ALCOHOL USE, VIOLENCE, AND PSYCHOLOGICAL ABUSE
IN INTIMATE RELATIONSHIPS

THESIS

Presented to the Graduate Council of the
University of North Texas in Partial
Fulfillment of the Requirements

for the Degree of

MASTER OF SCIENCE

By

Karen M. Falla, B.S.
Denton, Texas
August, 1998

Women in distressed relationships who had sustained severe psychological abuse and either no, moderate, or severe violence from their partner were included (N = 93). Men’s and women’s alcohol use did not differ with level of violence. Different patterns were found in the moderate violence group regarding women’s beliefs about their partner’s substance problem, men’s psychological abuse, and the relationship of men’s and women’s quantity of alcohol use and times intoxicated. Uncertainty resulting from moderate violence may strengthen the emotional impact of psychological abuse. Even when psychological abuse is exacerbated by violence, women may use active coping techniques rather than drinking to cope with abusive relationships. The findings suggest that an inordinate focus on alcohol abuse may be ineffective in combating the problem of domestic violence.

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Although domestic violence is frequently attributed to alcohol abuse, a review of the literature reveals contradictory findings on the role of alcohol used by both batterer and victim. Studies of clinical populations such as those recruited from domestic violence shelters or the legal system suggest a greater involvement of alcohol than those focusing on nonclinical populations. However, even among clinical populations there are conflicting findings.

Studies have focused on different components of alcohol use such as drinking at the time of violence or general drinking patterns. Patterns of alcohol use may be defined by aspects such as frequency and/or quantity of use, regular versus binge drinking, and frequency of drunkenness. Although there has been no unequivocal conclusion, batterers’ general pattern of alcohol use appears to be more strongly associated with domestic violence than drinking at the time of the act. When relationships between alcohol and domestic violence have been found, authors have attributed this association to factors as varied as physiological reaction, impaired cognitive functioning, expectations, and social learning.
More research has focused on alcohol use and violence by men than by women. Additionally, physical violence has been studied much more frequently than psychological abuse, although psychological abuse can be just as damaging to many aspects of a woman's well-being. For those battered women who do use alcohol, it is not clear whether they drink to cope with violence or if their drinking contributes to the probability of violence.

The sample for this study comprised women from the Dallas-Fort Worth community who sustained severe psychological abuse and different levels of physical violence by their partner. Both partners' drinking patterns were examined in relation to three levels of violence (none, moderate, and severe). In addition, substance use by women and their partner at the time of the man's psychological abuse and both partners' violence was examined.

Review of the Literature

Several authors have reviewed the literature on alcohol and violence, including domestic violence. Leonard and Jacob's (1988) review concluded that alcohol consumption may lead to increased aggressive behaviors which appear to be linked to violence. However, the increases were not uniform and alcohol consumption did not affect aggression among some individuals. They suggested that both cognitive impairment and expectations concerning the effects of alcohol may contribute to the association.
Berkowitz's (1993) review found that alcohol increases the likelihood of aggression, but he noted some exceptions. For example, although heavy drinkers in Straus and Gelles' second (1985) National Family Violence Survey were more likely than others to be batterers, 80% of men in the high and binge consumption groups had not hit their wives during the year of the survey (Kaufman Kantor & Straus, 1990). Thus, drinking does not inevitably lead to violence. According to Berkowitz, contemporary theories do not propose that alcohol consumption provides a direct biochemical stimulus to aggression. Other factors such as provocation, social context, and expectations must also be present. Even so, Hull and Bond's (1986) meta-analysis and Bushman and Cooper's (1990) review of research concluded that alcohol can affect social behavior even when drinkers are not aware of the nature of their beverage. Such research suggests that alcohol influences people's thoughts and behavior primarily by impairing mental processes, an effect referred to as alcohol myopia. Berkowitz (1993) concluded that alcohol research shows human aggression can be influenced by biological and chemical processes as well as by cultural and personal learning.

Several reviewers have found an association between domestic violence and alcohol abuse, dependence, or alcoholism (Arias & O'Leary, 1988; Bowker, 1987/88; Ellis & Dekeseredy, 1989; Flanzer, 1982a; Frieze & Schafer, 1984;
Gayford, 1983; Gorney, 1989; Hilberman, 1979; Leonard & Jacob, 1988; Ponzetti, Cate, & Koval, 1982; Saunders, 1992a; Schwartz, 1989; Straus & Gelles, 1988). This association has been described as consistent (Leonard & Jacob, 1988; Schwartz, 1989), strong (Straus & Gelles, 1988), and frequent (Saunders, 1992a). Chronic alcohol abuse, dependence, and alcoholism were suggested by four reviewers as more predictive of violence than drinking at the time of the act (Campbell, 1986; Ellis & Dekeseredy, 1989; Saunders, 1995; Tolman & Bennett, 1990). Reviewers have also noted that although 20% of batterers were alcoholic (Arias & O'Leary, 1988) and heavy drinkers were 2 - 3 times more violent than abstainers (Straus & Gelles, 1988), most heavy drinkers were not violent (Alexander, 1993; Rosenbaum & Maiuro, 1990; Straus & Gelles, 1988) and not all batterers were alcoholics (Alexander, 1993).

Reviewers found that alcohol was involved in 50% (Arias & O'Leary, 1988), 60% to 70% (Gorney, 1989), and 75% (Gayford, 1983) of domestic violence cases. Gorney's (1989) review found that 48% to 87% of batterers became violent while intoxicated. However, other reviewers concluded some men were violent whether drunk or sober (Alexander, 1993) and most batterers were not drinking at the time of violence (Gayford, 1983; Rosenbaum & Maiuro, 1990). Cross-culturally, Levinson (1988) found the association between violence and intoxication varied, with men battering only when intoxicated.
in 9%, when intoxicated or sober in 6%, and only when sober in most (70%) societies. One review argued intoxication was predictive of violence (Riggs & O’Leary, 1989). Although most reviewers concluded alcohol was not causally related to violence (Alexander, 1993; Bowker, 1987/88; Leonard & Jacob, 1988; Ponzetti, Cate, & Koval, 1982; Schwartz, 1989; Steinmetz, 1987), one author suggested moderated to excessive alcohol use assumes a causal role by leading to arguments which lead to violence (Flanzer, 1982a, 1982b).

The apparent relationship between alcohol and violence may be an artifact of the co-occurrence of problem drinking and violent behavior (Leonard & Jacob, 1988). There may be an unmeasured third variable which contributes to the occurrence of both alcohol use and violence. Further, because alcohol abuse is found in other disorders as well as people in general, the association may not be meaningful and cannot explain domestic violence (Sonkin, 1988). Alternatively, alcohol may relate to violence in several ways (Frieze & Schafer, 1984) which may be exemplified by Sonkin’s (1988) suggestion that there are different types of batterers.

Less research has focused on women’s use of alcohol in relation to domestic violence. Frieze and Schafer’s (1984) review suggested women do not tend to become violent while drinking. Frieze and Knoble (1980) suggested women become violent in response to their batterer’s violence rather than
as a result of their own drinking. Gayford (1983) noted that 10% to 20% of battered women sometimes drank heavily either with their husbands or as a means of relieving distress. Women who drank frequently tended to have problems with anxiety or depression and to have a husband with a drinking problem. Gayford noted that although it was difficult to determine whether the drinking or the violence came first, battered women who abused alcohol tended to continue drinking after separation from their batterer.

In summary, reviews of studies using clinical samples suggest an equivocal association between alcohol use and domestic violence. Weaker associations have been found among nonclinical samples, as noted by Berkowitz (1993). It has not been established whether associations are meaningful or spurious. Very little is yet known about women's use of alcohol in relation to domestic violence inflicted or sustained. In spite of these empirical limitations, the perception remains that alcohol plays a major contributing role in domestic violence.

Theories

Several theories have been proposed to account for the relationship between domestic violence and alcohol use (Browne, 1987; Gelles & Straus, 1988; O'Leary, 1988; Shapiro, 1982; Steffen, 1982). Disinhibition theory asserts that alcohol has an inhibitory effect on the cortical areas of the brain which normally inhibit behaviors such as aggression
According to this theory, a person whose behavior is normally controlled becomes disinhibited while drinking and, therefore, more likely to act on aggressive impulses. Thus, a cause and effect relationship between drinking and violence is proposed, implying that successful abstinence will bring an end to violent behavior. Disinhibition theory can also explain the fact that not all alcohol abusers commit domestic violence. If aggressive impulses are not present there will be no violence even if alcohol is present. Further, research has demonstrated that cultural views and expectations concerning the effects of alcohol have a stronger influence on violent behavior than do physiological reactions (Lang, Goeckner, Adesso, & Marlatt, 1975; MacAndrew & Edgerton, 1969; West, 1980).

An individual's belief in the notion of disinhibition is a key component of the deviance disavowal theory, which asserts that intoxication releases a person from responsibility for adhering to societal norms and expectations (Gelles & Straus, 1988). This "time out" excuses the intoxicated person's acts from the deviance associated with violent behavior. Individuals wanting to commit a violent act may first become intoxicated because they believe others will then not hold them responsible for their actions. Their violence would be acknowledged as deviant, but the relationship still considered normal by placing blame on the intoxication. However, this view
appears to hold only for men. Some studies have shown that women who become intoxicated are seen as violating societal norms and thus viewed more negatively and held accountable for their behavior while intoxicated (Carducci & McNeely, 1981; Richardson & Campbell, 1980). The relatively recent focus on individual responsibility for one's own actions is making deviance disavowal theory a less tenable explanation for domestic violence than in the past.

Social learning theory asserts that people learn through observation and cultural norms that they are expected to behave more aggressively while drinking. O'Leary (1988) proposed a model which integrates the physiological effects of alcohol into a social learning paradigm. Alcohol was one of five factors predicting domestic violence. He argued that because alcohol depresses cortical control, the probability of aggression is increased even in the absence of factors such as having witnessed or experienced violence in the family of origin which could teach people that violence is a way to resolve conflicts.

Cognitive disruption models posit that alcohol facilitates aggressive behavior by impairing attention and cognitive processing (Browne, 1987; Richardson & Campbell, 1980). This impairment causes the individual to attend to only the most salient environmental cues, with no cognitive processing of possible consequences of behavior. The role of alcohol in relationship violence may thus depend on the
interaction of alcohol use and individual differences regarding aggressive tendencies or other personality factors.

Leonard (1988) found support for the cognitive disruption and social learning theories among 320 men drawn from a nationally representative sample. Heavy alcohol use was most strongly associated with marital violence among men who were high in hostility and low in self-consciousness. He argued that a person with violent tendencies may be more likely than others to perceive aggression-eliciting cues and to interpret ambiguous cues as aggressive. If the individual were also low in self-consciousness, he may be less aware of self-relevant cues concerning appropriate behavior and thus more strongly impacted by the cognitive disruptions resulting from alcohol intoxication.

