

COURT-REFERRED VS. NON-COURT-REFERRED
MEN WHO ABUSE THEIR WIVES: DIFFERENCES
ON SELF-ESTEEM, LOCUS OF CONTROL,
ALCOHOLISM RISK, LEVELS OF ABUSE,
AND BELIEFS ABOUT WIFE BEATING

By

CHARLA RENAE HALL

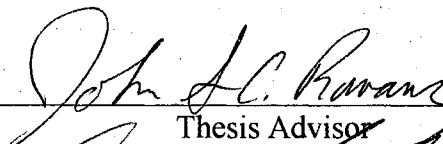
Bachelor of Science
Oklahoma State University
Stillwater, Oklahoma
1986

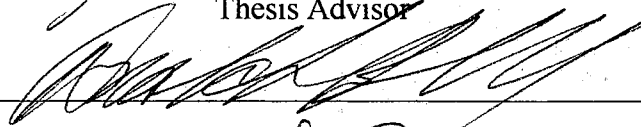
Master of Science
Oklahoma State University
Stillwater, Oklahoma
1988

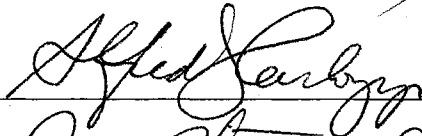
Submitted to the Faculty of the
Graduate College of the
Oklahoma State University
in partial fulfillment of
the requirements for
the Degree of
DOCTOR OF PHILOSOPHY
December, 1998

COURT-REFERRED VS. NON-COURT-REFERRED
MEN WHO ABUSE THEIR WIVES: DIFFERENCES
ON SELF-ESTEEM, LOCUS OF CONTROL,
ALCOHOLISM RISK, LEVELS OF ABUSE,
AND BELIEFS ABOUT WIFE BEATING

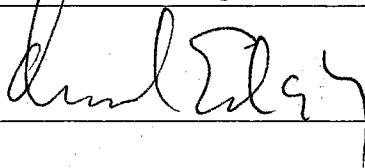
Thesis Approved:


Thesis Advisor











Dean of the Graduate College

ACKNOWLEDGMENTS

Dr. John Romans has been a terrific dissertation director and advisor. His flexibility, encouragement, input, and “don’t sweat the small stuff” attitude have been most helpful. I’d like to thank Dr. Donald Boswell for being willing to meet with me during the summer break when he didn’t really have to and for reminding me that “it’s a process.” Thanks to Dr. Al Carlozzi, Dr. Charles Edgley, and Dr. Carrie Winterowd for offering suggestions to make this document a better piece of work. Thanks also to Dr. Dale Fuqua who was willing to, and even excited about, helping me decipher the output and prepare for the dissertation defense.

I appreciate the domestic violence agency staff who provided a supportive environment for me collect data and were constantly stopping by to ask how it was going, wishing me luck, and smiling their encouragement: Ms. Felicia Collins-Correia, who was willing, from the beginning, to allow me to collect data at the agency where she is the executive director; Dr. Tom Dafforn, whose interest in the topic and willingness to read drafts and provide feedback, was especially helpful; and Ms. Debby Raskin, who could find “lost” information in a matter of minutes and remained patient through the months when I would stop by her office to ask “just one question.”

Thanks to my friends and family who have been so understanding when I’ve been unavailable and for their on-going interest in my “little paper.” I appreciate the editing

comments from Kristi Charles and the hours she spent getting me through the Word Perfect maze. Words of support and enthusiasm from Sandy Locke and Theresa Horton, my friends and classmates, have helped to make it fun. Thanks especially to Tim Boatman, my husband, for so many things: listening every day to updates on my progress, talking to me about what it all means, having faith in my abilities, being proud of my accomplishments, supporting without questioning, representing both of us when I couldn't go, and providing levity (laughter) when I needed it the most.

TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION	1
Definition of Terms	5
Significance of the Study	6
Null Hypotheses	8
Limitations	9
II. REVIEW OF THE LITERATURE	11
Prevalence of Violence	11
Theories of Violence	13
Types of Batterers	16
Characteristics of Batterers	19
Court-referred vs. Non-court-referred	20
The Relationship of Self-Esteem and Abusiveness	22
The Relationship of Locus of Control and Abusiveness	23
The Relationship of Alcoholism Risk and Partner Abusiveness	25
The Relationship of Beliefs About Wife Beating and Abusiveness	28
Summary	29
III. METHOD	33
Instrumentation	33
Index of Self-Esteem (ISE)	34
Adult Nowicki-Strickland Locus of Control Scale (ANSIE)	35
MacAndrew Alcoholism Scale (MAC)	36
Center for Social Research Abuse Index (CSR)	37
Inventory of Beliefs About Wife Beating (IBWB)	38
Procedure	39
IV. RESULTS	42
Introduction	42
Research Question One	48
Research Question Two	52

V. DISCUSSION, RECOMMENDATIONS, AND CONCLUSIONS	54
Summary and Discussion	54
Practical Implications	61
Limitations	63
Recommendations for Further Research	65
Conclusions	65
REFERENCES	67
APPENDIXES	74
APPENDIX A--DEMOGRAPHIC INFORMATION.....	75
APPENDIX B--INSTITUTIONAL REVIEW BOARD FORM.....	77

LIST OF TABLES

Table	Page
1. Demographic Characteristics of Subjects	45
2. Means and Standard Deviations for Variables	47
3. Correlation Matrix	49
4. Univariate F Scores	50
5. Significance of Discriminant Function	51
6. Structure Matrix	52
7. Classification Results	53

Chapter I

Introduction

Domestic violence is not a new issue in American society. However, the topic has received more attention in recent years. At one time it was considered a personal issue which those outside the family chose to ignore. The media has helped to bring the issue into the open. Increased research has also been a factor in expanding awareness of the issue of domestic violence.

The 1985 National Family Violence Resurvey (Straus & Gelles, 1990) is arguably the most comprehensive study of family violence in America. Reports indicate at least one out of six (16%) American couples in the survey experienced at least one incident of physical assault during 1985. This translates to estimates of 8.7 million couples in the United States experiencing at least one assault during the year, with about 1.8 million women being severely assaulted.

There was a time when domestic violence was not recognized as a criminal assault (Barrera, Palmer, Brown, & Kalaher, 1994). In fact, in 1866 a North Carolina court declared that a husband could legally beat his wife with a stick not larger than his thumb. This was seen as an improvement over previous laws (McCue, 1995). Long before 1866, male authority over women was endorsed:

Through the Roman Catholic church this biblically supported view made its way into European society and law. The idea of a man managing and controlling his family, disciplining both wife and children by right if in his opinion they deserved it, found fertile soil for acceptance. For many centuries, during the Dark and Middle Ages as well as the Renaissance, women were routinely subjugated. The physical punishment that accompanied their accepted inferior status, justified by the so-called "laws of chastisement," went unquestioned, though today we would consider it abuse. Such violence was simply taken for granted as part of the divinely ordained order of things. (Stacey & Shupe, 1983, p.11)

Great strides have been made since that time in United States and world history. Increased legislation and advocacy have reduced the prevalence of domestic violence (McCue, 1995). In the United States, the past two decades have seen a growth in public awareness, sanctions, and treatment opportunities. To further understand the issue of domestic violence, the American Psychological Association's (APA) Committee on Women in Psychology established APA's first task force on Male Violence Against Women in 1991 (Koss et al., 1994).

In order to fully grasp the issue of domestic violence, it is important to not only examine the victim or survivor's experience but to also explore the role of the perpetrator. Abusers are often lumped into one group, labeled "batterers", when in fact there may actually be differences among batterers (Holtzworth-Munroe & Stuart, 1994). For instance, some research suggests differences between court-referred and non-court-

referred batterers (Barrera, Palmer, Brown, & Kalaher, 1994; Dutton, 1986; Dutton & Starzomski, 1994). Barrera, Palmer, Brown, and Kalaher (1994) found that non-court-involved men who abused their wives had more years of education, were more likely to be employed full-time, earned more money, had more social support, and reported more interpersonal problems than court-involved men who abused their wives. On the other hand, court-involved men who abused their wives were more likely to be separated, were more likely to report drinking during the most recent assault, and had higher denial and social introversion scores than non-court-involved men who abused their wives. The authors suggest that there is a need for further study of men who seek help on their own or through the social system and also to understand their motivations for seeking assistance. They also call for further study regarding the need for court-involved men to accept responsibility for their behavior.

Dutton and Starzomski (1994) compared court-referred and self-referred men and found that self-referred men scored significantly higher on marital conflict, anger, depression, trauma symptoms associated with childhood sexual abuse, and frequency of use of verbal abuse. The authors suggest that treatment for self-referred men who present for wife assault treatment should focus on techniques that focus on trauma symptoms as well as the more general cognitive-behavioral anger management programs that are often used in court-mandated treatment. Further research on the differences between court-mandated and self-referred abusers is recommended. In addition to previously stated findings, Dutton (1986) found that self-referred men who were abusive were more likely to attribute the cause of violence to themselves (internal locus of control), while court-

referred men who were abusive were more likely to attribute the cause of violence to outside sources (external locus of control), such as the victim or situational circumstances.

If perpetrators of violence can be understood and treated appropriately, future abuse can possibly be prevented. In its current state, treatment of male batterers might not only be ineffective, but also dangerous and potentially fatal to the battered woman (Bograd, 1992). This suggests that study of the treatment of batterers is a very important issue because serious injury and death could potentially be prevented with the appropriate treatment of batterers.

Violence in the home is perpetrated by both men and women (Cordova, Jacobson, Gottman, Rushe, & Cox, 1993 ; Jacobson, Gottman, Waltz, Rushe, Babcock, & Holtzworth-Munroe, 1994; Straus & Gelles, 1990). As might be expected, the form, severity, and consequences of the violence differ between the sexes. Physical violence by women is typically used in self-defense and is viewed by men as inconsequential. Women are less likely to physically harm their partners when they become violent. Conversely, when women are the victims, they are more likely than male victims to receive a variety of injuries: facial, head, neck, breast and abdomen. Additionally, chronic headaches, abdominal pains, sexual dysfunction, joint and muscle pain, sleeping and eating disorders, and recurrent vaginal infections are not uncommon (Goodman, Koss, & Russo, 1993; Papalia & Leonard, 1996; Straus, 1980). As one might expect, women who sustain severe assaults are much more likely to need medical care (Straus & Gelles, 1990).

