td>
<td>3.11*</td>
</tr>
<tr>
<td>Severe cyber abuse victimization</td>
<td>-0.060</td>
<td>0.07</td>
<td>-0.05</td>
<td>-0.85</td>
</tr>
</tbody>
</table>

*Note. $b =$ regression coefficient; $SE =$ standard error; $\beta =$ standardized regression coefficient; CTS = Conflict Tactics Scale.

*$p < .05.$
levels of cyber psychological abuse being associated with higher self-reported emotional abuse from the MMEA and psychological abuse from the CTS. The pattern of relationships between the CPA and the AQ were somewhat small, suggesting that the CPA is assessing something different from trait aggression. The CPA scale also demonstrated significant positive relationships with perceived stress because individuals reporting higher levels of cyber abuse perpetration or victimization also reported higher levels of stress. In addition, the CPA scale predicted perceived stress over and above physical abuse.

Another interesting finding was that the minor victimization and minor perpetration scales of the CPA scale correlated very strongly with one another, suggesting that those individuals who perpetrate behaviors such as insults or name calling electronically are also likely to be victimized by these same behaviors. This was also true for the severe victimization and severe perpetration scales of the CPA scale. This is consistent with findings in the partner violence field that much abuse between partners is bidirectional (Langhinrichsen-Rohling, Misra, Selwyn, & Rohling, 2012). However, the response format of the current survey, which involved alternating between victimization items and perpetration items, could partially explain the high correlations among these variables. Although this response format is common in partner abuse measures, future research should vary this methodological feature to examine its impact on these relationships.

The results of the current study should be interpreted within the context of several limitations. One such limitation deals with sample size. Much of the literature on test construction and validation suggests having large samples when conducting factor analyses (e.g., Noar, 2003). Although the total sample size for the current study approached the recommended minimum sample size ($n \geq 250$) for these analyses, our splitting of the sample into EFA and CFA samples further reduced the sample size. In addition, data were collected from volunteers via self-report. That is, it is possible that participants overreported victimization (because of having a salient experience with it and voluntarily agreeing to participate) and underreported perpetration (because of impression management reasons). Thus, our results should be interpreted as a preliminary demonstration of the validity of the CPA scales, and future research should be conducted using these scales in larger samples and with data collected from both individuals in the relationship.

It should also be noted that the CPA scale assesses psychologically abusive behaviors engaged in via technology during arguments. Future research should look at the relationship between cyber psychological abuse during arguments and other types of cyber psychological abuse that may occur outside the context of arguments (e.g., pressure to engage in sexting behaviors or frequent calls/texts to check up on one’s partner). Although rates of cyber psychological abuse during arguments were similar across genders in the current study, Zweig et al. (2013) found that men were more likely than women to perpetrate cyber sexual abuse.

The clinical implications of couples engaging in cyber forms of psychological abuse remain to be seen. Cyber psychological abuse was extremely common, and it was associ-
ated with aggressive personality traits and with levels of perceived stress in the current study. Clinicians who wish to assess intimate partner violence in their clients’ romantic relationships should consider administering the CPA scale to clients to gain information about the presence of minor and severe cyber psychological abuse. Future research is needed to further examine predictors and outcomes of cyber psychological abuse in romantic relationships. Longitudinal research using several populations (e.g., community samples, clinical samples, and school samples) would be ideal. We wholeheartedly agree with Southworth and colleagues (2007) that victim advocates in the partner violence field should have training related to how technologies are being used to perpetrate partner violence. We hope cyber psychological abuse can be prevented and reduced in the future, and we hope that the CPA scale can facilitate further research in the field.