Steffen (1982) developed a model of the association between family violence and problem drinking using a cognitive social learning theory. A socially incompetent individual may misinterpret contextual cues or have a limited repertoire of behaviors for interacting with others. These behaviors, which may be limited to maladaptive responses such as violence and problem drinking, represent the individual’s characteristic response to the environment, including intimate relationships. Shapiro (1982) considered an interactional systems perspective based on family theory, which views alcohol use and violence as variables which interact within the family in a “circular” fashion. Thus,
both violence and drinking are viewed in the context of interpersonal interactions as well as individual personality and psychological variables.

In summary, the association between alcohol and domestic violence has been approached from several theoretical perspectives. Each theory appears to emphasize similar but distinct causal factors. They all implicate both characteristics of the person (e.g., personality traits, learned behaviors) and aspects of the situation.

Limitations of Previous Research

Research has consistently suggested a moderate relationship between alcohol and relationship violence (Kaufman Kantor & Straus, 1987; Rosenbaum & O'Leary, 1981; Schuerger & Reigle, 1988). However, the strength of the association may be artificially increased by virtue of the sampling methods used in many studies. Participants are often obtained from sources such as domestic violence shelters, police or court records, hospitals, batterer treatment programs, and social service agencies which tend to overrepresent incidents involving alcohol (Gelles, 1993). People who use these services represent a very small proportion of those actually involved in domestic violence and may differ in many ways from individuals not using these services (Kaufman Kantor & Straus, 1990; Steffen, 1982). For example, Johnson's (1990) study of 426 battered women at a shelter found that women were more likely to call the police
when they experienced severe violence, were abused frequently, and when the violence occurred while the man was under the influence of alcohol.

The sampling problem was corroborated by Tolman and Bennett (1990), who noted that men with alcohol problems and other psychopathology constitute a large proportion of identified batterers in clinical populations. These men are apparently more likely to be brought to the attention of outside sources. This overrepresentation of alcohol-abusing men should not be misinterpreted as implicating alcohol as a cause of partner violence.

Kaufman Kantor and Straus' (1990) analysis of data from the 1985 National Family Violence Survey revealed that even for severe violence, the vast majority (86%) of cases went unreported and police were notified in only 3% of minor violence cases. Those cases of severe violence involving drinking by one or both partners were twice as likely to be reported to police. Also, drinking-related severe violence was ten times more likely to be reported to the police than drinking-related minor violence. Thus, incidents of severe violence involving alcohol are more likely to come to the attention of law enforcement than those involving lower levels of violence or no drinking.

Straus and Gelles (1988) noted that national statistics on domestic violence vastly underestimate the actual rate because it is often considered a family problem rather than a
crime. Further, many battered women do not seek services (Gayford, 1983), resulting in a selection bias in those studies recruiting their samples from services such as shelters or legal aid. Kaufman Kantor and Straus’ (1987) study illustrates the effect of using clinical samples derived from shelters, the judicial system, and batterer treatment programs. Although only 20% of heavy drinkers were violent toward their partners during a specific year they were more likely to receive clinical attention and become the focus for research. The role of alcohol in the remaining 80% is much less likely to be studied.

Research involving samples more representative of the general community may be more fully informative about the role of alcohol in domestic violence. To avoid sampling limitations, Straus and Gelles conducted two surveys, in 1975 and 1985, to measure the incidence of spousal abuse in nationally representative samples. Results of several studies analyzing these data are reported in this study.

Women’s use of alcohol in relation to domestic violence has received less attention than that of men. Most research has suggested that relatively few battered women abuse alcohol. Downs, Miller, Testa, and Panek (1992) found relationships between verbal and physical aggression in women’s family of origin and their development of alcoholism as an adult. Women’s experiences involving violence in their family of origin may alter their self-concept, leading to
alcohol abuse as a means of dealing with feelings associated with aggression. Likewise, battered women may drink as a means of coping with violence sustained in an intimate relationship. Barnett and Fagan (1993) found more women than men drank following violence. They also found that battered women drank larger quantities but not more frequently than nonbattered women and most battered women did not drink at the time of violence.

Less research has focused on psychological than physical abuse, although psychological abuse of women by their partners can be as damaging as physical violence (Marshall, 1994a, 1997). Although the consequences may not be as readily apparent, the long-term effect upon the victim can be as severe (Steffen, 1982). Psychological abuse is not restricted to overt communication intended as a means of domination and control. Marshall (1994a, 1997) argued that subtle forms of psychological abuse which may occur in everyday, "normal" interactions may undermine a woman's sense of well-being. Vitanza, Vogel, and Marshall (1995) found that psychologically abused women experienced more emotional distress than 93% of the nonclinical norm for women and that those who had sustained severe violence were more likely to have attempted suicide than those who sustained no or moderate violence. Although research suggests most battered women do not abuse alcohol, psychologically abused women may turn to alcohol as a means of coping with the resulting
emotional distress. Women’s emotional distress may be exacerbated by physical violence, leading to an even greater reliance on alcohol.

Women’s use of violence against their partner has also received relatively little attention, although some interesting findings have been reported. Straus and Gelles’ (1988) analysis of data from their nationally representative samples found that rates of wife-to-husband violence were similar to those of husband-to-wife violence. Much of the violence committed by women against their husbands involved acts of retaliation or self-defense (Frieze & Knoble, 1980; Straus & Gelles, 1988).

A better understanding of alcohol’s role in violence may help to correct the belief that abstinence will bring an end to violence (Ponzetti, Cate, & Koval, 1982; Schwartz, 1989). Increased understanding may also reduce the tendency to use alcohol as an excuse for violence, which often serves to relieve the batterer of responsibility and provide the victim justification for staying in a violent relationship (Alexander, 1993; Bowker, 1987/88; Hilberman, 1979).

Diverse Samples

Clinical Samples

In this context, clinical samples are those recruited specifically for the presence of domestic violence. Sources included domestic violence shelters, a homeless shelter, a domestic violence intervention agency, human service
agencies, mental health clinics, private practitioners, community groups, police, prosecution and court records, self-help groups, batterer intervention programs, parolees, advertisements, social services, religious organizations, legal and advocacy services, Alcoholics Anonymous, alcohol treatment agencies, probation agencies, solicitation at businesses, and referrals from friends and acquaintances. Comparison groups have been recruited from a county telephone directory, marital therapy, women's organizations, church groups, personal referrals, mental health clinics, advertisements for couples involved in marital conflict or men's health and family roles, and marital adjustment seminars.

Global alcohol use. One distinction among researchers has been degree of alcohol use. Most investigators have addressed either alcohol abuse or alcoholism. These terms are conceptually distinct, with different measures used in the studies, but whether this distinction is important for determining the relationship between excessive alcohol use and partners' violence is not clear. Researchers investigating alcohol abuse in batterers recruited for violence included Berk, Fenstermaker Berk, Loseke, and Rauma (1983), Cadsky and Crawford (1988), Campbell (1986), DeMaris and Jackson (1987), Downs, Miller, and Panek (1993), Fitch and Papantonio (1983), Flournoy and Wilson (1991), Gondolf (1988), Gondolf, Fisher, and McFerron (1990), Hastings and

Alcohol abuse was found in 27% to 72% of batterers (Berk, Fenstermaker Berk, Loseke, & Rauma, 1983; Campbell, 1986; Labell, 1979), with three studies showing rates of less than 50% and eight showing the majority of the sample had alcohol problems. Eight studies investigated alcoholism in batterers (Cadsky & Crawford, 1988; Crossman, Stith, & Bender, 1990; Hofeller, 1982; Julian & McKenry, 1993; Rosenbaum & O'Leary, 1981; Schuerger & Reigle, 1988; Stith & Farley, 1993; Van Hasselt, Morrison, & Bellack, 1985). Alcoholism was found in 38% to 64% of batterers (Hofeller, 1982; Schuerger & Reigle, 1988; Stith and Farley, 1993). Thus, even when samples of men were chosen because of their domestic violence, the wide variation across samples demonstrates there is no consensus on the exact relationship between alcohol abuse and partner violence.

Although batterers' alcohol scores on the MCMI and MMPI were higher than nonbatterers (Hamberger & Hastings, 1989, 1990; Murphy, Meyer, & O'Leary, 1993) and were elevated above other clinical scores (Flournoy & Wilson, 1991; Serritella, Farrar, & Ranew, 1988), two studies found they were not clinically elevated (Faulkner, Cogan, Nolder, & Shooter, 1991; Hamberger & Hastings, 1989). Two studies found that batterers drank more frequently than nonbatterers (Fagan,

Use of alcohol may have other implications for domestic violence. One study found more (79%) batterers killed by their partners were intoxicated every day or almost every day as compared with batterers not killed by their partners (40%) (Browne, 1987). Among batterers completing treatment for violence, more batterers with (50% to 83%) than without (18% to 26%) alcohol problems became violent post-treatment (DeMaris & Jackson, 1987; Hamberger & Hastings, 1990).

Whether alcohol use is predictive of violence also remains unclear. Batterer's alcohol use may (Hofeller, 1982) or may not (Julian & McKenny, 1993) predict violence. Both partners' alcohol use may predict violence (Miller, Nochajski, Leonard, Blane, Gondoli, & Bowers, 1990) and differentiate violent from nonviolent marriages (Telch & Lindquist, 1984).

Researchers have also studied battered women's alcohol abuse. Most battered women did not abuse alcohol, with rates ranging from 8% to 48% (Labell, 1979; Walker, 1984). The highest rates were for battered women who remained at home rather than entering a shelter or who had killed their batterer (Gleason, 1993; Walker, 1984). One study (Barnett &
Fagan, 1993) found battered women drank larger quantities but not more frequently than nonbattered women, while two studies (Hofeller, 1982; Van Hasselt et al., 1985) found no difference in quantity or frequency. One study found battered women scored slightly higher on the MAST than community women but much lower than alcoholic women (Downs, Miller, & Panek, 1993), while another found no difference between battered and nonbattered women (Van Hasselt et al., 1985).

One study found that women with and without alcohol problems had experienced similar levels of violence (Downs, Miller, & Panek, 1993). Another found that women's alcohol use was not predictive of their own violence (Miller et al., 1990). Overall, research suggests that although some battered women may drink more than nonbattered women, the difference is very small and does not seem to be a significant factor in differentiating occurrence or level of violence.

**Drinking at time of violence.** Several investigators have studied the frequency of batterer's alcohol use at the time of violence (Barnett & Fagan, 1983; Berk, Fenstemaker Berk, Loseke, & Rauma, 1983; Caputo, 1988; Coleman, 1980; Eberle, 1982; Fagan, Barnett, & Patton, 1988; Hofeller, 1982; Murty & Roebuck, 1992; Roberts, 1987; Saunders, 1992b; Shupe, Stacey, & Hazlewood, 1987; Walker, 1984). From 19% to just over 43% of batterers never or rarely drank at the time of violence.
Coleman, 1980; Eberle, 1982; Fagan, Barnett, & Patton, 1988; Hofeller, 1982). Similar proportions, 16% to 46%, of batterers always or almost always drank at the time of violence (Eberle, 1982; Hofeller, 1982). Overall, 40% to 82% of batterers were not drinking at the time of violence, with 4 of 6 studies reporting over half of their batterer sample not drinking at time of violence (Barnett & Fagan, 1993; Berk, Fenstermaker Berk, Loseke, & Rauma, 1983; Caputo, 1988; Murty & Roebuck, 1992; Roberts, 1987; Walker, 1984). In one study, three-fourths of cases did not involve alcohol use by either partner (Saunders, 1992b).