Although women are often the recipients of violence perpetrated by men, children who view the violence are also affected (Randolph & Conkle, 1993). Women who have been abused often experience fear, anxiety, fatigue, sleeping and eating disturbances, intense startle reaction, nightmares, physical complaints, feelings of hopelessness, vulnerability, loss, and betrayal. To compound the problem, these women are often seen in hospital settings but go unrecognized as being a victim of physical abuse (Goodman, Koss, & Russo, 1993). In addition, children who have witnessed abuse in their homes are affected. They learn that the world is not a safe place, violence is an appropriate means of resolving conflict, the world is hostile and unpredictable, and if mom/dad does that then I should too (Groves, Zuckerman, Marano, & Cohen, 1993). Malamuth, Sockloskie, Koss and Tanaka (1991) also found that child abuse and family violence increased the likelihood of future adult nonsexual aggression. Consequently, it is in our best interest to pursue this area of study in order to further understand the perpetrator's role in domestic violence and hopefully guide our interventions.

Definition of Terms

Throughout this document, a variety of terms are used when citing the various studies. This inconsistency is the result of researchers utilizing different terms. For example, batterers are also referred to as wife assaulters, wife abusers, and men who are violent toward their wives. It was decided to leave the terms as the authors of the original studies used them. However, for the purposes of this study, the following definitions apply:

Abuse: male violence toward women, which encompasses physical, visual, verbal, or sexual acts that are experienced by a woman as a threat, invasion, or assault and that have the effect of hurting her or degrading her and/or taking away her ability to control contact with another individual (Koss et al., 1994).

Self-esteem: the evaluative component of self-concept, which is how we view ourselves (Hudson, 1982).

Locus of control: “whether or not an individual believes that his own behavior, skills or internal dispositions determine what reinforcements he receives.” (Rotter, Chance, & Phares, 1972, p. 56)

Non-court-referred: encompasses all abusers seen at the domestic violence agency who are not being treated due to a conviction by the court of wife assault, and consequently are not court-referred. These individuals are often encouraged to seek services at the domestic violence agency by family, friends, significant others, or co-workers.

Court-referred: includes all abusers seen at the domestic violence agency as a mandatory consequence due to a conviction by the court of wife assault or as a result of being court-ordered due to recommendations made by the State Department of Human Services.

Significance of the Study

There is continued discussion in the field about characteristics of batterers. No specific profile is evident, but some characteristics are commonly accepted. Kaser-Boyd and Mosten (1993) suggest that abusers are generally egocentric, have a need for control,

have low tolerance for frustration, have a sense of entitlement, and are often deficient in the ability to feel empathy. They often become masterful at distorting reality. Geffner and Rosenbaum (1990) add that batterers often have defective self-concepts, deficits in assertiveness, marital dependency, and high power needs.

Although there are some characteristics of batterers that are prevalent in the literature, limited research has been conducted to differentiate between court-referred and non-court-referred abusers. If there are indeed differences, a rationale for utilizing separate methods of treatment might be developed based on each group's specific characteristics. Dutton and Starzomski (1994) suggest that therapists who work with self-referred men should not only utilize standard cognitive-behavioral approaches but should also focus on issues related to Post Traumatic Stress Disorder (PTSD). They found that self-referred men showed greater trauma symptoms and a personality profile consistent with PTSD. That is, they scored higher on Avoidant, Self-Defeating, and Borderline scales of the Millon Clinical Multiaxial Inventory II (MCMI-II). The self-referred men tended to direct their anger inward. On the other hand, court-referred men directed their anger toward their wives and the court system. Consequently, issues concerning PTSD and the focus of anger might be dealt with differently in therapy for court-referred and self-referred batterers. This study showed no significant differences between court-referred and self-referred wife assaulters on the following demographic variables: age, education, alcohol use, ethnicity, and occupational status.

Barrera, Palmer, Brown and Kalaher (1994) found differences between court-involved and non-court-involved men who abused their wives on several variables. Non-

court-involved abusers had more years of education, were more likely to be full-time employed, earned more income, had more social support, and scored higher on interpersonal problems when compared to court-involved men. Court-involved abusers were more likely to be separated, more often reported drinking during the most recent assault, and showed higher denial and social introversion scores than non-court-involved men who abused their wives.

Additionally, there is a possibility that self-referred and court-referred wife assaulters differ on locus of control in attributing cause to the abuse. Dutton (1986) found that self-referred men were more likely to attribute the cause of violence to themselves (internal locus of control), while court-referred men were more likely to attribute the cause of violence to outside sources (external locus of control), such as the victim or situational circumstances.

Null Hypotheses

The following research questions were explored in this study:

1. Do court-referred and non-court-referred abusers differ significantly on the following variables considered together: self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim?

2. Can self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that

help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim be used to predict whether abusers will fall into the court-referred or non-court-referred group?

The following null hypotheses were formulated from the previously mentioned research questions:

HO1: Court-referred and non-court-referred abusers do not differ significantly on the following variables considered together: self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim

HO2: Self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim do not predict whether abusers will fall into the court-referred or non-court-referred group.

Limitations

1. All of the instruments used were self-report. This may be a problem since denial and minimization are trademarks of abusers, who tend to underreport their aggression (Jouriles & O'Leary, 1985; Lawrence, Heyman, & O'Leary, 1995). No attempt

was made to secure corroborating sources of information for the answers given by participants in this study.

2. Data were collected from male abusers from one domestic violence agency in the Midwest and may not be representative of all abusers.

3. Only male abusers were used in this study. Results are not generalizable to female abusers.

4. No counterbalancing of presentation of the order of assessment materials was possible. Each intake packet had the same format, assessments were given in the same order to each participant.

5. There was no known reliability or validity information on the Center for Social Research Abuse Index (CSR). However, a Cronbach's alpha was conducted utilizing raw data from 100 CSR assessments completed for this study.

6. There was no way to determine if subjects had completed the same or similar instruments at other domestic violence agencies at any time before completing this packet.

7. Court-referred abusers completed the intake packet during their first face-to-face interaction with a therapist at the domestic violence agency, while non-court-referred abusers completed the intake packet during their second face-to-face interaction. This difference in administration could have influenced the results.

8. Another limitation is the possibility that the court-referred and non-court-referred abusers were treated in some qualitatively different manner by the staff of the agency.

Chapter II

Review of the Literature

In this chapter, several areas will be explored. The prevalence of violence in American society will be described along with a brief review of some theories of violence. Theories noted include sociological, family systems, psychodynamic, social learning, and feminist. In addition, various types of batterers will be identified along with characteristics associated with batterers. Furthermore, differences between court-referred and non-court-referred wife abusers will be explored. Finally, the relationships between partner abuse and self-esteem, locus of control, alcoholism risk, and beliefs about wife beating will be examined.

Prevalence of Violence

In one of the most comprehensive studies of family violence, Straus and Gelles (1990) surveyed 6,002 families throughout the United States by telephone. In order to be eligible for inclusion in the study, the household had to include a male and female, 18 years or older who were (1) currently married or (2) currently living as a male-female couple. Households with one 18 year old or older adult were also eligible for inclusion if they were either (3) divorced or separated during the past two years or (4) a single parent living with a child under 18 years of age.

The 1985 National Family Violence Resurvey (Straus & Gelles, 1990) utilized the Conflict Tactics Scale (CTS), which was designed to measure a variety of behaviors used in conflicts between family members during the previous 12 months. Three general modes of conflict resolution are identified: (1) Reasoning- rational discussion, (2) Verbal Aggression- verbal or nonverbal acts that symbolically hurt the other, and (3) Violence- the use of physical aggression. The CTS is one of the most widely used methods of obtaining data about physical violence in families.

Results indicated that one out of six couples surveyed experienced an incident involving at least one physical assault during 1985. One out of eight husbands carried out one or more violent acts in 1985. More than three out of 100 women were severely assaulted. From this data, Straus and Gelles (1990) estimated that 8.7 million couples experienced at least one assault during 1985, and approximately 1.8 million women were severely beaten. They suggested that due to under reporting, rates of violence are possibly as much as double those reported.

In addition, Papalia and Leonard (1996) found that after the first year of marriage women were more likely than their spouses to push, grab or shove (42% of wives; 37% of husbands), slap (29% of wives; 18% of husbands), kick (16% of wives; 3% of husbands), hit with fist (16% of wives; 7.5% of husbands), hit or try to hit with an object (22% of wives; 10% of husbands) and throw something at their spouse (32% of wives; 17% of husbands). However, the recipient of the violence appeared to be impacted differently, according to gender. Women's level of depression and marital dissatisfaction were significantly affected by husbands' verbal aggression and physical violence. In contrast,

husbands' marital satisfaction and depression were not significantly related to wife's verbal aggression and physical violence.

Theories of Violence

While a complete review of theories of violence is beyond the scope of this paper, a brief summary is presented here. Dutton (1995) claims that existing theories of violence against women fail to fully explain the phenomenon because they are inadequate in describing the scope of influences in women's lives. It is increasingly recognized that there are multiple influences, such as cultural norms and expectations, gender roles, psychological factors, and family dynamics, that lead to this violence (Koss et al., 1994; Malamuth, Sockloskie, Koss, & Tanaka, 1991).

Sociological Perspective. Generally, sociologists view domestic violence from a group behavior approach. Society's norms determine the attitudes that prevail. One might assume that if a society approves of the use of violence, domestic violence will be more evident (McCue, 1995). Within the sociological perspective are various theories, which include at a microlevel, resource theory, exchange/control theory, and symbolic interactionism. At a macrolevel, subculture of violence, conflict, patriarchal, ecological, and general systems theory are considered (Bersani & Chen, 1988).