REFERENCES


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viewpoint and theory

The Role of Executive Function Deficits in Domestic Violence Perpetration

Kenneth Corvo, PhD
Syracuse University

Of the probable psychological or neuropsychological vulnerabilities or risks in domestic violence perpetration, deficits in executive function may be one of the least explored. This integrative review contains overviews of domestic violence theory, the literature on psychological and neuropsychological risk for violence, the literature on executive function, and the literature on coping. The neuropsychology and neuroanatomy of violence typically involves deficits in the frontal lobes and their role in cognition and impulse control and/or excessive activation of the limbic structures with their role of mediating primary emotions and drive-related behavior. Domestic violence perpetration can be understood as maladaptive and destructive coping, symptomatic of disorders of impulsivity, neuropsychological impairment, and emotional dysfunction activated within the context of intimacy or primary relationships, often (if not usually) exacerbated by substance abuse or dependency. Conceptualizing domestic violence perpetration as maladaptive coping, impaired by executive deficits, psychopathology, often worsened by substance abuse, opens up a wide range of alternative intervention strategies. Instead of assuming (often incorrectly) that a perpetrator’s intentions are only patriarchal domination, careful assessment of neuropsychological vulnerability and coping abilities can lead to both a more accurate picture of risk as well as guided change strategies. Assessment of executive function can provide a framework for understanding and improving both the cognitive capabilities of perpetrators to form and use adaptive strategies as well as their abilities to manage or inhibit affective arousal to violence.

KEYWORDS: domestic violence; executive deficits; neuropsychology; coping; psychopathology

Research on psychological and neuropsychological risk factors for domestic violence perpetration faces ideological and philosophical obstacles not often found elsewhere.
Since the 1970’s, public policy in the United States has framed domestic violence primarily as the socially sanctioned assault and domination of women by men. Most national policies and the “batterer” treatment standards of most states are premised on domestic violence being solely or primarily the product of “patriarchy.” In spite of a robust and rigorous literature indicating a much broader range of psychological, psychosocial, and neuropsychological risk factors for violence in general, policies regarding the etiology and treatment of domestic violence perpetration often disregard or forbid considerations of mental health issues. Instead, based on an ideological interpretation of domestic violence as resulting only from patriarchal socialization, a largely ineffective model of psychoeducation is mandated. This view of domestic violence is commonly expressed in policy statements found in state domestic violence certifying agencies and elsewhere (see e.g., New York Office for the Prevention of Domestic Violence, online) and excludes from inquiry and intervention known risk factors such as addiction, psychological disorders, trauma, and family of origin violence.

Scholars and researchers in the field, then, often find themselves in the unenviable position of undertaking research and analyses at odds with federal and state policy priorities and established and intransigent practice norms. Unlike widely accepted and synergistic linkages between research, policy, and practice (e.g., translational science, evidence-based practice) found in other applied areas of study, research in domestic violence does not enjoy a nationally integrated, publicly funded, empirical, knowledge-building framework (e.g., as does alcoholism with National Institute on Alcohol Abuse and Alcoholism [NIAAA] or mental health with National Institute of Mental Health [NIMH]). Rather, a patchwork of studies with various areas of interest intersecting with domestic violence are occasionally funded at the federal level by the National Institute of Justice, Veterans Administration, Centers for Disease Control and Prevention, NIAAA, and others. In spite of funding limitations and ideological barriers, the literature does contain a substantial array of studies of psychopathology and domestic violence perpetration, including perpetrator typologies, correlational studies between specific mental disorders and perpetration, links to substance abuse/dependence, and neurological deficits (Corvo & Johnson, 2013).

Of the probable psychological or neuropsychological vulnerabilities or risks in domestic violence perpetration, deficits in executive function (neurocognitive abilities to plan, strategize, inhibit, redirect, and think flexibly) may be one of the least explored. Using an open heading search term executive function, the PsycINFO database contains almost 9,000 journal articles but only 7 when the search term domestic violence is added. Given the established links of executive function deficits to aggression and violence in general (Hoaken, Allaby, & Earle, 2007), a review of the literature focusing on the intersection of executive function deficits and psychopathology as they are manifested in dysfunctional violent coping in perpetrators may contribute to theory development and a better understanding of risk for domestic violence. This integrative review contains overviews of domestic violence theory, the literature on psychological and neuropsychological risk for violence, the literature on executive function, and the literature on coping. These areas of inquiry will be
reviewed, key concepts extracted, and integrated into a broader theoretical context of domestic violence and its etiology and functions.

**OVERVIEW OF CURRENT DOMESTIC VIOLENCE THEORY**

Most current explanatory theoretical views of domestic violence perpetration can be categorized as feminist/sociocultural, intergenerational transmission, and psychological/psychosocial (Corvo & deLara, 2010). Feminist/sociocultural theory posits that domestic violence is uniquely male aggression toward women, is solely the product of the socially sanctioned domination and control of women by men, and is used as a form of “power and control” (Corvo & Johnson, 2003).