Over half of battered women never or rarely drank at the time of violence and less than one-fourth drank often or very often (Fagan, Barnett, & Patton, 1988). Female victims were not drinking at time of violence in 82% to 100% of cases (Barnett & Fagan, 1993; Berk, Fenstermaker Berk, Loseke, & Rauma, 1983; Murty & Roebuck, 1992; Walker, 1984). More women (48%) drank following violence than preceding it (Barnett & Fagan, 1993).

Four studies of domestic homicide found the offender was not drinking in the majority of cases (62% to 68%), regardless of whether the offender was male or female (Daniel & Holcomb, 1985; Goetting, 1987, 1989a; Kratcoski, 1987). Neither partner was drinking in 61% of cases involving female offenders (Cazenave & Zahn, 1992) and 29% of cases involving
mostly male offenders (Chimbos, 1978). Four studies found the victim was not using alcohol in one-half (46%) to three-fourths (76%) of cases involving male and female offenders (Chimbos, 1978; Goetting, 1987, 1989a, 1989b).

Drinking at the time of violence has been correlated with overall drinking pattern ($r = .77$) and heavy alcohol use ($r = .34$). Thus, alcohol use at the time of violence may be an artifact of drinking habits rather than a direct link to violence (Eberle, 1982; Hofeller, 1982). Also, because battered women are more likely to call the police when their partner has been drinking (Johnson, 1990), drinking batterers will be overrepresented in the domestic violence cases brought to the attention of law enforcement.

Severity of violence. Although two studies found an association between alcohol abuse and severity of violence (Eberle, 1982; Frieze & Knoble, 1980), three others did not (Hofeller, 1982; Roberts, 1988; Stith & Farley, 1993). Two studies suggested an association between drinking at the time of violence and severity (Coleman, 1980; Saunders, 1992b) while one did not (Berk, Fenstermaker Berk, Loseke, & Rauma, 1983). Incidents involving severe violence were more likely than others to be brought to the attention of law enforcement (Johnson, 1990).

Nonclinical Samples

Nonclinical samples have been recruited via community advertisements, colleges and universities, addresses, a
factory, a hospital, and a stratified national probability sample. Several studies analyzed data collected in Straus and Gelles' first (1975) and second (1985) National Family Violence Surveys and the National Survey of Families (Sweet, Bumpass, & Call, 1988). In contrast to clinical samples recruited specifically for the presence of violence, these samples were recruited for reasons described as couple interactions, dating relationships, and courtship behavior.

**Global alcohol use.** Several researchers have studied alcohol abuse in relation to violence in nonclinical samples (Bachman & Straus, 1990; Kaufman Kantor & Straus, 1987; Leonard, Bromet, Parkinson, Day, & Ryan, 1985; Makepeace, 1987). Although more men with drinking problems than without tended to be violent, the majority of those with drinking problems (71% to 86%) were not violent (Kaufman Kantor & Straus, 1987; Makepeace, 1987).

Although one study found a correlation ($r = .41$) between batterers' alcohol abuse and violence (Tontodonato & Crew, 1992), two others found no association (Katz, Arias, Beach, Brody, & Roman, 1995; Leonard et al., 1985). In contrast, another study found less violence among heavy drinkers than among moderate drinkers (Makepeace, 1987). One analysis combining data for men and women found a significant correlation ($r = .09$) between alcohol abuse and violence only because the sample was so large (Stets, 1991).
Two studies found batterers' alcohol abuse predicted violence (Leonard et al., 1985; Bachman & Straus, 1990) while two others found the prediction moderated by drinking level (i.e. quantity/frequency composite score) and stress (Barnes, Greenwood, & Sommer, 1989) or hostility and marital satisfaction (Leonard & Blane, 1992). One study found that alcohol abuse did not predict violence, although a goodness of fit test suggested the model underpredicted violence (Tontodonato & Crew, 1992). One study with data from men and women found a higher probability (222%) of inflicting violence among those with alcohol problems (Stets, 1991). A moderate correlation ($r = .33$) was found between women's violence and their alcohol abuse (Tontodonato & Crew, 1992).

Data from the second National Family Violence Survey suggested that although more battered than nonbattered women had been drunk at least once during the past year, most (64% of those experiencing minor violence and 54% of those experiencing severe violence) had not been drunk (Kaufman Kantor & Straus, 1989). Further, both men's and women's drunkenness during the past year strongly predicted minor but not severe violence. Data from the first National Family Violence Survey suggested husband's drunkenness discriminated level of violence only indirectly via marital conflict (Sugarman & Hotaling, 1989). One study found both men and women who abused alcohol were more verbally aggressive and
those who abused alcohol and were verbally aggressive inflicted more severe violence (Stets, 1990).

**Drinking at time of violence.** Although one study found the majority (54%) of batterers were violent only when drunk (Leonard & Blane, 1992), three others found most (55% to 76%) violent incidents did not involve drinking by either partner (Kaufman Kantor & Straus, 1987; Laner, 1983; Matthews, 1984). One study found quantity of alcohol consumed at time of violence did not differentiate level of injury although all incidents of serious injury occurred when the batterer had been drinking (Makepeace, 1988).

**Rationale and Research Questions**

Research has examined different aspects of alcohol use in relation to domestic violence, with varying results. Frequency of batterer's consumption was related to domestic violence in two studies (Fagan, Barnett, & Patton, 1988; Hofeller, 1982) but not in two others (Barnett & Fagan, 1993; Van Hasselt et al., 1985). Quantity of consumption was related to violence in two studies (Barnett & Fagan, 1993; Hofeller, 1982) yet not in another (Van Hasselt et al., 1985). Further, some authors have combined quantity and frequency into a single "drinking index" (Bachman & Straus, 1990; Stets, 1990). These aspects of drinking behavior were analyzed separately for men and women in this study. Additional aspects of alcohol use examined were drug or alcohol use at the time of violence and psychological abuse,
intoxication during the year of the study, and women’s perception of whether they or their partner had a drug or alcohol problem.

Research Question 1 addressed the relationship of women’s beliefs on whether they or their partner had a drug or alcohol problem and level of violence. A positive correlation was expected between women’s beliefs about their partner’s substance use problem and his violence because men’s violence is frequently attributed to alcohol use. A significant correlation was not expected between women’s beliefs on their own drug or alcohol problem and violence sustained. Frequency of responses to this question by level of violence sustained were examined. A linear increase of “yes” responses with increasing violence was expected for partners, with no differences predicted for women.

Research on nonclinical samples has shown that most men with drinking problems do not batter (Makepeace, 1987; Kaufman Kantor & Straus, 1987) and men’s drinking patterns which include becoming intoxicated predict minor but not severe violence (Kaufman Kantor & Straus, 1987) or predict level of violence only indirectly via marital conflict (Sugarman & Hotaling, 1989). Additionally, although one study on dating violence showed a correlation between men’s alcohol use and violence (Tontodonato & Crew, 1992), two studies of married men found no correlation (Katz et al.,
Thus, men's alcohol use was not expected to be affected by violence.

However, Stets (1990) found that men who abused alcohol were more likely to verbally aggress and those who both abused alcohol and verbally aggressed were more likely to inflict severe violence. All partners of women in this study had inflicted severe psychological abuse. Psychological abuse takes many forms (Table 1; Marshall, 1994a), including verbal aggression. Because of inconsistent findings in the literature on the relation of men's alcohol use and violence as well as the question of how psychological abuse would affect that relationship, it was expected that men's alcohol use would vary with level of violence inflicted. This issue was considered Research Question 2. However, the empirical evidence was not sufficient to predict the direction of the relationship.

Most research has suggested that relatively few battered women abuse alcohol (Gayford, 1983; Kaufman Kantor & Straus, 1989; Labell, 1979; Walker, 1984). Even among clinical samples, only one study (Barnett & Fagan, 1993) found battered women drank larger quantities but not more frequently than nonbattered women, while two others (Hofeller, 1982; Van Hasselt et al., 1985) found no difference in quantity or frequency. Further, most battered women were not drinking at the time of violence (Barnett & Fagan, 1993; Berk, Fenstermaker Berk, Loseke, & Rauma, 1983;
Fagan, Barnett, & Patton, 1988; Murty & Roebuck, 1992; Walker, 1994). Thus, women's alcohol use, including drinking at time of violent episodes, would not be expected to be affected by violence.

However, all women in this study had been psychologically abused. Vitanza, Vogel, and Marshall (1995) found that these psychologically abused women experienced more emotional distress than 93% of the nonclinical norm and that a larger proportion of those who had sustained severe violence had attempted suicide than those who sustained no or moderate violence. Gayford (1983) found that battered women who drank heavily tended to have problems with anxiety or depression and drank to relieve distress associated with violence. Barnett and Fagan (1993) found more women drank following violence than preceding it. Further, the highest rates of drinking among battered women were for those who remained at home rather than entering a shelter or who had killed their batterer (Gleason, 1993; Walker, 1984). Thus, battered women may drink as a means of coping with violence (Kaufman Kantor & Straus, 1989; Stark, Flitcraft, Zuckerman, Gray, Robinson, & Frazier, 1981; Straus, Gelles, & Steinmetz, 1980), or its impact on self-concept (Downs, Miller, Testa, & Panek, 1992).

Although research suggests most battered women do not abuse alcohol, psychologically abused women may turn to alcohol as a means of coping with the resulting emotional distress. Emotional distress exacerbated by physical
violence may lead to an even greater reliance on alcohol. If so, global alcohol use among psychologically abused women would be expected to vary depending on the level of violence inflicted by their partner.

There were at least two possibilities. First, women's alcohol use might have been higher at severe levels of violence. This could have reflected an attempt to use intoxication as a means of coping with the distress associated with both psychological abuse and severe violence. On the other hand, women's alcohol use might have had a curvilinear relationship, with the highest rate occurring at moderate levels of violence and lower rates at no or severe levels. Severe violence may elicit survival behavior which is contingent upon being able to cognitively process information as clearly as possible. Thus, the goal of these women would be self-protection which would require a degree of vigilance not likely with alcohol use.

One coping mechanism adaptive in this case is that of abstinence. Further, women may be able to cope with psychological abuse in the absence of violence without turning to alcohol. In contrast, at moderate levels of violence, the woman's goal may be to buffer the physical and psychological distress resulting from both violence and psychological abuse. For these women, one coping mechanism might be that of drinking to alleviate the distress.
Alternatively, women's alcohol use might have in some way contributed to the probability of violence occurring (Kaufman Kantor & Straus, 1989; Van Hasselt et al., 1985). In this case, a linear increase in women's alcohol use and drinking at the time of violence would have been likely with increasing levels of violence. The effect of violence on women's drinking was addressed by Research Question 3. Although the direction of the effect was not clear, it was expected that women's alcohol use would vary depending on level of violence sustained.