Family Systems Theory. The family systems theory looks at interactions within the family. Each family member has a role with specific expectations and boundaries. If a family member challenges the expectations or goals, another family member has to make a correction. This correction is done through violent behavior in order to establish power

(McCue, 1995). Bograd's (1992) critique of systems theory is that systems formulations either imply that the battered woman is at fault or diffuse responsibility for male violence.

Psychodynamic Theory. This psychological theory identifies domestic violence as a pathological problem with mental illness being present in either the abuser or the abused (McCue, 1995). Abusers could be viewed as having low self-esteem, pathological jealousy, and lack of assertiveness, for example. In addition, abusers might have personality disorders such as borderline, narcissistic, antisocial, dependent, or compulsive. The abused woman may be seen as masochistic, provoking men to abuse in order to fulfill her need to be hurt. The relationship itself might also be viewed as in some way pathological, with both partners receiving rewards.

Social Learning Theory. Social learning theorists explain domestic violence by looking at specific behavior rather than individual pathology. Bandura (1973) views aggressive behavior as learned and believes it is acquired through direct experience (trial and error), by observing the behavior of others (modeling), or in both ways. Actions that are reinforced are maintained, and men who batter learn that it gets them what they want. Some rewards the abuser might receive are feelings of control, cessation of aversive stimulation provided by losing a verbal conflict, and cathartic expression of anger (Dutton, 1995a).

Feminist Perspective. From this perspective, domination of women is seen as a reflection of unequal and oppressive power relations between the sexes, which is prevalent throughout society's social structure as a whole (Walker, 1990). Power is viewed as the underlying issue while realizing that the domination of women by men has

a historical context to consider, such that men have had property rights over their wives so that wife abuse has been an extension of the social permission to control women.

Walker (1990) notes specifically that there has been a historical and legal precedent of male supremacy and suppression of women in marriage and in society. Bograd (1988) states that “feminists seek to understand why men in general use physical force against their partners and what function this serves for a society in a given historical context”(p.13).

A specific approach is Walker's (1979) “cycle of violence”, which describes the cyclical nature of abuse in domestic violence. Although these phases vary in time and intensity for the same couple and between different couples, the cycle itself appears to be present in many abusive relationships. Initially, tension begins to build, the abuser becomes angry, jealous and possessive, and recognizes that his behavior is wrong but feels as though it is out of his control. Battering incidents that are minor, relative to later battering episodes, often occur throughout this tension-building phase. The woman usually tries to calm the batterer using techniques that have worked in the past, such as nurturing, compliance, or staying out of his way. These may work for a period of time.

Nonetheless, this tension building phase culminates in the release of tension through a battering episode which continues until the batterer is exhausted. A lack of control and severe destructiveness are associated with this phase, which typically lasts two to 24 hours. It is impossible to predict what type of violence will occur during this stage.

The final stage is characterized by apologies, promises to change, and attempts to convince others that it will never happen again. There is an unusual and welcomed period of calm. Battered women are most likely to flee from the batterer during this stage. However, the batterer's charm allows the woman to get a glimpse of her original dream of how wonderful love is, and the rewards of being married are realized. Gradually, this final phase shifts once again to phase one, and the cycle continues.

Types of Batterers

There are many suggestions for batterer typologies in the literature. For instance, Shields, McCall and Hanneke (1988) simply differentiated between those batterers who battered within their families and those who were also violent outside their homes. On the other hand, Gottman et al. (1995) described a physiologically based typology of male batterers, which include Type I and Type II. Heart rate reactivity was measured by six physiological dependent measures and was assessed utilizing an eyes-closed baseline to the first five minutes of their marital conflict interaction. The Type I batterer lowered his heart rate below baseline levels during marital conflict, was more verbally aggressive toward his wife and was more violent toward others outside the family when compared to Type II batterers. Type I batterers had more elevated scales reflecting anti-social behavior and sadistic aggression when compared to Type II batterers. Type II batterers, on the other hand, increased their heart rates from baseline measures during marital conflict, were not typically violent outside the marriage, and scored higher on a dependency measure than Type I batterers.

Additionally, Dutton and Golant (1995) identified the Psychopathic Wife Assaulter, the Overcontrolled Wife Assaulter, and the Cyclical/Emotionally Volatile Wife Abuser. The Psychopathic Wife Assaulter has a history of criminal activities and shows a lack of emotional responsiveness that sets them apart from other criminals. They can't empathize with their victim and are frequently violent with people other than their partners. They are often described as being cold, and their internal reactions actually become cool and controlled when they are engaged in heated arguments with their wives.

The Overcontrolled Wife Assaulter usually expresses anger after a buildup of frustration which erupts "in violence after long periods of seething but unexpressed rage" (p. 29). There are two types, active and passive. The active type is often described as meticulous, perfectionistic, and domineering. In contrast, the passive type tends to distance themselves from their significant others and arguments ensue over the attainment of emotional contact. Emotional abuse is prevalent and often takes the form of verbal attacks and the denial of emotional resources.

The Cyclical/Emotionally Volatile Wife Abuser is often described as having two personalities. With his friends he is a nice guy, while at home he is moody, jealous, and unpredictable. He has a need to shame and humiliate, and the abuse can often be predicted because of its cyclical nature.

Similarly, Gondolf (1988) conducted a cluster analysis of batterer abuse and antisocial variables drawn from intake interviews with 525 battered women in shelter settings. Three clusters were identified: (1) Type I-The Sociopathic Batterer, (2) Type II-The Antisocial Batterer, and (3) Type III-The Typical Batterer. The Type I batterer is

extremely abusive toward his wife and children and is likely to have been sexually abusive. The abuse is extremely diverse and unpredictable, and the abuser is likely to have been arrested for various activities. The Type II batterer is also extremely abusive, is likely to have been generally violent, but is less likely than the Type I batterer to have been arrested. The Type III batterer has committed less severe verbal and physical abuse, is less likely than either Type I or Type II batterers to have used a weapon during the abuse, and is more likely to be apologetic after abusive incidents. He is also less likely to be abusive outside of the family.

Finally, Holtzworth-Munroe and Stuart (1994) reviewed the literature on types of batterers and identified three types of batterers, based on past typologies. They were: (1) The family only batterer. These batterers are expected to engage in less severe marital violence and to be least likely to engage in psychological and sexual abuse. They evidence little psychopathology. Approximately 50% of all batterers would be expected to fall in this category. (2) The dysphoric/borderline batterer engages in moderate to severe wife abuse which may include psychological and sexual abuse. The violence is primarily contained in the family but occasionally may be seen outside the family. These men are the most distressed and emotionally volatile. Approximately 25% of all batterers would be expected to make up this group. (3) The generally violent/antisocial batterers also engage in moderate to severe wife abuse, including psychological and sexual abuse. They engage in violence outside the family and have extensive histories of related criminal behavior. They are likely to experience problems with substance abuse and are

most likely to have antisocial personality disorder or psychopathy. Another 25% of batterers make up this group.

Characteristics of Batterers

While no specific profile has emerged, certain characteristics seem to be associated with abusers. Kaser-Boyd and Mosten (1993) offer the following personality traits specific to the batterer: need for control, egocentric, low tolerance for frustration, sense of entitlement, and deficient in the ability to feel empathy. They often see the world as a hostile place and become masterful at distorting reality to match this world view. Jacobson et al. (1994) also suggest that battering husbands are angrier than distressed but nonviolent counterparts.

Geffner and Rosenbaum (1990) offer additional suggestions. Batterers have often been exposed to violence in the family of origin, have defective self-concepts, deficits in assertiveness, marital dependency, and high power needs. Related to this, Babcock, Waltz, Jacobson, and Gottman (1993) found that husbands who had less power in the marital relationship were more likely to be physically abusive toward their wives.

Hastings and Hamberger (1994) compared scores on the Millon Clinical Multiaxial Inventory of batterers and nonbatterers. Subjects were divided into three groups (1) Identified Batterers- 99 men who were seeking treatment for spouse abuse, (2) Covert Batterers- 32 community-recruited men identified as batterers but not seeking treatment, and (3) Nonviolent- 71 nonviolent men recruited from family clinics or church-sponsored marital enrichment seminars. Each group was then classified according to "good" and "poor" premorbid histories. "Good" was defined as at least high school

education, employed, no alcohol abuse, and no witnessed or experienced abuse. A “poor” premorbid history indicated that the individual did not qualify for “good” status.

Those Identified Batterers with “good” backgrounds had higher scores than the Nonviolent men on Millon Aggressive, Negativism, Hypomanic, Alcohol, and Drugs scales. Identified Batterers also scored higher than Covert Batterers on Negativism, Borderline, Anxiety, Hysteria, Depression, Alcohol, and Drug scales. Subjects in the “poor” Identified Batterers and Covert Batterers groups had higher scores on the Millon Aggressive and Negativism scales and lower scores on the Submissive and Conforming scales than did the Nonviolent group.

Court-referred vs. Non-court-referred

There have been few studies which identify differences between court-referred men and non-court-referred men who abuse their wives. Barrera, Palmer, Brown, and Kalaher (1994) compared 86 court involved men with 42 non-court-involved men who abused their wives and participated in a treatment program. Those men who were not court-involved had more years of education, were more likely to be a full-time employee, earned more money, had more social support and scored higher on interpersonal problems. Those men who were court involved were more likely to be separated, more often reported drinking during the most recent assault, and showed higher denial and social introversion scores. The two groups of men reported similar childhoods and were significantly above the norm on the Basic Personality Inventory in the areas of depression, anxiety, feelings of alienation, hypochondriasis, and impulse expression.

In contrast, Dutton and Starzomski (1994) found no significant differences between court-referred and self-referred wife assaulters on the following demographic characteristics: age, education, alcohol use, ethnicity, and occupational status. Thirty-eight court-referred and 40 self-referred males were interviewed at two family violence programs in Canada. Both groups displayed high degrees of psychopathology and had similar personality profiles. The most frequent disorders were Aggressive/Sadistic, Antisocial, Passive Aggressive, and Borderline. Self-referred men scored significantly higher on borderline personality organization, marital conflict, anger, depression, trauma symptoms associated with childhood sexual abuse (dissociation, anxiety, depression, and sleep disturbance), and frequency of use of verbal abuse.