The intergenerational transmission of domestic violence is a long-standing theoretical interpretation and often-cited influence on violence perpetration in adulthood. The social learning theory–based intergenerational transmission view of domestic violence perpetration asserts that childhood observation of or exposure to violence in the family of origin creates beliefs, ideas, and norms about the use of aggression in families. This is a narrower view than more recent developmental psychopathology theories, which identify a broader range of developmental, psychosocial, or family of origin risks (Corvo & Johnson, 2003).

Psychological/psychosocial theories of domestic violence perpetration examine individual psychological, psychiatric, behavioral, and neurological risk factors. Dutton (2006) summarizes these factors as personality disorders, neurobiological factors, neuroanatomical factors, disordered or insecure attachment, developmental psychopathology, cognitive distortions, and posttraumatic symptoms. In short, psychological/psychosocial theories of domestic violence perpetration describe domestically violent men and women as different from their nonviolent counterparts on important psychological variables that are related to their violent behavior.

**PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL RISK FACTORS**

This section briefly reviews typologies of perpetrators, mental health/illness issues, substance abuse and dependence, neuropsychological factors, and other related biological risk factors. For a more thorough review, please see Corvo and Johnson (2013).

Across studies, there has been substantial consistency in identifying three subtypes of perpetrators (Holtzworth-Munroe & Stuart, 1994; Lohr, Bonge, Witte, Hamberger, & Langhinrichsen-Rohling, 2005). These subtypes differ on measures of personality styles and disorders, psychopathology, hostility, attachment styles, drug and alcohol use, and type and severity of violence (Lohr et al., 2005). Although identifying specific elements of psychological risk (e.g., antisocial personality disorder), these studies suggest an association between severity of psychopathology and severity of domestic violence.

Particular psychological disorders which may be associated with domestic violence can also be found in various studies of domestic violence. A systematic review of
the literature on risk factors by Capaldi, Knoble, Shortt, and Kim (2012) indicates associations between domestic violence perpetration and some forms of personality disorders, severe depression, and alcohol/substance dependence/abuse. Recent research has identified links between posttraumatic stress disorder (PTSD) and domestic violence (e.g., Finley, Baker, Pugh, & Peterson, 2010).

Although varying with samples and measurement, there is frequent concomitance of psychopathology with domestic violence: from a low of 17% on an aggregate measure of serious mental illness in a subset of self-identified male perpetrators drawn from a large, nationally representative sample (Lipsky, Caetano, & Roy-Byrne, 2011) to more than 90% of psychiatric inpatients reporting intimate partner violence perpetration within the past year (Heru et al., 2006). In a review of psychopathology and domestic violence across 12 studies (Corvo & Johnson, 2013), the mean rate of concomitance was 60%.

**Substance Abuse and Dependence**

Of the psychoactive substances of abuse, alcohol is most frequently associated with domestic violence, with co-occurrence rates as high as 85%–100% (Bennett, Reed, & Williams, 1998; Friend, Langhinrichsen-Rohling, & Eichold, 2011). In a study of same-day substance use and domestic violence perpetration, Friend, Langhinrichsen-Rohling, and Eichold (2011) found that 85% of substance-using perpetrators used alcohol alone, another 9% used alcohol and drugs in combination, and the remainder used drugs alone. Hoaken and Stewart (2003) found alcohol to have the strongest and most frequent association with aggression, through disinhibition, cognitive distortion, and other direct pathways.

Direct effects of alcohol and drugs on aggression can be summarized as pharmacological effects, neurotoxic effects, or withdrawal effects (Hoaken & Stewart, 2003). The NIAAA (1997, 2005) describes the multifaceted relationship between alcohol consumption and violence: disinhibition, overreaction to perceived threat because of cognitive impairment, inaccurate assessments of consequences of violence, alcohol-violence expectancies, deviance disavowal, comorbidity models, and amplified effects because of neuroendocrinological and hormonal factors. Some of the complexity in the relationship between substance abuse and domestic violence lies in understanding how substance use interacts with other psychological and neuropsychological risk factors and in differentiating immediate pharmacological effects from those of longer term abuse.