Very little was known about men's and women's alcohol use in relation to the violence women inflict on their partners. One study found that women's alcohol use was not predictive of their own violence (Miller et al., 1990) and another suggested women do not become violent while drinking (Frieze & Schafer, 1984). In contrast, another study found a moderate correlation ($r = .33$) between women's violence and their alcohol abuse (Tontodonato & Crew, 1992). Whether men's and women's alcohol use varied with violence women inflicted was addressed by Research Questions 4 and 5. Because the scarce research addressing women's use of alcohol in relation to women's violence has produced conflicting findings, predictions were not made about the relationship in this study. Similarly, because so little is known about men's drinking in relation to violence they sustain from
their partners, predictions were not made about this relationship.

Studies using clinical samples reported 40% to 82% of batterers were not drinking at the time of violence, with 4 of 6 studies reporting over half of their batterer sample was not drinking at the time of the episode (Barnett & Fagan, 1993; Berk, Fenstermaker Berk, Loseke, & Rauma, 1983; Caputo, 1988; Murty & Roebuck, 1992; Roberts, 1987; Walker, 1984). Three of four studies using nonclinical samples found most (55% to 76%) violent incidents did not involve drinking by either partner (Kaufman Kantor & Straus, 1987; Laner, 1983; Matthews, 1984). Thus, men’s and women’s alcohol use during fights was not expected to be associated with violence during those fights and was addressed by Research Question 6.

Although much research has focused on domestic violence against women, the effects of psychological abuse on women was only recently being examined. Men’s and women’s alcohol use at the time of different types of psychological abuse (Table 1; Marshall, 1994a) inflicted on women by their partners was addressed as Research Question 7. As this was an area of research where not much was yet known, this aspect of the study was exploratory.

Although one study using a nonclinical sample found no significant correlations between husband and wife drinking (Katz et al., 1995), another using a clinical sample reported a correlation (Van Hasselt et al., 1985) and another found
that battered women who drank heavily tended to have a partner with a drinking problem (Gayford, 1983). Further, Kaufman Kantor and Straus' (1989) study of a large nonclinical sample found that both partners' drunkenness during the year of the study was a factor in minor but not severe violence. In cases where both partners drank, as in the minor violence group, one partner's drinking may have been less of a relationship issue than in cases where the man drank more than the woman, as might have been likely in the severe violence group. Thus, the issue of one partner drinking might have been less likely to generate as much marital conflict, which has been shown to be a significant factor in severe marital violence (Sugarman & Hotaling, 1989).

To examine associations between both partners' drinking, correlations were computed between men's and women's alcohol use for the entire sample and by group. Results from this nonclinical sample might have been expected to parallel Kaufman Kantor and Straus' (1989) findings, with a higher correlation in the no violence group than in the moderate or severe groups. However, the psychological abuse variable complicated prediction and was expected to have an impact, although the direction of impact was not clear. Thus, it was expected that correlations between men's and women's alcohol use would differ among groups, although the direction was not known and might or might not have been linear at increasing
levels of violence. These issues were addressed as Research Question 8.

In summary, the following research questions were addressed by this study:

1. Did women's beliefs about their own or their partner's drug or alcohol problem differ by level of sustained violence?
2. Did men's global alcohol use vary with their violence?
3. Did women's global alcohol use vary with sustained violence?
4. Did men's global alcohol use vary with sustained violence?
5. Did women's global alcohol use vary with their violence?
6. Were drugs or alcohol involved at the time of first, worst, and typical fights?
7. Were drugs or alcohol involved at the time of men's psychological abuse?
8. Was there an association between men's and women's global alcohol use?
CHAPTER 2

METHOD

Participants

Screening. Archival data for this study were collected by Linda L. Marshall, professor of psychology at the University of North Texas. The sample ($N = 93$) was drawn from 640 women who responded to newspaper advertisements, public service announcements, and flyers soliciting women in "bad" or "stressful" relationships. Women who were in an intimate, long-term relationship with a man, who had not recently been in therapy, and who had been severely psychologically abused were selected. Psychological abuse was defined as subtle (e.g., inducing guilt, trying to control how she thinks and acts) and overt (e.g., criticizing her abilities and skills) acts targeting a woman's cognition, emotions, and behavior which have the effect of undermining her sense of self. Three hundred forty-one women met the criterion for serious psychological abuse.

A second-order screen was used to determine the level of violence women sustained using the violence subscale of the Severity of Violence Against Women Scale (SVAWS; Marshall, 1992a), which assesses male-to-female acts. This 46-item measure differentiates threats of violence, acts of violence,
and sexual aggression inflicted by men. Women rated the 21 violence items on a five-point frequency scale from never (0) to very often (4). The sum of the 21 items was used to classify women into one of three violence groups. The reliability coefficient for men's violence against women as measured by the SVAWS was high (alpha = .95).

Qualified women had sustained no or few violent acts (a score of 5 or less), moderate (a score of 6 to 15), or severe (a score of 25 or higher) violence, including potentially life-threatening acts. Screening eliminated women scoring 5 or less who had sustained any act of moderate or severe violence on the SVAWS. Women who scored between 15 and 25 on the violence items were eliminated to preserve distinctions between the groups. The screening procedure resulted in 41 women in the psychological abuse only group (PA), 50 women in the moderate violence group (MV), and 51 women in the severe violence group (SV).

Attrition. Questionnaire packets were sent to the 142 psychologically abused women who met criteria for one of the three violence groups. Several attrition problems were encountered: 12 women moved or had phones disconnected, 4 husbands interfered in some way, 3 women were out of the relationship longer than one year or had too much therapy, 4 women no longer had time, and 6 women no longer wanted to participate. An additional 20 women were dropped because they could not be contacted by telephone or an interview.
could not be completed due to scheduling problems or missed appointments. Attrition left 31 women in the PA group, 30 women in the MV group, and 32 women in the SV group with completed questionnaire data.

Attrition analysis was reported by McKibbin (1997). ANOVAS were performed on age, partner's age, and length of relationship to test differences between the 93 subjects who completed questionnaires and 49 subjects who were dropped from the study. No significant differences were found. Further, these variables did not differ within each of the three violence groups and there were no differences between completers and non-completers within groups.

Sample. The participants ranged in age from 18 to 59 years ($M = 35$) and all were English-speaking. The women were either married ($n = 40$), cohabiting ($n = 17$), dating ($n = 8$), separated ($n = 30$), or divorced ($n = 5$). Relationships ranged in duration from one to 44 years ($M = 11.55$, $SD = 8.43$). None of the women had been out of their relationship for longer than one year. The sample was largely white (89.2%) and middle class (70% had attended college or had post-high-school training). A median of $2,300 per month was found for the 71 women reporting income. The mean SVAWS violence scores were 2.0 (PA group), 9.0 (MV group), and 36.91 (SV group). As part of the study, women completed the Severity of Violence Against Men Scale (SVAMS; Marshall,
1992b). The reliability coefficient for women’s violence against men as measured by the SVAMS was high (alpha = .91).

**Instruments**

Screening for psychological abuse was performed based on the frequency with which women’s partners had inflicted psychologically abusive acts. To meet the criterion, women had to have a frequency score of over 200 on 51 items, with rating scales ranging from never (1) to very often (7). Results of the screening interviews with 578 volunteers are described elsewhere (Marshall, 1994b). The items used for screening are listed in Appendix A. Four women with scores under 200 were inadvertently included in the sample. Psychological abuse scores for three women in the SV group were 116, 165, and 166. One woman in the MV group scored 190 on the psychological abuse items. Several analyses were rerun excluding these four subjects to determine whether their inclusion in the data set would significantly impact the results. These analyses, reported in the results section, did not have an impact on the results of the analyses.

The 46-item SVAWS (Marshall, 1992a) and SVAMS (Marshall, 1992b) differentiate threats of violence, acts of violence, and sexual aggression inflicted by male (Appendix B) and female (Appendix C) partners, respectively. During scale development, women (and men) rated 46 behaviors. Students rated how serious, aggressive, abusive, threatening, violent,
physically harmful, and psychologically harmful it would be if a man (woman) did the act to a woman (man). Community people rated how serious, aggressive, abusive, physically harmful, and psychologically harmful it would be if a man (woman) did the act to a woman (man). Severity scores for each item, calculated as the mean of women's (and men's) ratings, were used in factor analysis. Only the 21 items for acts of violence, which comprise four subdimensions (mild, minor, moderate, and serious), were used in this study. Dimensions resulting from factor analysis had alpha coefficients ranging from .89 to .96 (SVAWS) and .93 to .95 (SVAMS). For this study, women reported the subjective frequency of acts on a scale ranging from never (0) to often (4).

Several aspects of alcohol use were measured for both women and their partner. Frequency of use was measured by having women indicate whether they and their partner drank never (0), rarely (1), every few months (2), about once a month (3), more than monthly, but not weekly (4), about once a week (5), weekends only (6), more than once a week (7), or daily (8). Quantity of use was measured by the usual number of drinks consumed. Only one space was reserved for quantity data. Consequently, if the number of drinks women reported was 10 or more, nine drinks were coded. Frequency of excessive use was determined by asking the number of times in the past year the woman and her partner had been drunk or
intoxicated. Women were also asked whether they thought they or their partners might have a drinking or drug problem.

Two questions were analyzed in relation to substance use at the time of the men’s psychological abuse. First, to assess impact, women indicated how much each type of psychological abuse (Table 1; Marshall, 1994a) bothered them on a scale ranging from not at all (1) to extremely (7). Next, women indicated how frequently each type of psychological abuse occurred when it was happening most often, on a scale ranging from once (1) to daily (11).

Drug or alcohol involvement at the time of psychological abuse was assessed by 2 questions. First, for each type of psychological abuse, women indicated whether drugs or alcohol were involved on a scale ranging from never (1) to almost always (7). Next, women indicated who used drugs or alcohol during each type of psychological abuse (neither partner, herself, her partner, or both).

Drug or alcohol involvement at the time of first, worst, and typical fights was assessed by the same drug and alcohol questions as were asked for each type of psychological abuse. Additionally, for each type of fight, women indicated whether each of the acts on the SVAWS and SVAMS occurred never (0), once (1), 2 times (2), about 3 times (3), or several times (4). Responses were summed to obtain men’s and women’s violence scores for each type of fight.
CHAPTER 3

RESULTS

Data were analyzed using SPSS. Analyses performed included multiple regression, Analysis of Variance (ANOVA), Multivariate Analysis of Variance (MANOVA), correlations, and partial correlations. An alpha level of .05 was used to determine significance. One- or two-tailed tests were used for correlations in which direction of effect was predicted or not predicted, respectively.