In another investigation, Dutton (1986) studied 25 men who were self-referred and 50 men who were court-referred to a treatment program for wife assaulters. No significant differences were found between self-referred and court-referred groups of male abusers on frequency and severity of wife assault, as measured by scores on the Conflict Tactics Scale (CTS). However, differences were noted regarding locus of control. Self-referred men were more likely than court-referred men to attribute the assault to themselves, thus espousing an internal locus of control. Conversely, court-referred men were more likely to attribute the assault to outside factors, such as circumstances or the victim. Court-referred men were found to function more from an external locus of control.

The Relationship of Self-Esteem and Abusiveness

Walker (1979) listed low self-esteem as one of many traits typical of the abuser. Batterers have been found to have low self-esteem in several studies. Brymer, Van Hasselt, Sellers, and Hersen (1996) studied 110 batterers from various referral sources to determine the role of perceived social support in psychological adjustment of male batterers. They used the 4-Alternative Interpersonal Support Evaluation (4-ISEL), which has four subscales: (1) tangible- material support, (2) appraisal- confidants with whom to discuss problems, (3) self-esteem- positive comparisons, and (4) belonging- individuals to participate with in activities. In addition, the following instruments were used: Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), Beck Hopelessness Scale (BHS), Novaco Anger Inventory (NAI), Social Problem-Solving Inventory-Revised (SPSI-R), Spousal Specific Assertion/Aggression Scale (SSAAS), and Marlow-Crowne Social Desirability Scale (M-C SDS).

Pearson Product Correlation Coefficients were computed on the 4-ISEL total and subscale scores with each of the other measures used. Results indicated that low levels of self-esteem were associated with high levels of anxiety, depression, hopelessness, anger, and aggression. Additionally, positive and rational problem-solving skills were used by male batterers who perceived higher levels of social support (including appraisal, belonging, tangible and self-esteem subscales), suggesting that they are less likely to utilize an impulsive/careless style or an avoidant style. The authors suggest there may be value in addressing social support issues in batterer treatment programs. For instance, utilizing a group approach to decrease batterers' feelings of isolation, while also

increasing social support outside of treatment to increase male batterers' perceptions of day-to-day support.

Russell, Lipov, Phillips and White (1989) conducted a study with 42 couples reporting marital distress. Thirty-two couples reported experiencing at least one episode of physical assault in the recent past, and ten couples reported no such violence. Each individual was given the Hudson Index of Self-Esteem (ISE) along with five other scales relevant to the study. Self-esteem scores did not differ significantly between the two groups. However, scores for both groups were at the clinical cut off, suggesting that both groups suffered from clinically significant low self-esteem.

In contrast, Cadsky and Crawford (1988) studied 172 consecutive referrals to a wife assaulters treatment program. The group was divided into the wife only assaulter group (n=106) and the mixed assaulter group (n=66), members of which had physically assaulted other men or women in addition to their wives in the past year. The Tennessee Self-Concept Scale was used to reflect the view the individual had of himself in various areas of life. The wife only assaulter group scored within normal ranges on each of the subscales, indicating no problems with self-concept. On the other hand, the mixed assaulters did suffer from low self-concept.

The Relationship of Locus of Control and Abusiveness

Henderson and Hewstone (1984) interviewed 45 male prisoners with a current offense of murder, attempted murder, manslaughter, wounding, grievous bodily harm, or assault. Each inmate was asked about victim, situation, precipitating events, details of incident, attitude and emotion, and explanation concerning incidences of violence.

Responses were then coded for locus of attribution (victim, self, or situation) and excuses versus justifications given.

Results indicated that offenders' explanations for violent behavior were more external (victim or situational) than internal. Related to this, there was more victim attribution when the victim was more well known to the perpetrator. Explanations for violent incidences were more likely to be justifications than excuses, suggesting that the inmates largely accepted personal responsibility for their behavior but justified it.

Felson and Ribner (1981) also found that convicted offenders of violent crimes were more likely to account for homicides and assaults in terms of justifications (reasons) than in terms of excuses (causes). They also found that excuses were much more likely to be used when the victim was female, possibly because harming a female is more difficult to justify.

Additionally, Shields and Hanneke (1983) conducted in-depth interviews with 85 violent husbands who had been referred for the study by various individuals and agencies. They found that wife assaulters tended to externalize the cause of their assault rather than attributing their violence to internal sources.

More specifically, Dutton (1986) found that there were locus of control differences between court-referred and self-referred wife assaulters. Self-referred men were more likely to attribute the cause of their violence to themselves (internal locus of control). Court-referred men were more likely to attribute the cause of their violence to an outside factor (external locus of control).

The Relationship of Alcoholism Risk and Partner Abusiveness

The research on substance abuse and its relationship to partner abusiveness is mixed. According to Geffner and Rosenbaum (1990), alcohol is not necessary or sufficient for marital aggression to occur. However, it is often given by batterers as an excuse or explanation for their behavior and may in fact serve a disinhibitory function. Alcohol may also anesthetize feelings of distress about the marriage (O'Farrell & Birchler, 1987; Russell, Lipov, Phillips, & White, 1989). Kantor and Straus (1986) report that many abusers are alcoholic and many problem drinkers abuse their wives and girlfriends.

Roberts (1988) utilized intake forms completed by female victims of 234 abusive men to ascertain information about the batterers use/abuse of substances. Sixty percent of the battered women reported that their abuser was under the influence of alcohol at the time of the violent episode that resulted in the woman filing charges. Approximately 20 percent of the batterers abused both alcohol and drugs. There was a disproportionately high incidence of drug abuse among the batterers who were responsible for the more serious beatings.

Wife abuse and alcohol use of the batterer often go hand in hand, whether or not the alcohol use causes the wife abuse (Dutton, 1995; Heyman, O'Leary, & Jouriles, 1995; Walker, 1979). Several studies indicate that abusive husbands have higher rates of alcoholism and alcohol related problems than do nonabusing husbands.

O'Farrell and Birchler (1987) compared 26 couples with alcoholic husbands, 26 maritally conflicted couples and 26 nonconflicted couples without alcohol problems.

Both alcoholics and maritally conflicted couples had greater struggles for control than did nonconflicted couples. Alcoholic husbands reported greater relationship satisfaction, fewer desires for change in their partners, and less awareness of partner-desired changes than their wives did. These differing perceptions were not found in maritally conflicted and nonconflicted couples.

In a study of 42 maritally distressed couples, 32 of the couples reported experiencing at least one episode of physical assault in the recent past while the other 10 couples did not. Alcohol was reported as a problem by 42% of the violent males and by none of the non-violent men. It is interesting to note that initial screenings were completed and referrals were made for those with alcohol problems which were appropriate for treatment. Thus, these individuals were not included in the study, suggesting that there may be a specific association between alcohol consumption and violence (Russell, Lipov, Phillips, & White, 1989).

Heyman, O'Leary, and Jouriles (1995) conducted a longitudinal study of marriage with 272 voluntary couples, beginning approximately one month before marriage and ending 30 months after marriage. Each individual completed the Marital Adjustment Test (MAT), Michigan Alcohol Screening Test (MAST), Quantity-Frequency-Variability Index (QFV), Marital Status Inventory (MSI), Conflict Tactics Scale (CTS), and Personality Research Form-E (PRF).

Results indicated that the husbands' problem drinking was significantly, but moderately related to serious husband-to-wife aggression in young married couples. However, this was only true at premarriage and at six months after marriage. At 18

months problem drinking was not related to aggression, although total consumption of alcohol was. At 30 months, problem drinking, total consumption of alcohol, and aggressive personality traits were not related to serious husband-to-wife aggression. It is suggested that the relationship between alcohol and aggression weakens across time in newly married couples.

For premaritally aggressive men, problem-drinking status at premarriage significantly predicted the continuance of serious husband-to-wife aggression. It is important to note that the majority of seriously aggressive men at premarriage continued to be aggressive against their partners, regardless of problem-drinking status.

Kantor and Straus (1987) used interview data from a nationally representative sample of 5,159 families to explore the relationship between alcohol consumption, occupational status, approval of violence, and wife abuse. The following assessments were used: Drinking Index, Drinking at Time of Violence Measure, Conflict Tactics Scale, and Occupational Status System. The question, "Are there situations that you can imagine in which you would approve of a husband slapping his wife?" was also asked.

Strong evidence was found of a linear association between drinking and wife abuse. However, a substantial amount of wife abuse by non-drinkers and moderate drinkers was also evident. Approximately 7% of abstainers, 11-14% of moderate drinkers, and 19% of binge drinkers were violent toward their wives. It is important to note that alcohol was not used immediately prior to the conflict in 76 percent of cases. Thus, 24 percent of couples stated that one or both partners were drinking at the time of the violence.

Blue-collar men were more tolerant of wife abuse than white-collar men. Blue-collar men were also more likely to abuse their wives. The combination of blue-collar status, drinking, and approval of violence is associated with the highest likelihood of wife abuse.

In contrast, Cadsky and Crawford (1988) only looked at wife only assaulters (n=106) along with wife and other assaulters (n=66). They found significant differences between the two groups on alcohol abuse. More than half of the mixed assaulters fulfilled criteria for DSM-III diagnosis of alcohol abuse, while one-third of the wife only assaulters met criteria.

The Relationship of Beliefs About Wife Beating and Abusiveness

In general, non-violent men are more likely than violent husbands to have negative attitudes toward violence and are less likely to endorse the use of marital violence (Saunders, Lynch, Grayson, & Linz, 1987). Saunders (1992) studied 165 men who were being assessed for admission to a treatment program for men who batter. Results indicated that family-only batterers, typically violent only with family members, had the most liberal attitudes toward women; generally violent men had the most rigid/conservative attitudes; and emotionally volatile batterers had relatively conservative sex role attitudes. Additionally, Shields, McCall, and Hanneke (1988) reported that generally violent men had positive attitudes toward violence and believed that it was justified; family only batterers were the least likely to have positive attitudes toward violence or believe that it is justified. Cadsky and Crawford (1988) found that generally violent abusers were more likely than family-only abusers to identify an array of

times/places and circumstances in which they believed violence against a partner was acceptable.