**Neuropsychological Factors**

Although much less frequently co-conceptualized with domestic violence, there is an extensive literature on the neuroscience of violence in general. In general, the neuropsychology and neuroanatomy of violence typically involves deficits in the frontal lobes and their role in cognition and impulse control and/or excessive activation of
the limbic structures with their role of mediating primary emotions and drive-related behavior (Filley, 2011). Recent studies have reported that irregularities in serotonin and dopamine levels and deficits in the monoamine oxidase gene have been linked to aggression and crime (Simons et al., 2012). Frontal lobe deficits have been identified as correlating with and, in many cases, stemming from alcohol abuse and alcoholism (Moselhy, Georgiou, & Kahn, 2001). Westby and Ferraro (1999) found that heavier alcohol use and frontal lobe deficits differentiated domestic violence offenders from nonoffenders. A subsequent secondary analysis of the Westby and Ferraro data identified a cluster of offenders who exhibited greater levels of violence, heavier alcohol use, and more frontal lobe deficits, suggesting interactive effects at higher levels of pathology (Corvo, Halpern, & Ferraro, 2006).

Pinto et al. (2010) report rates of head injury among domestic violence perpetrators of 40%–61%, as much as 10 times the rate in the general population. Wortzel (2010) found that traumatic brain injury (TBI), particularly when coupled with other mental health issues, was associated with domestic violence perpetration. Walling, Meehan, Marshall, Holtzworth-Munroe, and Taft (2012) found that a history of head injury was associated with frequency of perpetration of domestic violence and that the most violent subgroups had the highest rates of head injury.

Executive Functions

Although the neurological and neuroanatomical underpinnings of executive functions are connected to the frontal lobes, debate remains over the specificity and exclusivity of that relationship. For example, Stuss (2011) cautions that “executive dysfunction” and “frontal lobe dysfunction” (p. 759) should not be used interchangeably. In part, by identifying executive impairments, which arise with no observable frontal lobe injury (e.g., from multiple sclerosis, schizophrenia, or depression) and by locating discrete executive functions in specific frontal lobe regions (e.g., impaired contingency logic resulting from left lateral lobe damage), Stuss concludes that there is no single, central executive function. In their meta-analytic review of executive function and the frontal lobes, Alvarez and Emory (2006) conclude that the relationship between executive function as measured by the three most commonly used instruments (Wisconsin Card Sorting Test, Phonemic Verbal Fluency, and Stroop Color Word Interference Test) and frontal lobe impairment (as determined by the presence of lesions or by neuroimaging studies) was not consistently supported. They attribute this inconsistency to the likely involvement of both frontal and nonfrontal brain regions in executive function and the possibly overly broad use of executive function as a macroconstruct.

Although there is broad general agreement that executive functions include both cognitive/metacognitive processes as well as inhibitory and affect regulation processes, executive functions are complex and multidimensional and vary in their interpretation according to theory and measurement. Using a heuristic of “cool” and “hot” (Séguin, Arseneault, & Tremblay, 2007), Giancola, Godlaski, and Roth (2012) categorize executive functions as either abstract, strategic, evaluative (cool) or
reactive, involved in self-monitoring and regulating emotions and impulsivity (hot). They hypothesize that it is impairments in the hot functions that are most closely related to violence:

When exposed to hostile provocation, an individual with intact EF is capable of fully appraising their situation, inhibiting the immediate emotional responses to retaliate, and then behaving in a socially adaptive manner. However, if this same person possesses limited EF capacities, s/he will have difficulty controlling their emotional responses and inhibiting their impulses to retaliate in an aggressive manner that will then make it significantly less likely that they will engage in the more cool abstract reasoning/problem-solving aspects of EF. (p. 202)

Other more analytical, evaluative aspects of executive function also appear to be linked to violence. Hoaken, Allaby, and Earle (2007) found that not only did violent offenders score significantly more poorly on measures of executive function than did controls but they also scored more poorly on facial affect recognition tests. The strongest and most common error pattern was for violent offenders to misinterpret neutral facial expressions as “disgust.” The authors suggest that the relationship between violence and executive function may be related to cognitive deficits in reading social cues, with the misattribution of negative affects to neutral others leading to hostile arousal and aggression. A meta-analytic review by Morgan and Lilienfeld (2000) found that the effect size of executive function deficits on antisocial behavior was in the medium to large range.