Distributional characteristics of the data were examined for normality and outliers. Table 2 lists the range, mean, and standard deviation for the sample as a whole and by group (PA, MV, and SV) on the global measures of alcohol use by women and their partner. Women’s quantity of use and the number of times each was intoxicated were positively skewed with outliers in the right tail of the distributions. Women’s quantity had seven outliers ranging from 6-8 drinks. Men’s number of times intoxicated had eight outliers at the extreme right of the distribution which had been coded as 99. An additional 6 outliers were not as extreme, ranging from 50-90 times intoxicated during the past year. Women’s times intoxicated had 10 outliers ranging from 10-25.
Table 3 lists the means and standard deviations for the sample and by group for violence inflicted by men and women and psychological abuse inflicted by men. Women's violence was positively skewed with four outliers. On initial inspection, it appeared that men's violence might be skewed as well. However, because the ratios of skew to standard error of skew and kurtosis to standard error of kurtosis were not badly out of the normal range (i.e., less than 5), this variable was not transformed. To preserve the sample size, all alcohol and violence outliers were retained. The skewness and kurtosis of the violence, alcohol, and psychological abuse variables are listed in Table 4.

Tukey's ladder of power transformation (Hoaglin, Mosteller, & Tukey, 1983) was used to determine which transformations would result in skewness-standard error and kurtosis-standard error ratios in the acceptable range for the four skewed variables. This procedure involved raising each variable to a power and examining the effect on the ratios. Power values utilized were one-third (i.e., the cubed root of the variable), one-half (the square root of the variable), two (the variable squared), and three (the variable cubed). Table 5 lists the skewness-standard error and kurtosis-standard error ratios, means and standard deviations before and after the transformations. Power values of one-third and one-half proved to be the most effective. Thus, the cubed root transformation of women's
violence and the number of times each was intoxicated and the square root transformation of women's quantity of alcohol use were used in all analyses involving these variables.

Power transformations are monotonic for positive data values. Consequently, the order of the data was maintained, although the relative distance between data values changed. The scale of the data was changed in a nonlinear fashion, with larger values compressed more than smaller values because power values were less than one. The right tail of the skewed data was brought closer in to the rest of the distribution. The transformations also made the distributions more symmetrical.

The distributions for other variables in this study were also examined for normality. There was a tendency for a positive skew on variables such as violence scores during fights. This would be expected due to the normative frequency of occurrence of such behaviors. To determine whether transformations should be utilized, analyses were performed using both transformed and original data. In most cases there were no differences in the results. Where differences did occur, they were not sufficiently large to justify the loss of clarity in interpreting results, particularly since correlations are robust to small violations of statistical assumptions of normality. Thus, no further transformations were utilized.
Although not addressed by any particular research question, analyses were conducted to determine how violence and psychological abuse scores differed among groups. As expected, the groups differed on the violence women sustained, $F(2, 90) = 284.67, p < .01$. Planned Tukey tests indicated the three groups differed significantly in the expected direction. Men in the SV group ($M = 1.76$) inflicted the most violence, followed by the MV ($M = .43$) and PA ($M = .10$) groups, respectively. The groups also differed on violence inflicted by women, $F(2, 90) = 12.17, p < .001$. Tukey tests indicated that women in the SV group ($M = .49$) inflicted significantly more violence than those in the MV ($M = .19$) and PA ($M = .26$) groups.

Four subjects with psychological abuse scores of less than 200 were inadvertently included. These included four women from the SV group and one from the MV group. The Tukey tests were rerun excluding these four subjects to determine whether the results were impacted by this error. Even when these four subjects were excluded, men in the SV group inflicted the most violence, followed by men in the moderate and psychological abuse groups, respectively. Similarly, women in the SV group inflicted significantly more violence than those in the MV and PA groups. Thus, it is likely that the inclusion of these four subjects did not significantly impact the results of this study.
Psychological abuse scores also differed by group, \( F(2,90) = 4.67, p < .05 \). There was a linear increase in psychological abuse sustained by women in the PA (\( M = 230.45 \)), MV (\( M = 247.40 \)) and SV (\( M = 260.00 \)) groups. Women in the SV group sustained significantly more psychological abuse than those in the PA group.

**Research Question 1**

Research Question 1 addressed whether women’s beliefs about their own or their partner’s drug or alcohol problem differed by sustained violence. Women’s beliefs about their partner were expected to have a positive relationship with partner’s violence, but no relationship was expected for their beliefs about themselves. Because of the small \( n \), drug or alcohol problem scores were dichotomized into “no” or “not sure” (1) and “yes” (2).

The point-biserial correlations for the sample and by group are presented in Table 6. One-tailed tests were used for correlations between women’s belief in their partner’s substance problem and his violence because a positive relationship was expected. Two-tailed tests were used for correlations between women’s belief in their own substance problem and partner’s violence because no relationship was predicted. The only significant correlation was found in the MV group. Only among these women was a belief that their partner had a substance problem related to his violence.
Chi-square procedures compared the frequency of "yes" responses to the questions about a substance use problem. Although the likelihood of men having a substance use problem was expected to increase with men's violence across the groups, there was no significant difference, $\chi^2(2) = .98, \text{ ns.}$ Only 10 women reported they had a problem so chi-square calculations were not done.

Research Questions 2 through 5

Research Questions 2 and 4 addressed whether men's alcohol use varied with men's (Question 2) or women's (Question 4) violence. Research Questions 3 and 5 addressed whether women's alcohol use varied with men's or women's violence, respectively. These questions were collapsed for analysis using both MANOVA and multiple regression procedures. Transformed variables used in these analyses were women's violence, quantity of alcohol use, and times intoxicated, and men's times intoxicated. Descriptions of the transformed variables are listed in Table 5. Variables which were not transformed are listed in Tables 2 and 3.

MANOVAs were computed to determine the effect of group membership on men's and women's alcohol use (frequency, quantity, and number of times intoxicated during the past year). The direction of differences was not predicted due to the unknown impact of psychological abuse. The MANOVA calculated on men's use of alcohol was nonsignificant, $F(6,156) = .09, \text{ ns,}$ and none of the univariate ANOVAS reached
significance, although men's quantity of use approached significance, $F(2,79) = 2.66, p < .08$. Similarly, the MANOVA on women's use of alcohol was nonsignificant, $F(6,168) = .10$, ns, as were the univariate ANOVAs. Thus, neither men's nor women's alcohol use differed by group. Because four subjects with psychological abuse scores of less than 200 were inadvertently included, the MANOVAs were rerun excluding these subjects and remained nonsignificant.

For the multiple regressions, men's and women's violence, respectively, were entered as possible explanatory variables for men's and women's alcohol use. These results are presented in Tables 7 to 9. The regression equations were calculated for the sample as a whole and for each group.

Table 7 shows that none of the equations reached significance when men's and women's violence was used to predict the frequency with which each drank alcohol. In Table 8, the equation for men's quantity of use was significant with the beta for women's violence approaching significance ($p = .10$) for the sample as a whole. For the PA group, the equation for men's quantity of use approached significance ($p = .09$) with the beta for men's violence also approaching significance ($p = .06$). None of the equations reached significance for the quantity of women's alcohol use, although for the MV group, the equation approached significance ($p = .05$) and the beta for women's violence was significant. Table 9 shows that the equation for the number
of times men were intoxicated was significant for the sample. For the MV group, the equation for women's number of times intoxicated and the beta for women's violence were significant.

**Research Question 6**

Research Question 6 addressed whether drugs or alcohol were involved at the time of the first, worst, and typical fights. Women were also asked who had used the substance(s). To preserve an acceptable $n$, men's and women's use was collapsed into substance involvement/no involvement. Correlations were computed between substance involvement and each partner's violence score during the fights. A significant association was not predicted, thus two-tailed tests were used.

Contrary to expectations, significant correlations were found for the sample. For the first fight, substance involvement correlated with men's ($r = .29, p < .01$), but not women's ($r = .19$, ns) violence scores. For the worst fight, substance involvement correlated with men's ($r = .28, p < .05$) and women's ($r = .30, p < .01$) violence. The correlations for typical fights were similar ($r = .33, p < .01$ and $r = .28, p < .05$, respectively).

To investigate whether this relationship might be an artifact of global drinking habits, correlations were computed between substance involvement at the time of fights and men's and women's global frequency of alcohol use. This
association may be greater for partners who drink more frequently. There were no significant correlations for women’s frequency of use. However, men’s frequency of use significantly correlated with substance involvement during each type of fight (Table 10). The correlations for the sample were moderate in strength, with differences in patterns for the three groups. For the SV group, moderate correlations were found for the first and worst fights, with no relationship for typical fights. Moderate correlations were found in the MV group for worst and typical fights, with no relationship for the first fight. Lower correlations were found in the PA group for worst and typical fights, with no relationship for the first fight.

These findings suggest that the relationship between men’s violence and substance involvement during fights may be an artifact of men’s overall frequency of drinking for the SV (first and worst fights) and MV (worst and typical fights) groups. This possibility must be considered with caution because substance involvement during fights was not determined for men and women separately. In contrast, the relationship between substance involvement and women’s violence during the worst and typical fights does not appear to be an artifact of women’s frequency of drinking.

To investigate potential group differences in the relationship between other aspects of men’s and women’s global drinking habits and substance involvement at the time
of fights, additional exploratory analyses were performed. As with frequency of use, neither women's quantity of use nor number of times intoxicated was significantly correlated with substance involvement during any of the fights. For men, significant moderate correlations ($r = .44$ to $.52$) were found in the SV group for each measure of global drinking and substance involvement during the first fight, and for both frequency and quantity of use with substance involvement during the worst fight. However, no measure of men's global drinking was associated with substance involvement during typical fights for this group. In contrast, only in the SV group was men's quantity of alcohol use significantly correlated with substance involvement during the first fight (Table 10).

Research Question 7

Research Question 7 was whether drugs or alcohol were involved when the men exhibited each type of psychological abuse. Again, substance involvement was collapsed and two-tailed tests were utilized because the direction of association was not predicted. These 222 (37 types of abuse x 2 items x 3 groups) exploratory correlations were computed to identify patterns. Although clearly capitalizing on chance, the familywise error rate was left at $p < .05$ because no previous research examined these issues. In addition, time did not permit all 93 women to be asked about each type of psychological abuse. Consequently, the $n$ for these
correlations varied between 37 for "corrupt" to 83 for "encouraging dependence."

Of the 74 correlations calculated for the SV group, only 2 were significant, which was fewer than would be expected by chance. In the PA group only one correlation was significant. In contrast, 22 (30%) of the correlations were significant in the MV group. These results are shown in Table 11. Although the \( n \) for those correlations ranged from 12 (corrupt and threats to physical health) to 27 (encouraging dependence), most correlations were calculated for more than 20 women. These ranged from \( r = .41 \) between substance involvement and the impact of partner’s possessiveness to \( r = .66 \) for the frequency of threats to physical health.

Research Question 8

Research Question 8 was whether there was an association between men’s and women’s alcohol use. Correlations, z-tests for correlation coefficients, and partial correlations were used to address this issue. Two-tailed tests were utilized with an alpha level of .05.

For the sample, significant correlations were found between men’s and women’s scores on frequency (\( r = .47, p < .001 \)), quantity (\( r = .41, p < .001 \)), and times intoxicated (\( r = .40, p < .001 \)). There were significant correlations for frequency of use in the PA (\( r = .51, p < .01 \)), MV (\( r = .57, p < .01 \)) and SV (\( r = .43, p < .05 \)) groups. Although
correlations were significant for quantity in the PA ($r = .60, p < .01$) and SV ($r = .46, p < .05$) groups, there was no relationship in the MV group ($r = .08, \text{ns}$). The correlation between number of times men and women had been intoxicated during the past year was significant in the PA ($r = .62, p < .001$) group, but not in the MV ($r = .29, \text{ns}$) or SV ($r = .31, \text{ns}$) groups.