Kristiansen and Giuletti (1990) used the Attitudes Toward Women Scale (AWS) and a measure of their belief in a just world (BJW) to gauge 157 university students' perceptions and attributions regarding the perpetrator and victim of an instance of wife abuse. Results indicated that "men's perceptions and attributions regarding wife abuse appear to be a function of their attitudes toward women and their need to maintain cognitive balance" (p. 187).

Finn (1986) studied 300 college undergraduates and found that male students were more traditional than females in their sex role attitudes. They were also more likely to approve of physical force as being legitimate or necessary in intimate relationships.

Eisikovits, Edleson, Guttman and Sela-Amit (1991) used a sample of 60 violent men matched with 60 nonviolent men in Israel. Physical violence was defined as "the use of force by the man toward his woman partner one or more times during the past 12 months" (p. 73). Abusive men showed significantly more negative attitudes toward battered women and lower levels of rational cognitions than did nonabusive men. The authors suggest that attitudes toward woman abuse along with cognitive factors play a role in woman abuse and should be a primary focus of treatment.

Summary

Violence between partners in American families seems to be present in at least one out of eight families. Currently, there is no single theoretical approach to explain the phenomena of domestic violence. However, it is increasingly acknowledged that there are

multiple influences which could include cultural norms and expectations, gender roles, psychological factors, and family dynamics.

There are also varying theories about typologies of batterers. Shields, McCall, and Hanneke (1988) differentiated between those who battered only within their own families and those who battered both within and outside their own families. In contrast, Gottman et al. (1995) identified two types of batterers based on physiological responses to marital conflict. Type I batterers had heart rates below baseline levels during marital conflict, while Type II batterers had heart rates above baseline levels during marital conflict.

Additionally, Dutton and Golant (1995) identified the Psychopathic Wife Assaulter, the Overcontrolled Wife Assaulter, and the Cyclical/Emotionally Volatile Wife Abuser. Similarly, Holtzworth-Munroe and Stuart (1994) reviewed the literature and identified three types of batterers: (1) family only, (2) dysphoric/borderline, and (3) generally violent/antisocial.

Certain characteristics seem to be associated with batterers, even though no specific profile has emerged. Batterers are often egocentric, in need of control, frustrated easily, deficient in the ability to feel empathy, maritally dependent, exposed to violence in the family of origin, and defective in their views of self.

Although there have been few studies comparing court-referred and self-referred batterers, findings suggest that there are differences between the two. Barrera, Palmer, Brown, and Kalaher (1994) reported that court-referred batterers more often reported drinking during the most recent assault, fewer years of education, earning less money, having fewer social supports and fewer interpersonal problems than self-referred

batterers. In contrast, Dutton and Starzomski (1994) found no significant differences between court-referred and self-referred wife assaulters on age, education, alcohol use, ethnicity, and occupational status.

Low levels of self-esteem have been associated with high levels of anxiety, depression, hopelessness, anger, and aggression. However, low self-esteem was evident in both maritally discordant couples with no violence along with maritally discordant couples with violence.

A specific locus of control does not seem evident for batterers. However, court-referred batterers have been shown to attribute the cause of their violence to an outside factor while self-referred batterers attribute the cause of their violence to themselves.

In addition, alcohol use is present in a large number of violent incidences. Alcohol use of the batterer and wife abuse often go hand in hand but it is unclear whether or not the alcohol use causes the wife abuse. Abusive men have also shown more negative attitudes toward battered women and more positive attitudes toward violence than non-abusive men.

The limited research addressing differences between court-referred and self-referred batterers has led to the following research questions:

1. Do court-referred and non-court-referred abusers differ significantly on the following variables considered together: self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that help should be given to victims, belief that the offender should be

punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim?

2. Can self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim be used to predict whether abusers will fall into the court-referred or non-court-referred group?

Chapter III

Method

Participants

In this study, participants were drawn from a domestic violence agency located in a city in the Midwest with a population of approximately 370,000. Information was taken from files of abusers (men only) who completed the intake process. However, data were not collected from abusers who were re-admitted to the program and had previously completed the assessment packet. In order to describe the sample consistent with previous research, the following demographics were drawn from agency files and transferred to the demographics sheet shown in the Appendix: age, race, income, and level of education.

Instrumentation

All men who participate in the intake at the domestic violence agency are required to complete an intake packet, which includes several assessment instruments. From the intake packet, the following assessments were used: Index of Self-Esteem (ISE), Adult Nowicki-Strickland Locus of Control Scale (ANSIE), MacAndrews Alcoholism Scale, Center for Social Research Abuse Index (CSR), and Inventory of Beliefs About Wife Beating (IBWB). These assessments were completed between June 1995 and April 1997.

Index of Self-Esteem (ISE)

The Index of Self-Esteem (ISE) is a 25-item scale designed to measure the “degree, severity, or magnitude of a problem the client has with self-esteem” (Hudson, 1982, p. 3). Higher scores on the ISE are indicative of lower self-esteem. Possible scores range from 0-100, with scores above 30 usually indicating clinically significant problems in the area of self-esteem.

Abell, Jones, and Hudson (1982) conducted a validation study of the ISE requesting experienced clinicians to separate their caseloads into three groups: (1) clients whom the clinicians were sure had no clinically significant problems with self-esteem, (2) clients whom clinicians were sure had clinically significant problems with self-esteem, and (3) clients whom clinicians were unsure about the presence or absence of self-esteem. Only the first two groups were used in the study. The clients are referred to as the clinical validation (CV) sample (N=85). Pooled samples (N=1161) from past studies are referred to as the combined standardization (CS) sample.

All clients in the CV sample were given a research questionnaire consisting of a background information sheet, the Psychosocial Screening Package, the ISE, the Generalized Contentment Scale (GCS), the Index of Marital Satisfaction (IMS), the Index of Sexual Satisfaction (ISS), and the Michigan Alcoholism Screening Test (MAST).

Reliability of the ISE was estimated by using Cronbach’s Alpha coefficient as a measure of internal consistency. For the CS sample, Alpha = .9347, and for the CV sample, Alpha = .9515. Test-retest reliability was reported by Hudson (1982) as $r=.92$.

Discriminant validity was tested by using the ISE, along with the other four scales. The mean ISE score for clients described as having a clinically significant problem with self-esteem was 2.5 times larger than the mean scores for those clients whom clinicians described as being free of a clinically significant problem with self-esteem. The difference between the criterion-group means was much smaller for all the other dependent variables with the exception of GCS scores.

Also calculated was the point-biserial correlation between the ISE scores and criterion group status. The correlation was determined to be .78.

Factorial validity suggests that the ISE's items should be correlated much better with its own total score than with other factors. The item-total correlations ranged from $r=.37$ to $r=.79$, which was much higher than correlations with the IMS, ISS, age, gender, or education.

Adult Nowicki-Strickland Locus of Control Scale (ANSIE)

Locus of control was assessed by the Adult Nowicki-Strickland Locus of Control Scale (ANSIE) (Nowicki & Duke, 1973). Questions can be understood by individuals with at least a fifth grade reading capability. It consists of 40 yes-no questions, with a range of scores from 0-40. Higher scores signify a more external locus of control.

Twelve independent studies were utilized by Nowicki and Duke (1973) to gather data from 766 subjects. Measures of internal consistency yield values of .66 to .75. Split-half reliability ranged from .74 to .86, $N=158$, and test-retest reliability over a six-week period of $r=.83$, $N=48$.

Nowicki and Duke (1973) also reported that construct validity was supported in several ways: (a) there were significant positive correlations between the ANSIE and the Rotter, a widely used measure of locus of control ($r=.68$, $df=47$, $p<.01$; $r=.48$, $df=37$, $p<.01$; $r=.44$, $df=33$, $p<.05$); (b) there were significant relations with the Eysenck Neuroticism scale (males, $r=.36$, $df=35$, $p<.05$; females, $r=.32$, $df=46$, $p<.05$); (c) there were significant relations with Taylor Manifest Anxiety scale scores (males, $r=.34$, $df=35$, $p<.10$; females, $r=.40$, $df=46$, $p<.05$); (d) there were significant differences found among hospitalized schizophrenics (mean =16.30), hospitalized nonpsychotics (mean =11.95), and hospital staff workers (mean=9.20); (e) significant but opposite relations for males and females and achievement in three separate studies (females, $r=.63$, $df=38$, $p<.01$; $r=.62$, $df=26$, $p<.05$; $r=.39$, $df=26$, $p<.05$; males $r=-.48$, $df=36$, $p<.01$; $r=-.42$, $df=34$, $p<.05$; $r=-.50$, $df=22$, $p<.01$).

According to Rotter, Chance, and Phares (1972), locus of control is concerned with “the question of whether or not an individual believes that his own behavior, skills or internal dispositions determine what reinforcements he receives” (p. 56). Individuals fall along a continuum, with those with an internal locus of control believing that they have control over their destiny and can determine the occurrence of reinforcement. Conversely, those with an external locus of control believe that outside forces determine their destiny and the occurrence of reinforcement (McIntyre, 1984).

MacAndrew Alcoholism Scale (MAC)

The MacAndrew Alcoholism Scale (MAC) is an alcoholism screening scale available from the Minnesota Multiphasic Personality Inventory. It consists of 49 true-

false statements, and each statement is worth one point. The cut off point was determined to be 24. Thus, with a score of 24 or more an individual is classified as alcoholic.

MacAndrew selected 300 males from an alcoholism treatment clinic and 300 male outpatient psychiatric patients who had no history of "problem drinking". Each of the two groups was divided into a standardization group (N=200) and a cross-validation group (N=100). MacAndrew (1965) reported that 81.75% of standardization sample subjects were correctly classified as alcoholic or non-alcoholic and 81.5% of the cross-validation samples were accurately classified.