Cohen et al. (2003) found that executive control problems, specifically impulsivity, and poor verbal skills differentiated domestic violence perpetrators from controls. They speculate that deficits in verbal comprehension and expression may impede abilities to use language to mediate interpersonal conflicts and consequently be more prone to respond to emotional stress with violence. In an exploratory study, Stanford, Conklin, Helfritz, and Kockler (2007) found significant deficits in both test measures of executive functioning (Trails Making Test, Wisconsin Card Sorting Test) and in a psychophysiological measure (electroencephalograph [EEG]-measured response to novel stimulus) of attentional deficits in a sample of perpetrators of partner abuse. They suggest that those deficits may lead to the misinterpretation of social cues, confusion, agitation, and aggression.

Broadening the theoretical scope, Barkley (2001) proposes that executive functions are better understood within an evolutionary framework. Moving beyond the standard analysis of proximal neurological processes, Barkley asks, “Why executive functioning?” (p. 14). That is, from an evolutionary perspective, why did the various executive functions arise and what adaptive benefits do they provide? In short, executive functions arose and were selected for by their use in negotiating more complex social environments. Barkley proposes that a range of socially adaptive processes stem from expanded working memory and inhibition of impulses,
among them, reciprocal altruism, social learning, and symbolization. The maturing individual gradually becomes able to internalize and control their behavior so that, in a trade-off of short-term gain, there is net long-term social gain both for the self and the group, thus superior survivability.

Deficits in executive functions can occur not only from impact trauma and toxicity but also from developmental disruptions, abuse, and neglect. Using both an attachment theory and neurodevelopmental perspective, Horvath (2007) found that children with disorganized attachment demonstrated significant deficits in a range of executive functions including inhibition, planning, and self-monitoring. Those deficits exceeded those of a comparison group of children with attention deficit hyperactivity disorder. Perry (1997) has suggested that developmental neglect may be associated with actual neuroanatomical insufficiency in the development of the frontal lobes.

The role of the limbic system of the brain may have direct implications for the effectiveness of executive functions in managing violence. Siever (2008) identifies hyperactivity or irritability of the limbic system as risks for aggression and violence. Past emotional encoding may leave the limbic system overready to trigger drives to aggression. This aggressive overreaction to negative or ambiguous stimuli or circumstances may exceed the executive capacity to inhibit or regulate.

It would appear then that although “executive function deficits” and “frontal lobe deficits” are not coterminous, there is substantial overlap across both constructs including considerations of possible neurological damage or anomaly and test-measureable impairment across a range of cognitive functions. Executive functions may be the more apt of the two in reference to domestic violence perpetration because the term conceptually subsumes, or at least considers, a wider range of phenomena (e.g., involvement of nonfrontal areas, broader neuropsychological effects of substance abuse) connected to the enactment of violence.

Coping

Newman and Newman (2011) refer to coping as one of the core organizing concepts in the broad span of psychosocial theory. They define coping as adaptive efforts to manage stressful situations (problem-focused) and the emotions attendant to those situations (emotion-focused). Beyond this and other simple dichotomies (e.g., approach vs. avoidance) lay complex adaptive (or maladaptive) strategies of coping. Skinner (2007) asserts that because of the uniqueness of circumstance and resource availability, “the number of potential coping responses [is] virtually unlimited . . . no encounter with stress can be dealt with by a single way of coping” (p. 246). She identifies 12 families of coping, organized around adaptive processes, to better categorize the myriad ways of coping. To illustrate, one family of coping is “information-seeking,” organized around finding additional contingencies, which includes ways of coping such as reading, observing, and consulting with others.

Studies of perpetration of violence as an explicit form of coping are much less common in the literature than studies of coping by victims of violence. Often, violence
is not examined as a form of coping per se but occurring rather as the result of the failure of other, ineffective means of coping. Studies using the concept “aggression” as a form of coping are more common, but the large majority of those studies focus on children and adolescents. Several studies have found domestic violence perpetrators (male and female) to be less competent, skilled, or effective in coping with problematic interpersonal situations (Anglin & Holtzworth-Munroe, 1997; De Gil, 2004; Ronan, Dreer, Dollard, & Ronan, 2004; Swan & Snow, 2006). Avoidant coping (withdrawing, use of substances) in particular has been linked to the use of violence in intimate relationships (De Gil, 2004; Swan & Snow, 2006).