Z-tests were computed to determine whether correlations for men's and women's drinking differed by group. No differences were found for frequency of alcohol use. Significant differences were found for quantity of use between the PA and MV groups ($z = 3.16, p < .01$) and between the MV and SV groups ($z = 2.10, p < .05$). Differences were also found for number of times intoxicated between the PA and MV groups ($z = 2.28, p < .05$) and between the PA and SV groups ($z = 2.12, p < .05$).

Correlations between men's and women's alcohol use controlling for men's violence were then computed for the sample as a whole and for the MV and SV groups. Controlling for men's violence had no effect on the strength of the relationships. All partial correlations were within $r = .03$ of the zero order correlations.

Other Analyses

Several additional analyses were conducted to more fully examine patterns in the data. Two-tailed correlations were used to examine the relationship between men's and women's
violence. An alpha of .05 was used to determine significance. In the sample as a whole there was a moderate correlation ($r = .50$, $p < .001$) which may be a function of the MV group ($r = .44$, $p < .05$). The correlation was not significant in the SV group ($r = .31$, ns). Logic would suggest that the correlation for the sample would be within the range produced by the groups comprising that sample. That this was not the case appears to a restriction of range problem. For each of the groups, the range over which men's and women's violence varied was restricted by virtue of the way the groups are defined. This type of restriction tends to reduce the correlation for each group (Howell, 1992). Thus, it is likely that the relationship between men's and women's violence for the MV and SV groups is stronger than suggested by the correlations.

Another analysis was to determine whether the relationship between men's and women's violence during fights differed with the involvement of drugs or alcohol using two-tailed tests with an alpha of .05. When drugs or alcohol were involved during fights, men's and women's violence scores were more strongly correlated than when substances were not involved, particularly for worst and typical fights. For the first fight, the correlation was $r = .55$, $p < .01$ across substance use, $r = .45$, $p < .01$ for no drinking and $r = .60$, $p < .001$ for someone drinking. For the worst fight, the correlation was $r = .66$, $p < .001$ across substance use, $r$
\[ r = .29, \text{ ns for no drinking and } r = .76, \ p < .001 \text{ for someone drinking.} \]

For typical fights, the correlation was \[ r = .58, \ p < .001 \text{ across substance use, } r = .30, \text{ ns for no drinking and } r = .64, \ p < .001 \text{ for someone drinking.} \]
This study extended previous research on alcohol use and domestic violence in clinical samples which has usually focused on men's alcohol use and paid little attention to women's use. In contrast, this study examined both men's and women's alcohol use and violence as well as men's psychological abuse in troubled (i.e., psychologically abusive) intimate relationships. Alcohol use was examined at different levels of violence (none, moderate, and severe). Global alcohol measures were quantity and frequency of use and number of times intoxicated during the year of the study.

Contrary to expectations, group differences by level of violence were not found for any global measure of men's or women's alcohol use. There are several possible explanations for this finding. First, alcohol use and violence may not be causally related. This would be consistent with some of the past research on nonclinical samples (Arias & Gardner, 1988; Katz et al., 1995; Leonard et al., 1985). The recruiting method used for the current sample places it in the midrange of a continuum between clinical and nonclinical samples. Clinical samples have stronger associations between men's alcohol use and violence than nonclinical samples. The lack
of differences in men's (and women's) drinking supports the idea that there is, indeed, no causal relationship. Although there has been less research on women's alcohol use and sustained violence, the current results are consistent with previous research suggesting battered women do not drink more than nonbattered women (Downs et al., 1993; Hofeller, 1982; Van Hasselt et al., 1985). Consequently, there would be little reason to treat battered women for alcohol abuse in therapy beyond screening to identify those few women who may have a problem.

Alternatively, the relationship may have been affected by psychological abuse. Some studies have found an association between alcohol use and severity of violence (Eberle, 1982; Frieze & Knoble, 1980). In this study, men who inflicted severe violence also inflicted the most psychological abuse. These men may use more externalizing means of dealing with their problems, such as inflicting psychological abuse and violence on their partner, instead of drinking alcohol to "escape" their problems. The linear increase in both violence and psychological abuse, with no difference in men's alcohol use by group, suggests some men rely on these externalizing behaviors more than others.

For women, psychological abuse was expected to exacerbate emotional distress associated with sustained violence, possibly leading to an increased reliance on alcohol with increasing levels of violence. This possibility was not
supported. Apparently, women did not turn to alcohol to cope with emotional distress believed to result from severe psychological abuse (Vitanza, Vogel, & Marshall, 1995) and increasing levels of violence. They may instead use more active and direct coping techniques.

Another possibility was a curvilinear relationship between women's alcohol use and sustained violence, with the MV group using more alcohol than the PA or SV groups. Women sustaining only psychological abuse may be able to cope without reliance on alcohol and women sustaining severe violence may avoid alcohol as a means of maintaining higher levels of self-protective vigilance. These hypotheses were not supported. Because investigation of the impact of psychological abuse and its interaction with other variables has only recently begun, it was examined in an exploratory manner during this study. Future research investigating the function of psychological abuse in moderating or mediating other behavioral variables would be useful toward understanding its role in intimate relationships. Examination of types of psychological abuse (e.g., overt versus subtle) may shed more light on the nature of its effect.

Another possible explanation for the finding of no group differences in alcohol use is that differences may not have been detected due to the research methodology. The study may have had insufficient power to detect group differences,
resulting in a Type II error due to the relatively small size of the groups. It is also possible that social desirability affected women's reports, resulting in underreporting or overreporting of substance use. Alternatively, women's report of partner's alcohol use may not have been accurate, although several studies have demonstrated the reliability of using the woman's report as a measure of her partner's drinking habits (Rosenbaum & O'Leary, 1981; Van Hasselt et al., 1985). A more accurate method would have involved keeping a daily journal of substance use during the year of the study. It would be useful to obtain reports of their own and their partner's substance use from both men and women to examine discrepancies between partner reports.

Although group differences in alcohol use were not found, the between and within-group patterns may be informative. For men, there was a pattern of increasing quantity from the PA (lowest) to the SV (highest) group. No such trend was found for men's frequency of use. And, despite similar medians for men's times intoxicated, there was much more variability in the SV group than in the MV or PA groups. These findings may reflect a subgroup within the MV and SV groups which, in addition to violent behavior, exhibits a pathological consumption of alcohol. This would result in a higher frequency of times intoxicated, as was shown by the data. The medians were similar for women's frequency and quantity of use and times intoxicated, but there was more
variability in quantity and times intoxicated for the SV group. Women's frequency of use was lowest for the SV group, followed by the MV and PA groups, respectively.

This study's lack of evidence supporting group differences in alcohol use does not preclude the co-existence of both alcohol abuse and violence, as may occur in subgroups. This possibility is consistent with Leonard and Jacob's (1988) suggestion that the apparent relationship between problem drinking and violence may be an artifact of their co-occurrence. An unmeasured third variable, such as poor coping skills, could be responsible for both. This would fit Steffen's (1982) cognitive social learning model in which some individuals have maladaptive responses to their environment and a limited repertoire of behaviors for interacting with others. They may use both drinking and violence to deal with a myriad of stressors in their lives, including problems in their intimate relationships.

It would be a mistake, however, for therapists to focus on underlying causes without first addressing the violence itself. That could encourage men to avoid responsibility for their violence which already is a problem in batterer treatment programs (Maiuro, Sandberg, Cahn, & Vitaliano, 1988). Treatment using a crisis intervention approach would help initially to stabilize the situation. Men's violence should be treated as a problem behavior that needs to be eliminated. Once this has occurred, more in-depth therapy
can be started to identify and ameliorate those factors contributing to a particular man's violence.

Because alcohol use did not differ with men's violence, analyses were conducted to determine whether alcohol use could be predicted by men's and women's violence. Men's quantity of use and times intoxicated were predicted by men's and women's violence for the sample. Women's violence appeared to explain more of the variance, although there was not enough power to make this conclusion. A larger sample would be needed to make this determination. When both partners are violent, men may drink greater quantities of alcohol and become intoxicated more frequently than men in relationships where neither or only one partner is violent.

In the MV group, men's and women's violence approached significance in accounting for women's quantity of use, with women's violence making the largest contribution. Both partners' violence predicted women's times intoxicated, with women's violence making the greatest contribution. When violence has not escalated to a very dangerous point (i.e., severe, potentially life threatening acts), women who are violent may tend to consume larger amounts of alcohol. They may have two means of coping with sustained violence—drinking and their own use of violence. Women who do not inflict violence may be less likely to drink to excess. They may have developed alternate ways of coping with their situation, such as leaving until their partner calms down or
seeking temporary refuge at the homes of friends or family. Future research would be useful to determine how women sustaining moderate violence cope with their situation (e.g., what actions they take and what motivates them to take a particular action). Comparison of these factors with women sustaining no or severe violence would also be useful in understanding how women conceptualize their relationship and the roles of each partner.

Just as Sonkin (1988) suggested that there may be different types of batterers, there may also be different relationship dynamics involving drinking habits and violence by both partners. The primary implication is that individuals who seek therapy and report relationship violence should not all be assumed to be similar or have similar problems such as alcohol use. It seems as if many therapists and researchers assume too much similarity with too little attention to subgroups. For example, researchers usually define groups by presence or absence of violence (Coleman, Weinman, & Hsi, 1980; Schuerger & Reigle, 1988; Van Hasselt et al., 1985) as opposed to varying levels, despite findings from batterer treatment programs that there are clearly subgroups whose profiles differ (Gondolf, 1988; Saunders, 1992a).

Although group differences in alcohol use were not found, different relationships were found between alcohol use and violence in the MV group than in the other two groups. Only
in the MV group were women's beliefs in their partner's drug
or alcohol problem associated with men's violence. Because
men's alcohol use in this group did not differ from that in
the PA and SV groups, women's beliefs about these partners
appear to be based on their attributions rather than actual
differences. Thus, these women's subjective experience may
differ from that of women in the other groups. This is one
more indication that level of violence, not merely its
presence, affects perceptions.

Women in the PA group sustained little or no violence.
Therefore, they had no need to try to explain their partner's
behavior. Women in the MV group experienced less violence
than those in the SV group. They may have been searching for
reasons which might explain their partner's violence. They
may have a stereotyped belief, as do many people, that
alcohol causes people to become violent. This stereotype may
be activated when their partner becomes violent. These women
may then look for evidence which would serve to confirm this
belief, resulting in biased information processing. They may
focus on information consistent with their belief, leading
them to interpret typical drinking habits as a drinking
problem.