Colligan, Osborne, Swenson, and Offord (1984) reported a normal adult reference sample of 1408, ranging in age from 18 to 99 years, for MMPI data which included the MAC scale. Using the recommended cutting score (raw) of 24 or more as indicative of alcoholism, 40% of the men in the normal reference group were identified as alcoholic, and 18% of the women were classified as alcoholic. The authors suggest taking a conservative approach to utilizing the MAC, remembering to use it as a screening tool.

Center for Social Research Abuse Index (CSR)

The CSR Abuse Index is a modified version of a questionnaire used at the Minnesota Domestic Abuse Project. It is a brief screening instrument to estimate severity of abuse exhibited by the client. The CSR consists of 26 questions which are answered using a 4 point Likert-type scale. Scores range from 0-120 with the following divisions: 0-12, not abusive; 13-34, moderately abusive; 35-91, seriously abusive; 92-120, dangerously abusive. No validity or reliability studies were found. As part of this research study, a Cronbach's Alpha was generated from 100 CSR questionnaires which were

randomly selected from the packets utilized in this study. Results are discussed in Chapter IV.

Inventory of Beliefs About Wife Beating (IBWB)

This inventory consists of 31 questions which are answered using a 7-point Likert-type scale (strongly agree=1, agree=2, slightly agree=3, neither agree nor disagree=4, slightly disagree=5, disagree=6, and strongly disagree=7). The Inventory of Beliefs About Wife Beating (IBWB) was designed to measure attitudes and beliefs about wife beating (Saunders, Lynch, Grayson, & Linz, 1987). The agency has modified the IBWB so that replacement words are used: "partner" replaces "wife", "women" replaces "wife", "hit" replaces "beaten", "men" replaces "husbands", and "partner" replaces "husband".

In order to assess reliability and validity, Saunders, Lynch, Grayson, and Linz (1987) collected data from 675 students, 94 residents of a Midwestern city, 71 men who batter, and 70 advocates for battered women. An attempt was made to include samples expected to differ greatly from each other. For example, samples were made up of abusers and advocates for battered women, as well as samples that were not expected to be at the extremes of opinion. The IBWB's five reliable subscales with their corresponding standardized alpha coefficients are as follows: 1) Wife Beating Is Justified (WJ)-.86, 2) Wife Gains From Beatings (WG)-.77, 3) Help Should Be Given (HG)-.67, 4) Offender Should Be Punished (OP)-.61, and 5) Offender Is Responsible (OR)-.62.

Construct validity was assessed in several ways (Saunders, Lynch, Grayson, & Linz, 1987). First, the Hostility Toward Women Scale was correlated with four of five

IBWB scales: WJ ($r=.34$, $p<.001$), WG ($r=.27$, $p<.001$), HG ($r=-.18$, $p<.05$), and OP ($r=-.14$, $p<.05$). Second, statements suggesting a propensity toward violence against significant others were significantly correlated in a positive direction with the attitudes that wife beating is justified and that wives gain something from abuse.

Third, psychoticism, extroversion, and neuroticism were not consistently shown to correlate with IBWB subscales. Two correlations were significant. Extroversion was related to HG ($r=.17$, $p<.10$), and neuroticism was related to OP ($r=.15$, $p<.01$). Finally, male and female students were compared on the subscales and differed significantly ($p<.001$) on all subscales except OR. Women were less likely to view wife beating as justified or to believe that wives gain from beatings. They were more likely to believe that help should be given to the victim and that the offender should be punished.

Saunders, Lynch, Grayson, and Linz (1987) were also interested in establishing "known groups" validity, which would be established by the IBWB differentiating groups who are known or assumed to have opposing attitudes about wife beating. As expected, there were significant differences at the $p<.0001$ level between abusers and advocates for battered women on the subscales of the IBWB. A third group, college students fell between abusers and advocates.

Procedure

The intake packet was completed by court-referred abusers during the initial meeting. Non-court-referred abusers completed the intake packet during the second meeting, which followed a one-hour consultation to determine the appropriateness for services offered by the agency. This initial consultation session was not considered a

therapy session. The intake was conducted by one of several master's level counselors, master's level practicum students, or a staff psychologist. The intake packet consists of demographic information, background information, treatment plan, a nonviolence contract, consent for treatment, consent for follow-up, and the following assessments: Clinician Estimate of Success in the Program and Clinician's Estimate of Social Isolation, Inventory of Beliefs About Wife Beating, Center for Social Research Abuse Index, Adult Nowicki-Strickland Locus of Control Scale, Personal Reaction Inventory, Index of Self-Esteem, It's Best to Know, and MacAndrews Test-Revised. The packet was put together in this same order for each client. The material obtained during intake was then maintained in an individual client file, which was the source of data. All files compiled from June 1995 through April 1997 were used.

A multivariate analysis of variance (MANOVA) was performed to determine if court-referred and non-court-referred abusers differ significantly on the following variables: Index of Self-Esteem (ISE), Adult Nowicki-Strickland Locus of Control (ANSIE), MacAndrews Alcoholism Scale (MAC), Center for Social Research Abuse Index (CSR), along with the six subscales of the Inventory of Beliefs About Wife Beating (IBWB), Wife Beating is Justified (WJ), Wife Gains from Beatings (WG), Help Should Be Given (HG), Offender Should Be Punished (OP), Offender is Responsible (OFFRESP), and Sympathy for Battered Wives (SYMPATHY).

A discriminant analysis was conducted to determine if Index of Self-Esteem (ISE), Adult Nowicki-Strickland Locus of Control (ANSIE), MacAndrew Alcoholism Scale (MAC), Center for Social Research Abuse Index (CSR), along with the six

subscales of the Inventory of Beliefs About Wife Beating (IBWB), Wife Beating is Justified (WJ), Wife Gains from Beatings (WG), Help Should Be Given (HG), Offender Should Be Punished (OP), Offender is Responsible (OFFRESP), and Sympathy for Battered Wives (SYMPATHY) can be used to predict whether abusers will fall into court-referred or non-court-referred groups.

Chapter IV

Results

Introduction

A multivariate analysis of variance, univariate analysis of variance, and discriminant analysis were all performed. The Statistical Package for the Social Sciences for Windows 6.1.4 (1996) program was utilized to analyze the data. Data were collected on 234 subjects. Four packets were excluded from the study due to missing data. Data were not collected from abusers who were re-admitted to the program and had previously completed the assessment packet. Information describing the subjects may be found in Table 1. In addition, means and standard deviations for the ten variables are displayed in Table 2.

There were 183 court-referred participants, mean age 31.94, mean income \$19,109, and mean years of education 12.04. There were 53 non-court-referred participants, mean age 33.57, mean income \$24,891, and mean years of education 13.17. Comparisons between the two groups were made utilizing t-tests. Significant differences between the two groups were found on income ($t=-2.15$, $p=.035$) and education ($t=-2.99$, $p=.004$).

It is evident that the majority of the abusers (68% of court-referred, 64% of non-court-referred) were between 18 and 35 years of age at the time the intake was completed.

There were no Asian batterers in either group and Black men seem to be over-represented in the court-referred group. Also, there were no Hispanic men in the non-court-referred group. Additionally, non-court-referred abusers were more likely to have college educations (42%) than court-referred abusers (28%). Income was lower for court-referred than non-court-referred abusers. Approximately 52% of court-referred abusers earned \$15,000 or less while only 32% of non-court-referred abusers earned \$15,000 or less.

In order to determine internal consistency of the Center for Social Research Abuse Index, a Cronbach's alpha was completed utilizing 100 randomly selected packets. Results indicated an alpha level of .72, which suggests moderate internal consistency and is an appropriate level for research purposes (Nunnally, 1979).

Data analyses were conducted and tested at the .05 level of significance in order to answer the following research questions:

1. Do court-referred and non-court-referred abusers differ significantly on the following variables considered together: self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim?

2. Can self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim be

used to predict whether abusers will fall into the court-referred or non-court-referred group?

The following null hypotheses were formulated from the previously mentioned research questions:

HO1: Court-referred and non-court-referred abusers do not differ significantly on the following variables considered together: self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim.

HO2: Self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim do not predict whether abusers will fall into the court-referred or non-court-referred group.

Table 1

Demographic Characteristics of Subjects (frequencies)

Variable	Court-referred n=181		Non-court-referred n=53	
	Freq.	%	Freq.	%
Age at Intake				
18-25	48	27	8	15
26-35	75	41	26	49
36-45	43	24	16	30
46-55	11	6	2	4
56-65	4	2	0	0
66-75	0	0	1	2
Totals	181	100	53	100
Race				
Asian	0	0	0	0
Black	44	24	2	4
Hispanic	9	5	0	0
Native American	20	11	9	17
White	108	60	42	79
Totals	181	100	53	100

(table continues)

Education				
Less than 12 years	54	30	10	19
High school or GED	76	42	21	40
College	51	28	22	42
Totals	181	100	53	100
Yearly Household Income				
\$0-5000	23	13	1	2
5001-15,000	71	39	16	30
15,001-25,000	39	22	19	36
25,001-50,000	34	19	15	28
50,001 or more	10	6	2	4
unknown	4	2	0	0
Totals	181	100	53	100

Total n=234

Table 2

Means and Standard Deviations for Variables

Variable	Court-Referred		Non-Court-Referred	
	Mean	SD	Mean	SD
Index of Self-Esteem	27.12	16.08	31.89	18.48
Adult Nowicki-Strickland Locus of Control	10.91	5.06	11.28	5.06
MacAndrew Alcoholism Scale	23.39	4.67	24.17	4.99
Center for Social Research Abuse Index	26.17	15.12	34.32	16.64
Help Should Be Given	5.57	1.05	6.01	.84
Offender is Responsible	4.32	1.21	4.77	1.22
Offender Should Be Punished	4.09	1.25	4.04	1.30
Sympathy Should Be Given	3.59	.82	3.50	.71
Wife Gains from Abuse	2.55	1.05	2.18	.78
Wife Beating is Justified	2.01	.84	1.59	.56
Age	31.94	9.27	33.57	8.82
Income	19,109.00	17,148.00	24,891.00	17,216.00
Education	12.04	2.05	13.17	2.50

Research Question One

Do court-referred and non-court-referred abusers differ significantly on the following variables considered together: self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim?