Turner (2005) locates violence as a coping strategy in a theoretical discussion of how stress is linked to parents’ use of physical punishment of children. In this view, violence (in this case, striking a child) not only arises directly from stress, but learned methods of using violence as a coping strategy interacts with stress levels to make physical punishment more likely.

Monnier, Cameron, Hobfall, and Gribble (2000) examine coping in a relational context where an individual’s coping may have effects on intimate others. As one axis in a multiaxial model of coping, prosocial–antisocial dimensions of coping involve, respectively, relationship-enhancing behaviors or those that are hostile, exploitative, and harmful. Antisocial coping may reduce an individual’s stress in the short run but can erode social support, exacerbate conflict, and increase stress over time.

**PSYCHOPATHOLOGY, EXECUTIVE FUNCTIONS, COPING, AND DOMESTIC VIOLENCE**

The empirical links between domestic violence perpetration and various elements of psychopathology, executive dysfunction, and coping present a complex model of risk and etiology. The high degree of concomitance between certain personality disorders, depression, substance abuse, PTSD, and domestic violence perpetration does not directly address what the causal processes might be. We had suggested in an earlier work (Corvo & Johnson, 2013) that domestic violence perpetration is better and more accurately understood as maladaptive and destructive coping, symptomatic of disorders of impulsivity, neuropsychological impairment, and emotional dysfunction activated within the context of intimacy or primary relationships, often (if not usually) exacerbated by substance abuse or dependency. Does violence as a coping effort then simply emerge equifinally as a universal response when other coping methods, perhaps impaired by various disorders, are not available or do not work? Because clinical and empirical analyses of various disorders identify distinct behavioral and neurological characteristics and not everyone with these disorders is domestically violent, what then may mediate the symptomatic emergence of domestic violence?

Several interpretations and models addressing the relationships among executive functions, psychological problems, and aggression/violence have been proposed. Giancola, Parrott, and Roth (2006) found that executive functioning mediated the relationship between difficult temperament (problematic but not pathological
affective and behavioral traits) and aggression for men but not women. In a study of psychiatric inpatients, Serper, Beech, Harvey, and Dill (2008) found that executive function impairment not only directly predicted aggressive behavior but also indirectly through exacerbating psychiatric symptoms, which then also predicted aggression. Plummer’s (2006) study found widespread clinically significant executive function deficits in a sample of domestic violence perpetrators regardless of subtypes based on psychopathology and attachment style:

These executive functioning deficits interfere with an IPV perpetrator’s ability to form, maintain, and shift cognitive sets that can lead to reactive, prefabricated solutions being applied to new and novel problems. Executive functioning deficits may be a common denominator that explains why an IPV perpetrator, regardless of personality characteristics or adult attachment, repeatedly chooses to solve problems with violence. (pp. xii–xiii)

Both executive deficits and some forms of psychopathology are associated with violence/aggression, and it would be theoretically consistent to presume some sort of interactive, or at least additive, relationship between them in their effects on violence. However, given the limited number of studies and the variability in samples, measures, and analyses, it is unclear what the interaction might be.

Executive function deficits and psychopathology clearly effect coping. Coping abilities and the various coping styles rely on the individual’s ability to manage their emotions, conceptualize, and then enact solutions to stressful challenges. It is through the introduction of exogenous stressors and behavioral stress response that the construct of coping bridges the net effects of psychopathology and executive deficits to behavior and violence. In a path model, describing the effects of stress on executive functions, stress reactivity, and coping, Fishbein and Tarter (2009) propose that both substance abuse and aggression emerge from similar pathways. Placed in a developmental context, their model suggests that stress interacting with neurobiological vulnerability creates risk for both disorders. Several studies have examined the role of stress in domestic violence perpetration. Cano and Vivian (2003) found that although there were differences in the effects of types of stress, life stress levels were associated with domestic violence perpetration for both men and women. For men, occupational stressors were somewhat more influential, and for women, interpersonal loss and threat stressors were more associated with violence perpetration. For women, depressive symptoms moderated the relationship between stress and violence. Roberts, McLaughlin, Conron, and Koenen (2011) found an interactive effect between childhood adversity (abuse, neglect, trauma, parental dysfunction) and adult stressors on domestic violence perpetration. Although the study did not include intervening psychological measures, the childhood adversity variables selected are broadly associated with a wide range of psychological disorders.