This expectancy effect may be compounded by their
partner's self-serving bias: his tendency to attribute
positive outcomes to internal causes and negative outcomes to
external causes (Miller, & Ross, 1975; Ross, 1977). Thus,
men inflicting violence may attempt to attribute their actions to an external cause, such as a drinking problem. The self-serving bias appears to stem from the desire to look good in the eyes of others (Greenberg, Pyszczynski, & Solomon, 1982). By blaming their violence on alcohol, men may be attempting to have others excuse their actions, as suggested by the deviance disavowal theory (Gelles & Straus, 1988).

In contrast, women in the SV group may sustain violence so severe they are no longer able to dismiss it by blaming their partner's alcohol use or believing their partner's claims that the violence is caused by their substance problem. These women may at one time have viewed their partner's violence similarly to women in the MV group, but progressed to alternate conceptualizations as the violence became more severe. For example, they may view their partner's violence as stemming from ineffectual coping skills, poor conflict resolution ability, or lack of concern for others. If this is the case, these women may be more likely to objectively evaluate their partner's behavior and their own role in the relationship. This could make them more amenable to successful therapeutic intervention. Further, the man's violence may then be viewed as stemming from an internal problem within his control which can be improved by treatment.

For both partners involved in moderate violence, a first step in intervention could be to assess their general beliefs
about the causes of domestic violence as well as the causes in their own relationship. This could be structured as part of the initial clinical interview. If misattributions about their own relationship appeared to be operating, educational approaches can be used to address the effects of alcohol. This could include common misconceptions concerning drinking and violence as well as more likely causes of violence. Cognitive behavioral interventions may be used to challenge partners' attributions about the violence (Tolman & Edleson, 1989). Further assessment may be useful to uncover problem areas, psychopathology, or a pattern of interpersonal difficulties which may cause personal distress and have the potential to lead to violence. A preventive approach using individual therapy to address these difficulties may then be implemented.

Only in the MV group were significant correlations found between substance involvement and the impact and frequency of men's psychological abuse. Finding 30% of the correlations significant in this group was in striking contrast to the lack of correlations in the PA and SV groups. This is especially interesting considering women in the MV group did not sustain more psychological abuse than the other groups and groups did not differ on global measures of alcohol use.

In the MV group, relationships were found between substance involvement and frequency of partners' attempts to enforce loyalty, shift responsibility, emotionally dominate,
threaten physical health, and induce feelings of powerlessness. There were relationships between substance involvement and the impact of two of these, attempts to enforce loyalty and threats to physical health, as well as 15 other types of psychological abuse. Although women in the SV group sustained more overall psychological abuse, similar relationships were not found.

There appears to be a unique dynamic in the moderate violence group. This dynamic may involve women's attempts to make sense of what is happening in the relationship and men's attempts to avoid being held accountable for their violence. This may involve a state of uncertainty for women in which the effects of psychological abuse are more harmful than they would be in more predictable circumstances. For example, women in the SV group may experience violence so frequently that they place blame squarely on their partners. In doing so, they may also be more likely to dismiss his psychological abuse and thus less apt to internalize the negative messages implicit within that abuse. In contrast, violence for women in the MV group may be so unpredictable that the resulting state of uncertainty leaves the women more vulnerable to the negative statements and manipulations by their partner.

Using this same sample, McKibbin (1997) found a relationship between subtle psychological abuse and depression, anxiety, and somatization in the MV group, but not in the PA and SV groups. Thus, women's vulnerability to their partner's
psychological abuse may also increase their risk of emotional disorders.

Individual therapy for women sustaining moderate violence may focus on their beliefs about themselves and whether they have changed during the course of their intimate relationships. Gestalt therapy (Perls, Hefferline, & Goodman, 1951) would be helpful, allowing women to become aware of their feelings toward themselves and their partners. This may allow them to realize emotions other than fear (e.g., anger, disgust) toward their violent partner, an awareness which may help them take positive steps toward addressing the problem. Cognitive behavioral therapy (Beck, Rush, Shaw, & Emory, 1979) could then be used to address illogical thinking which may contribute to negative self-attributions and give undue weight to their partners' negative messages.

Future research using a larger sample and investigating men's and women's alcohol use separately would be useful in teasing out the role of alcohol. Longitudinal studies of newlywed couples, for example, would be useful to investigate changes in violence, psychological abuse, and alcohol use and associated changes in both partners' emotional and mental status as well as coping and conflict resolution strategies. This information would be helpful in formulating effective clinical interventions for assessing and treating troubled relationships. Depending on what factors are involved,
treatment might focus on conflict resolution, depression, anxiety, self-concept, self-esteem, problem solving, relationship counseling, substance abuse, etc.

The relationship between each partner's drinking habits could have an impact in intimate relationships. Men's and women's drinking habits were most poorly correlated in the MV group. Correlations for neither quantity nor times intoxicated reached significance. The correlation for frequency was similar to that in the PA and SV groups. In contrast, all three drinking behaviors were related in the PA group, as were frequency and quantity in the SV group. Drinking habits were most highly correlated in the PA group, consistent with Kaufman Kantor and Straus' (1989) finding. Although men in the MV group drank more than their partners, there were similar patterns of men's versus women's drinking among the other groups as well.

Although partners in the PA and SV groups appear to have comparable drinking habits, those in the MV group may be mismatched with regard to whether, why, and how they drink. For example, they may drink other than socially and for different reasons than those in the other groups. This incompatibility could itself potentially be a basis for conflict (Coleman, 1980). The issue of conflict over drinking may be addressed therapeutically when alcohol use is queried during clinical interviews. Responses to this query
may uncover a source of disagreement which could lead to violence.

No relationship was expected between substance involvement and men's and women's violence at the time of fights. Significant correlations were found but these were low and do not suggest a strong relationship. Further, when drugs or alcohol were involved in a fight, men's and women's violence scores were much more strongly correlated than when substance use was not involved, particularly for worst and typical fights. Thus, alcohol use may provide a situational context which moderates or mediates the relationship between each partner's acts of violence.

During the first fight, there was an association between substance involvement and men's but not women's violence. During typical and worst fights, however, substance involvement was associated with both men's and women's violence. Intoxication may serve as a psychological disinhibitor for men, as predicted by deviance disavowal theory (Gelles & Straus, 1988), increasing the likelihood of violence during the first fight. During the first incidence of violence, women may be caught off guard and not respond in kind. During typical and worst fights, however, women may be more inclined to become violent when their partner does so, possibly as an expression of anger and retaliation (O'Keefe, 1997).
When violent couples present for treatment, the first action taken must be an agreement to physically separate themselves when an argument begins to escalate. There should be an agreed-upon cooling off period. The teaching of this "time-out" technique is one of the common components in batterer intervention programs (Rosenbaum & Maiuro, 1989). Couples should determine in therapy where each partner will go and for what length of time. Once that time has elapsed, they may agree to communicate only in writing for the next hour. These steps will serve to deescalate the situation before violence occurs, allowing couples the chance to work out their conflicts in a more rational way. Weekly, couples therapy can then be used to discuss conflicts and how they were handled.

It might be expected that as frequency of drinking increases, so would the likelihood of drinking occurring at the same time as fights. An analysis was performed to determine whether the associations found between substance involvement and violence scores during fights were artifacts of drinking frequency. No relationship was found for women. For men, however, moderate correlations were found for the SV (first and worst fights) and MV (worst and typical fights) groups. This suggests the possibility that the relationship between men's violence and substance involvement during fights may be an artifact of men's frequent alcohol use. This is consistent with research suggesting that drinking at
the time of violence is correlated with overall drinking pattern (Eberle, 1982; Hofeller, 1982). Because there were not enough subjects in this study to analyze men's and women's substance use during fights separately, however, this possibility cannot be stated conclusively. The current study could be improved by including more subjects so this separate analysis could be performed. If the apparent relationship between substance involvement and violence is indeed an artifact of global drinking, this would support to the idea that alcohol does not cause domestic violence.

Women sustaining domestic violence do not appear to be passive victims. Women in the SV group inflicted more violence than those in the PA or MV groups. Even so, men's violence in the SV group was more than three times that of women in this group. Likely, women have learned to become violent as a means of self-defense or retaliation (Follingstad, Wright, Lloyd, & Sebastian, 1991). There was a moderate relationship between men's and women's violence in the MV group, with no association in the SV group. This suggests that either most women in the SV group had not tried to inflict violence on their partner or they had tried and found it ineffective.

The most likely explanation is that these women have more to fear from their partners than women in the other groups. If they have retaliated and/or defended themselves through the use of violence, they may have escalated the situation.
Consequently, they may no longer do so (or do so only when the situation is of low intensity) to protect themselves from injury. In contrast, women in the MV and PA groups had never experienced an act likely to result in serious injury. Therefore, fear would not inhibit their own aggressive response.

If the results of this study accurately reflect no differences in alcohol use with violence, they are inconsistent with predictions derived from the deviance disavowal (Gelles & Straus, 1988) and cognitive disruption (Leonard, 1988) theories as well as O'Leary's (1988) model integrating the physiological effects of alcohol with social learning. These theories posit a simple relationship, that alcohol use increases with violence. The actual relationship is probably more complex. Although these theories consider situational factors and individual differences in aggressive tendencies, other differences may also be relevant. For example, relationship dynamics are potential moderating or mediating factors. The deviance disavowal theory (Gelles & Straus, 1988) can explain some of the attributions made by partners concerning partner violence, particularly in the MV group. The notion that a man is violent only when drinking and otherwise is loving and supportive could prevent couples from acknowledging and addressing the actual individual and relationship problems.
Shapiro's (1982) systems theory considers alcohol use and violence as interacting variables within the context of interpersonal communication, while also recognizing the contribution of individual personality and psychological variables. Results of this study are consistent with this model because although men's and women's alcohol use did not differ with violence, there were differences in attributions, compatibility of drinking habits, and impact and frequency of psychological abuse. All of these factors may interact within the context of the relationship, producing varying effects on partners' self-esteem and coping techniques.

Steffen's (1982) cognitive social learning theory is also consistent with the findings. This theory considers individual interpretations and responses to the environment, including intimate relationships. According to Steffen, a person's misinterpretation of contextual cues may lead to a defensive and/or violent response. This response would occur regardless of alcohol use. Further, the person may have a limited repertoire of behaviors for interacting with others, including maladaptive responses such as violence, problem drinking, and psychological abuse. These and other inappropriate responses may occur simultaneously or independently, depending on the individual's predilections.

Implications
Alcohol use is widely believed by the public and some professionals to be a causal factor in violence, contrary to
research indicating that most batterers do not abuse alcohol (Alexander, 1993; Rosenbaum & Maiuro, 1990; Straus & Gelles, 1988) and most heavy drinkers do not batter (Kaufman Kantor & Straus, 1990). This perception likely affects the way professionals deal with couples involved in domestic violence. To address this issue, a message which needs to permeate all information disseminated about domestic violence is that violence by either partner is not acceptable and must stop immediately. Only then can interventions which address underlying causes be effective.