A multivariate analysis of variance (MANOVA) was performed with referral (court-referred vs. non-court-referred) being the independent variable and the dependent variables were as follows: Index of Self-Esteem (ISE), Adult Nowicki-Strickland Locus of Control (ANSIE), MacAndrews Alcoholism Scale (MAC), Center for Social Research Abuse Index (CSR), along with the six subscales of the Inventory of Beliefs About Wife Beating (IBWB), Wife Beating is Justified (WJ), Wife Gains from Beatings (WG), Help Should Be Given (HG), Offender Should Be Punished (OP), Offender is Responsible (OFFRESP), and Sympathy for Battered Wives (SYMPATHY).

In order to more fully understand the results, a correlation matrix of the dependent variables is presented in Table 3. The two groups were compared on all of the dependent variables simultaneously. The overall test demonstrated statistically significant differences between the referral groups (Exact $F = 3.446$, Wilk's Lambda = .865, $p < .0003$).

Table 3

Correlation Matrix

	CSR	ANS	MC	ISE	WJ	WG	OP	HG	OR	SYM
CSR	1.00									
ANS	.24	1.00								
MC	.27	.22	1.00							
ISE	.36	.55	.08	1.00						
WJ	.13	.30	.13	.22	1.00					
WG	.03	.32	.04	.19	.61	1.00				
OP	-.10	-.11	-.03	-.10	-.25	-.24	1.00			
HG	-.06	-.23	-.04	-.18	-.55	-.50	.30	1.00		
OR	-.05	-.13	-.09	-.07	-.33	-.37	.66	.46	1.00	
SYM	-.11	-.05	-.08	-.03	-.19	-.14	-.11	-.56	-.21	1.00

To follow-up the significant MANOVA, univariate F tests were performed on the ten variables individually and are summarized in Table 4. It is noted that statistically significant overall F tests were obtained on the following variables: Center for Social Research Abuse Index ($F= 11.264, p=.001$), with the court-referred group being lower than the non-court-referred group; Help Should Be Given ($F= 7.834, p=.006$), with the court-referred group being lower than the non-court-referred group; Wife Gains from Abuse ($F= 5.402, p=.021$), with the court-referred group being higher than the non-court-referred group; Wife Beating is Justified ($F= 11.656, p=.001$), with the court-referred group being higher than the non-court-referred group; and Offender is Responsible ($F= 5.246, p=.023$), with the court-referred group being lower than the non-court-referred

group. No other univariate analyses were significant. (Refer to Table 2 for actual means and standard deviations.)

Table 4

Univariate F Scores

Variable	F	Significance
Index of Self-Esteem	3.75	.05
Adult Nowicki-Strickland Locus of Control	.26	.61
MacAndrews Alcoholism Scale	1.03	.31
Center for Social Research Abuse Index	11.26	.00*
Wife Beating is Justified	11.66	.00*
Wife Gains from Abuse	5.40	.02*
Help Should be Given	7.83	.01*
Offender Should be Punished	.09	.76
Offender is Responsible for Abuse	5.25	.02*
Sympathy Should Be Given to Victim	.39	.53

* denotes significance at alpha at the .05 level

A discriminant analysis was used to classify subjects into groups on the basis of several measurements (Stevens, 1996). In order to determine the nature of significant differences between the groups, a discriminant analysis was performed using referral (court-referred vs. non-court-referred) as the grouping variable. Discriminating variables were self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim. The discriminant analysis was significant and results are reported in Table 5.

Table 5

Significance of Discriminant Function

Function	Eigenvalue	Canonical Correlation	Wilk's Lambda	Chi-Square	df	Sig.
1	.157	.368	.865	32.591	10	.0003

One function was extracted and is most closely associated with the measurements of Wife Beating is Justified, Center for Social Research Abuse Index, and Help Should Be Given. Additionally, Wives Gain from Abuse, Offender is Responsible, and Index of Self Esteem displayed secondary loadings. Table 6 outlines the structure matrix, which shows the correlations between each dependent variable and the overall canonical function.

Table 6

Structure Matrix

Variables	Function 1
Wife Beating is Justified	-.57
Center for Social Research Abuse Index	.56
Help Should Be Given	.47
Wife Gains from Abuse	-.39
Offender is Responsible	.38
Index of Self-Esteem	.32
MacAndrews Alcoholism Scale	.17
Sympathy Should Be Given	-.11
Adult Nowicki-Strickland Locus of Control	.08
Offender Should Be Punished	-.05

(negative sign represents inverse relationship)

Research Question Two

Can self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim be used to predict whether abusers will fall into the court-referred or non-court-referred group?

As a result of the discriminant analysis, classification results are presented in Table 7. Approximately 72% of the original grouped cases were correctly classified. This

is compared to a random hit rate of 50%. The numbers in Table 7 represent the relationship relative to group membership.

Group centroids allow us to compare the separation between the groups.

Separation is evident between court-referred (-.215) and non-court-referred (.722). Thus, the non-court-referred group is higher on the function established.

Table 7

Classification Results

Referral		Predicted Group Membership		Total
		1	2	
<u>Original</u>				
Count	1	128	50	178
	2	15	38	53
Percentage	1	72	28	100
	2	28	72	100

Chapter V

Discussion, Recommendations, and Conclusions

Summary and Discussion

This study was designed to investigate the relationship between court-referred and non-court-referred abusers. The primary purposes of the study were to (1) investigate the relationship between court-referred and non-court-referred abusers on the following variables considered together: self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim; and (2) investigate whether scores on the following variables can be used to predict whether abusers will fall into the court-referred or non-court-referred group: self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim.

The participants in this study were 234 men who completed an intake session at a domestic violence intervention agency in the Midwest. Information was drawn from existing files that were established between June 1995 and April 1997. The data consisted

of subject scores on the Index of Self Esteem, Adult Nowicki-Strickland Locus of Control Index, MacAndrews Alcoholism Scale, Center for Social Research Abuse Index, and the six scales of the Inventory of Beliefs About Wife Beating (Wife Beating is Justified, Wife Gains from Abuse, Help Should Be Given to Victims, Offender Should Be Punished, Offender is Responsible, and Sympathy Should Be Given to Victims).

The following null hypotheses were formulated and tested at the .05 level of significance. A multivariate analysis of variance (MANOVA) was used to test null hypothesis 1. Univariate analyses of variance were conducted as a follow-up to the significant MANOVA. A discriminant analysis was performed to test null hypothesis 2. HO1: Court-referred and non-court-referred abusers do not differ significantly on the following variables considered together: self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim.

A significant difference was found between court-referred and non-court-referred batterers considering all the variables together. The null hypothesis was rejected.

Specific significant differences were found between court-referred and non-court-referred abusers on the Center for Social Research Abuse Index, the belief that help should be given to victims, the belief that the offender is responsible, and the belief that wife gains from abuse. However, significant differences were not found between court-referred and non-court-referred batterers on the Adult Nowicki-Strickland Locus of

Control Index, Index of Self Esteem, MacAndrew Alcoholism Scale, belief that the offender should be punished, and belief that sympathy should be given to the victim.

HO2: Self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim do not predict whether abusers will fall into the court-referred or non-court-referred group.

The variables can be used to predict group membership of abusers. The null hypothesis was rejected.

In addition to the previously mentioned hypotheses, court-referred and non-court-referred abusers were compared on demographic information. Significant differences were found on years of education and household income. There was no significant difference on age.

It is evident that the majority of the abusers (68% of court-referred, 64% of non-court-referred) were between 18 and 35 years of age at the time the intake was completed. It is interesting to note there were no Asian batterers in either group and Black men seem to be over-represented in the court-referred group. This would seem to follow trends in the court-system, in general. It raises the question of whether or not Black men are more likely to be reported, if they are possibly adjudicated differently once in the court system, and if they are treated differently by the police. Also, there were no Asian or Hispanic men in the non-court-referred group. A partial explanation of this might be that these two

cultures tend to try to handle their own problems without going outside their own cultural group.

Additionally, non-court-referred abusers were more likely to have college educations (42%) than court-referred abusers (28%). Often related to education, income was lower for court-referred than non-court-referred abusers. Approximately 52% of court-referred earned \$15,000 or less, while only 32% of non-court-referred abusers earned \$15,000 or less. According to Grunznski and Carrillo (1988), men who completed treatment had higher education and employment levels than those who did not complete.

Court-referred and non-court-referred abusers are indeed different on some of the variables selected, according to this study. Those variables contributing to the difference were levels of self-reported abuse, help should be given, wife gains from abuse, wife beating is justified, and the offender is responsible.

Conversely, there were no significant differences between court-referred and non-court-referred abusers on self-esteem, locus of control, risk for alcoholism, belief that offender should be punished, or belief that sympathy should be give to victim.

As expected, court-referred abusers scored significantly lower than non-court-referred abusers on the Center for Social Research Abuse Index, which measures self-reported level of abuse. However, both means fell within the moderately abusive range of 13-34 (court-referred mean = 26.17, non-court-referred mean = 34.32). According to the literature, court-referred abusers show higher denial (Barrera, Palmer, Brown, & Kalaher, 1994), which might indicate more likelihood of scoring lower. Also, self-referred men

scored higher on measurements of anger and frequency of use of verbal abuse (Dutton & Starzomski, 1994), suggesting that perhaps their anger is also more often expressed, leading to higher scores on the CSR.