It appears from the Plummer (2006) and Serper et al. (2008) studies that executive function deficits may play a larger role in domestic violence perpetration than
does psychopathology. However, the overlap between executive function deficits and the etiology and symptoms of various psychological disorders makes that distinction imprecise. For example, Coolidge, Thede, and Jang (2004) found partial support for their hypothesis that various personality disorders are actually the interpersonal manifestations of heritable executive function deficits. Put simply, in their view, personality disorders arise from executive function deficits because they play out in an interpersonal context. Also, some disorders (e.g., substance abuse, antisocial personality disorder) may be more directly related to violent behavior than others because of direct symptomatic impairment of executive function.

In summary, executive function deficits and psychopathology are common in domestic violence perpetrators. Executive function deficits may be directly associated with particular psychological disorders. Both the severity of deficits and their concomitance with various psychological disorders, particularly substance use disorders, are associated with increased risk and severity of domestic violence perpetration. Perpetrators in general have poorer, less effective coping skills. The intersecting presence of unsettling stress, particularly occupational and interpersonal, more easily overrides nonviolent or prosocial coping methods of perpetrators.

One element of theory building is the increased specification of variables and variable relationships. The identification of the empirical significance of, and interplay among, executive deficits, psychopathology, and coping places domestic violence perpetration squarely within the theoretical scope of psychosocial theory and psychological risk models and supports the epistemological use and relevance of these views.

CONCLUSION

“A teleological explanation explains by citing the purpose or goal of the behavior in question; thus teleological explanations cite a future state of affairs toward which the behavior was directed, rather than an antecedent state that caused the behavior” (Sehon, 2005). Much of the discussion and scholarship in domestic violence is focused on risk and etiology, the precursor causal or predictive factors associated with perpetration. Explanations for intent or purposeful motivation for perpetration tend to be consigned to the feminist/sociocultural view. Here reside vague and largely unexamined assertions about power and control goals and the patriarchal intention to subjugate women. One theoretical contribution of executive function deficits to domestic violence inquiry is that they can directly connect to coping and to being violent—connecting etiology to teleology. Teleological considerations then draw us to examine what perpetrators are trying to achieve by being violent.

Coping can be seen simply as an expression of executive functions, under stress, in action. If the twofold purpose of coping is to manage stressful circumstances and the uncomfortable emotions attendant to those situations, the cognitive and affect regulation processes of executive functions, if not identical to, are at least preconditions to coping.
The current hegemonic practice model—the Duluth Model—assumes the universal goal of male domination of females as the sole purpose of domestic violence perpetration with an intermediary intent and strategy of power and control. Efforts to move perpetrators toward nonviolent behavior, in this view, demand simplistic deconstruction of patriarchally inculcated beliefs and goals. The ineffectiveness of this approach has been repeatedly and exhaustively documented (see e.g., Corvo, Dutton, & Chen, 2009).

Conceptualizing domestic violence perpetration as maladaptive coping, impaired by executive deficits, psychopathology, often worsened by substance abuse, opens up a wide range of alternative intervention strategies. Instead of assuming (often incorrectly) that a perpetrator's intentions are only patriarchal domination, careful assessment of neuropsychological vulnerability and coping abilities can lead to both a more accurate picture of risk as well as guided change strategies. Assessment of executive function can provide a framework for understanding and improving both the cognitive capabilities of perpetrators to form and use adaptive strategies as well as their abilities to manage or inhibit affective arousal to violence.

Researchers and scholars in the field of domestic violence face the Sisyphean task of producing important empirical and theoretical work that is continually excluded from the national and state policy arenas. One hopes that the seriousness and magnitude of domestic violence, and the ineffectiveness of the current policy/practice paradigm, will eventually bring about greater receptivity to that work.

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