The most certain way of stopping violence is by the partners separating themselves physically for a specified cooling off period by means of a "time-out." Public information campaigns can emphasize this first step in intervention. This message may, in time, replace the public's overriding perception that drinking leads to violence and the outcome is beyond the couple's control. Law enforcement in many states have changed their policies such that either partner is arrested if there is any evidence of violence against the other partner (Pence, 1989). This policy serves two purposes. First, it provides a means of ensuring a temporary physical separation of the partners, a type of legally-enforced "time-out." Additionally, it helps reduce the role of alcohol involvement in law enforcement officers' decisions about how to handle domestic violence.
For the subgroup of batterers who have a comorbid problem of alcohol abuse, this problem should be addressed independently of treatment for violence. To combine these treatments only strengthens the perception that they are interdependent. The danger with this perception is that a person who feels lack of control over alcohol consumption may globalize this feeling such that they view themselves as unable to control their violence as well. Violence must be viewed and treated as a problem separate from alcohol abuse.

Physicians who suspect affective disorders in their patients may be advised to inquire about psychological abuse as well as domestic violence and refer accordingly. Treatment programs should assess level, not just presence, of violence, in addition to psychological and substance abuse by both partners. In doing so, clinicians may gain a more comprehensive picture of the individuals and their relationship. This would allow a more focal treatment of actual problems rather than a global but minimally effective approach. An objective measure of each partner’s substance use should be used to avoid relying on potentially faulty attributions about the role of alcohol in violence. Preferably, each partner should be asked about their own and the other partner’s use. Only when one or both partners is determined to have an alcohol problem should substance abuse treatment be recommended.
Limitations and Directions for Future Research

Women's reports of violence sustained and inflicted may be impacted by social desirability bias, although research has suggested this is not the case. Saunders (1986, 1991) found no effect for battered women's reports of their own violence. In addition, Arias and Beach (1987) found no relationship between social desirability and women's reports of their own and their partner's violence if they admitted to any violence. Thus, it is unlikely that this bias had any effect on the results for violence.

Even so, a more accurate measurement of substance use may be gained by asking men about their own substance use, possibly by telephone contact or by sending home a questionnaire to be mailed back. A potential difficulty is that men may not cooperate with this request. Questions about alcohol and drug use should be asked separately so that the effect of each may be better understood. Further, each partner could be asked about the other partner's drug and alcohol use so that concurrent validity of responses could be assessed. Asking both partners the same questions may increase our understanding of the role of attributions toward alcohol use and domestic violence. Research based on Shapiro's (1982) interactional systems theory and Steffen's (1982) cognitive social learning theory would be useful to further investigate factors such as attributions about
drinking and violence, individual ways of coping with and responding to stress, the tendency to psychologically abuse others, and individual responses to psychological abuse.

Additional studies of men’s and women’s alcohol use in relation to levels of violence using different research methodology may shed light on whether finding no differences in alcohol use between violence groups is valid or the result of the methodology. Specific suggestions include using a larger sample to ensure that null results are due to no effect rather than insufficient power. Additionally, future research should examine men’s and women’s alcohol use separately in relation to involvement at the time of psychological abuse or fights.

Past research, particularly that using clinical samples, has considered broad research questions such as what percentage of batterers use alcohol. A strength of this study was its focus on specific aspects of men’s and women’s alcohol use in relation to their domestic violence. Despite this strength, this study utilized archival data and was subject to some limitations. As discussed earlier, although all women were screened for serious psychological abuse, four women with scores under 200 were inadvertently included, although none were in the psychological abuse only group. Additional analyses indicated it is unlikely that their inclusion significantly impacted any of the study’s findings.
Second, due to restrictions imposed by the funding agency, data were not collected for men's violence ranging from SVAWS scores of 15 to 25, which differentiated the MV and SV groups. Thus, men's violence was not continuous. Research on couples in which women sustain violence within this range may increase our understanding of the changes men and women go through during the progression from moderate to severe violence. Signs evident in the transition may help clinical and legal professionals intervene before violence escalates to life-threatening levels.

Third, quantity of alcohol use was measured by the usual number of drinks consumed. During coding, only one space was reserved for quantity data. Consequently, nine drinks were coded for women who reported their partner's average quantity of consumption was 10 or more. Nine women reported their partners consumed nine or more drinks at a time. Similarly, since only two spaces were reserved for the number of times intoxicated during the past year, any response greater than 99 was recorded as 99. Eight women reported their partner was intoxicated 99 or more times during the past year. Even when coded at the ceiling level of the range, these values still fell at the extreme right of the distribution. The impact of having coded them as their actual value would have simply resulted in even more extreme outliers. These men likely represent a subgroup with alcoholic tendencies, regardless of the violence they inflict.
Summary and Conclusions

The findings of this study provide evidence that an inordinate focus on alcohol abuse may be ineffective in combating the problem of domestic violence. Rather, efforts should be directed at other factors, which may include interpersonal communication, conflict resolution, effective coping strategies, and the notion of personal responsibility for one’s actions. Further research is warranted for couples in which men inflict moderate violence on their partners. The results of this study clearly suggest there are different dynamics in this group which, although not impacting global alcohol use, manifest themselves in other ways such as psychological abuse and attributions of alcohol use.
APPENDIX A

PSYCHOLOGICAL ABUSE SCREENING QUESTIONS
Psychological Abuse Screening Questions

never  1  2  3  4  5  6  7  very often

HOW OFTEN:
____ does he make you feel bad about yourself
____ does he make you feel powerless, or helpless compared to him
____ does he try to get you to think that his beliefs and opinions are the only ones that could be right or true
____ does he expect total loyalty and devotion
____ do you feel that you need him to survive, cope or be happy
____ does he criticize your abilities and skills
____ do you feel like he is the center of your life or of your attention
____ do you feel guilty because of him
____ do you feel afraid that he will leave or hurt you very badly emotionally
____ do you feel that he tries to control how or what you feel
____ do you feel like he uses you selfishly, without regard to you as a person
____ do you have arguments, conflicts or fights
____ do you think he needs you or would be helpless without you
____ does he punish you
____ does he threaten you with something that would hurt your feelings
____ do you doubt what you think or believe
____ does he seem to try to get you to doubt your own senses or what you know
____ does he seem to try to control how you think
____ does he withdraw from you
____ does he get back at you for something
____ does he reject you
____ does he expect you to follow his rules about what to do or how to do something
____ does he try to get you to say bad things about yourself
____ does he speak poorly of you to other people
____ does he try to control when you eat or sleep
____ does he blame your for things that are his fault or for things that you cannot control
____ does he try to get you to keep things about your relationship or about him secret
____ does he try to break up or destroy your relationships with other people
____ does he try to get you to do things that are illegal, immoral or bad for you
does he act like he knows everything about you or will know everything that you do
do you physically fear him
does he control your activities, tell you what to do or how to spend your time
does he try to keep you from seeing or talking to your friends or family
does he embarrass you
does he make you feel shamed or humiliated
does he disapprove of you
is he jealous
does he go out of his way to find out what you are doing
does he punish you
do you find yourself in the position of having to decide between something you want and something he wants
does it seem like you can never please him
do you feel like whatever you do will be wrong to him
do you feel physically threatened
does he act like he would be helpless without you
are you aware of how much bigger and stronger he is
does he make you feel that you are inferior to him, not as good as he is
do you feel like you can’t do anything without him knowing about it
does he try to keep you from going anywhere without him
does he invade your personal privacy like going through your mail or drawers
does he control and manage the money
does he try to control the information you receive
does he act jealous or suspicious of your friends
does he act jealous of other men
APPENDIX B

SEVERITY OF VIOLENCE AGAINST WOMEN SCALE
Severity of Violence Against Women Scale

0 1 2 3 4
Never once a few times many times very often

HOW OFTEN HAS YOUR PARTNER:
___ hit or kicked a wall, door or furniture
___ thrown, smashed or broken an object
___ driven dangerously with you in the car
___ shaken a finger at you
___ made threatening gestures or faces at you
___ shaken a fist at you
___ acted like a bully toward you
___ destroyed something belonging to you
___ threatened to harm or damage things you care about
___ threatened to destroy property
___ threatened someone you care about
___ threatened to hurt you
___ threatened to kill himself
___ threatened to kill you
___ threatened you with a weapon
___ threatened you with a club-like object
___ acted like he wanted to kill you
___ threatened you with a knife or gun
___ held you down, pinning you in place
___ pushed or shoved you
___ shook or roughly handled you
___ grabbed you suddenly or forcefully
___ scratched you
___ pulled your hair
___ twisted your arm
___ spanked you
___ bit you
___ slapped you with the palm of his hand
___ slapped you with the back of his hand
___ slapped you around your face and head
___ hit you with an object
___ punched you
___ kicked you
___ stomped on you
___ choked you
___ burned you with something
___ used a club-like object on you
___ beat you up
___ used a knife or gun on you
___ demanded sex whether you wanted it or not
___ made you have oral sex against your will
___ made you have sexual intercourse against your will
___ physically forced you to have sex
___ made you have anal sex against your will
___ used an object on you in a sexual way
APPENDIX C

SEVERITY OF VIOLENCE AGAINST MEN SCALE
Severity of Violence Against Men Scale

<table>
<thead>
<tr>
<th>Severity Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never</td>
</tr>
<tr>
<td>1</td>
<td>Once</td>
</tr>
<tr>
<td>2</td>
<td>A few times</td>
</tr>
<tr>
<td>3</td>
<td>Many times</td>
</tr>
<tr>
<td>4</td>
<td>Very often</td>
</tr>
</tbody>
</table>

**HOW OFTEN HAVE YOU:**

- Shaken a finger at him
- Made threatening gestures or faces at him
- Shaken a fist at him
- Acted like a bully toward him
- Grabbed him suddenly or forcefully
- Hit or kicked a wall, door or furniture
- Threatened to harm or damage things he cares about
- Thrown, smashed or broken an object
- Destroyed something belonging to him
- Threatened to destroy property
- Driven dangerously with him in the car
- Thrown an object at him
- Threatened to hurt him
- Threatened someone he cares about
- Threatened to kill yourself
- Acted like you wanted to kill him
- Threatened to kill him
- Threatened him with a club-like object
- Threatened him with a weapon
- Threatened him with a knife or gun
- Held him down, pinning him in place
- Shaken or roughly handled him
- Spanked him
- Twisted his arm
- Pulled his hair
- Scratched him
- Bit him
- Kicked him
- Slapped him with the palm of your hand
- Slapped him with the back or your hand
- Punched him
- Slapped him around his face and head
- Stomped on him
- Choked him
- Hit him with an object
- Beat him up
- Used a club-like object on him
- Burned him with something
- Used a knife or gun on him
- Demanded sex whether he wanted to or not
- Made him have sexual intercourse against his will
- Made him have oral sex against his will
___ physically forced him to have sex
___ made him have anal sex against his will
___ used an object on him in a sexual way
Table 1

Types of Psychologically Abusive Acts

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<thead>
<tr>
<th>Control - Activities</th>
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Means and standard deviations for alcohol use

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Means and standard deviations for violence and psychological abuse

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*positive skew
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Table 6

Correlations between belief in substance abuse problem and men's violence

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*p < .05.
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Predicting frequency of alcohol use by violence

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Predicting quantity of alcohol use by violence

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Table 11
Correlations between impact and frequency of psychological abuse and substance involvement for the moderate violence group

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Table 11 continued

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REFERENCES