Court-referred abusers also scored significantly lower than the non-court-referred abusers on the "Help Should Be Given" scale of the Inventory of Beliefs About Wife Beating. This scale looks at the belief that social agencies should do more to help battered women, women should be protected by law if their partners hit them, woman battering should be given a high priority as a social problem by government agencies, and it would be best to do something such as calling the police if one hears a woman being attacked by her partner. If one assumes that court-referred abusers are more likely to fall in Saunders' (1992) category of batterers who are generally violent, it makes sense. In Saunders' study, generally violent men had the most conservative and rigid attitudes toward women. A lower score on the "Help Should Be Given" scale would be anticipated for this group. Conversely, if it is assumed that non-court-referred abusers fall within Saunders' category of abusers who are typically violent only with family members, higher scores on "Help Should Be Given" might be expected.

Court-referred abusers scored significantly lower than non-court-referred abusers on the "Offender is Responsible" scale of the Inventory of Beliefs About Wife Beating. It would seem that the non-court-referred abusers believe that the offender is responsible and, thus, seek treatment on their own. The items for this scale state that the man is at fault for woman battering, men who batter should be responsible for the abuse because

they should have foreseen that it would happen and they intended to do it, and the best way to deal with woman battering is to arrest the man.

Court-referred abusers scored significantly higher than the non-court-referred abusers on the "Wife Gains from Abuse" scale of the Inventory of Beliefs About Wife Beating. This scale indicates that court-referred abusers are more likely to report that they believe women try to get hit by their partners in order to get sympathy from others and attention from the abuser. The court-referred abuser is also more likely to believe that women feel pleasure from being hit, women intended for it to happen, are responsible for the abuse and should have foreseen it would happen.

Court-referred abusers scored significantly higher than non-court-referred abusers on the "Wife Beating is Justified" scale of the Inventory of Beliefs About Wife Beating. Results on this scale indicate that court-referred abusers are more likely to believe there are legitimate excuses and justifications for a man to hit his partner, such as: the woman constantly refuses to have sex with her partner, the woman lies to her partner, the woman is sexually unfaithful, the woman's behavior challenges the partner's manhood, the woman breaks agreements with her partner, and the woman reminds her partner of his weak points. Items on this scale specifically state that episodes of a man hitting his partner are the woman's fault, sometimes it is okay for a man to hit his partner, it would do some women some good to be hit by their partners, and occasional violence by a man toward his partner can help maintain the marriage.

In addition, self-esteem, locus of control, risk of alcoholism, self-reported levels of abuse, belief that wife beating is justified, belief that wife gains from abuse, belief that

help should be given to victims, belief that the offender should be punished, belief that the offender is responsible, and the belief that sympathy should be given to the victim were used to correctly classify abusers into court-referred or non-court-referred groups approximately 72% of the time. This compares to a random hit rate of 50%.

There were no significant differences between court-referred and non-court-referred abusers on the Index of Self-Esteem. However, the court-referred group (mean = 27.12) approached the cutoff score of 30 for having problems with self-esteem. The non-court-referred group passed the cutoff with a mean of 31.89. This is consistent with results of a study by Russell, Lipov, Phillips and White (1989), where couples reporting marital distress were at the clinical cut off. Although these results suggest that abusers have low self-esteem, it is unclear if enhancing self-esteem would impact abusiveness. It's possible that increasing self-esteem would just allow for abusers to feel good about who they are and what they are doing.

Contrary to expectations, there were no significant differences between court-referred and non-court-referred abusers on the Adult Nowicki-Strickland Locus of Control Index. Dutton (1986) found significant differences between court-referred and self-referred wife assaulters on locus of control with self-referred men being more likely to operate from an internal locus of control, and court-referred men operated more from an external locus of control. Interestingly, Shields and Hanneke (1983) found wife assaulters, in general, to externalize the cause of their assault. Findings from this study are contrary to this, since both court-referred and non-court-referred abusers scored more in the internal locus of control range.

There were no significant differences between court-referred and non-court-referred abusers on the MacAndrew Alcoholism Scale. However, it is interesting to note that court-referred abusers (mean=23.39) approached the cutoff point of 24 for alcoholism risk. The non-court-referred abusers (mean=24.17) did reach the cutoff point for alcoholism risk. Thus, both groups may have issues around alcohol abuse. This supports previous research which has noted that alcohol use often accompanies domestic violence, even though it is not necessarily a causative factor.

Practical Implications

Gondolf (1995) summarizes strategies for batterer treatment which currently exist. Gender-based, cognitive-behavioral seems to be the most commonly accepted. With this approach, men are confronted with the consequences of their behavior, have their rationalizations and excuses confronted, and are taught alternative behaviors and reactions. Competing modalities include healing men's trauma, redirecting emotions (particularly anger), and addressing couple communications and interactions. There is no decisive empirical evidence distinguishing one particular modality over another.

Findings in this study suggest some significant differences between court-referred and non-court-referred abusers. These results indicate a need to, at least, examine the possibility of different treatment strategies for the two groups. On one hand, the two types of abusers might benefit from separate treatment. The scores on the Center for Social Research Abuse Index, Help Should Be Given scale, Wife Gains from Abuse scale, Wife Beating is Justified scale, and the Offender is Responsible scale would seem to indicate that the court-referred abusers may be denying and minimizing more than the non-court-

referred abusers. This also seems to be generally accepted in the field. Although these issues are probably pertinent to both groups, it seems especially important to focus on minimizing and denial with the court-referred abusers.

On the other hand, providing treatment with the two groups together might also be of benefit. If, in fact, the non-court-referred abusers are minimizing and denying less, they might be able to model for the court-referred abusers and might also be more likely to confront them on their minimizations. Conversely, court-referred abusers might provide motivation for non-court-referred abusers to stay clear of behaviors that would involve them in the court system. Additionally, from a practical standpoint, combining the two groups may be the best way to maximize therapist and agency resources, which are often very limited.

Another approach might be to combine the two groups for part of treatment and separating them for the other part of treatment in order to reap the possible benefits of both approaches. Cognitive-behavioral strategies might be most likely to be utilized with all these approaches. Further research is needed to assess the validity of all of these approaches.

Additionally, a closer scrutiny of the Inventory of Beliefs About Wife Beating could indicate particular problem areas to be explored in group and with group assignment. That is, the therapist would go through individual items on the Inventory of Beliefs About Wife Beating to help identify specific beliefs and thought patterns that might be addressed in group therapy. Group assignment could then be made according to

the identified beliefs. Again, it is unclear if homogeneous or heterogeneous groups, according to referral status, is better.

Although this study adds useful information to the literature, it focuses primarily on psychological factors. It may be that the psychological factors that seem to be different between court-referred and non-court-referred batterers are, in fact, inconsequential. Perhaps those experiences leading up to referral status are more important. For instance, childhood home environment and available role models might be different between the two groups. Or, maybe race or where one lives influences treatment in the court-system, from police personnel, or experiences with counseling staff. Additionally, these individuals may receive different types or levels of pressure from significant others or places of employment. These potential differences might be more influential in determining how one gets to be either a court-referred or non-court-referred abuser than the psychological factors examined.

Domestic violence in our society does not seem to be abating. As more is learned about violence, in general, and perpetrators, in particular, one hopes that enough will be learned to be able to impact the problem. Effective preventive approaches, as well as intervention strategies, will be of primary importance as the fight against violence continues. Social service agencies, court systems, and society at large should all play a role.

Limitations

1. All of the instruments used were self-report. This may be a problem since denial and minimization are trademarks of abusers, who tend to underreport their

aggression (Jouriles & O'Leary, 1985; Lawrence, Heyman, & O'Leary, 1995). No attempt was made to secure corroborating sources of information for the answers given by participants in this study.

2. Data were collected from male abusers from one domestic violence agency in the Midwest and may not be representative of all abusers.

3. Only male abusers were used in this study. Results will not be generalizable to female abusers.

4. No counterbalancing of presentation of the order of assessment materials was possible. Each intake packet had the same format, assessments were given in the same order to each participant.

5. There is no known reliability or validity information on the Center for Social Research Abuse Index (CSR). However, a Cronbach's Alpha was conducted utilizing raw data from 100 randomly selected CSR assessments completed for this study.

6. There was no way to determine if subjects had completed the same or similar instruments at other agencies at any time before completing the packet used for this study.

7. Court-referred abusers completed the intake packet during their first face-to-face interaction with a therapist at the domestic violence agency, while non-court-referred abusers completed the intake packet during their second face-to-face interaction. This difference in administration could have influenced the results.

8. Another limitation is the possibility that the court-referred and non-court-referred abusers were treated in some qualitatively different manner by the staff of the agency.

Recommendations for Further Research

As a result of this study, it is recommended that further exploration take place in several areas. First, there are issues regarding subjects. Since data were collected from only one domestic violence agency, it might be useful to look at abusers from varying geographic locations and different sized towns and agencies. Subjects were all male, necessitating research utilizing the female abuser population. Also regarding subjects, further study with a larger non-court-referred group could be beneficial.

Second, there are issues specific to assessment tools. No effort was made to assess the social desirability of responses on assessment tools. Thus, a social desirability scale might be included in future research. Closely related to this, a similar study utilizing victim corroboration on levels of abuse could lead to more accurate information, especially regarding levels of abuse. Also, other assessment tools looking at different constructs could be used.

Third, recommendations regarding treatment might be especially interesting for practical purposes. Future research might focus on the differences between court-referred and non-court-referred abusers specific to length of treatment participation as well as outcome differences. Other methodology examining pre and post behavior of both groups before and after receiving traditional therapy for batterers might be useful.

Conclusions

This study found that court-referred abusers scored significantly lower on measures of self-reported abuse, the belief that help should be given to victims of abuse, and the belief that the offender is responsible for the abuse. Additionally, court-referred

abusers scored significantly higher than non-court-referred abusers on measures of the belief that the wife gains from abuse and the belief that wife beating is justified.

Furthermore, individuals were appropriately classified into court-referred and non-court-referred groups in approximately 72% of the cases.

Overall, this study seems to add useful information to the growing body of research on men who are abusive. At the very least, it suggests that there seem to be differences between court-referred and non-court-referred abusers that are worth further exploration. These differences could provide a rationale for exploring the possibility of providing different types of treatment for the two groups and conducting follow-up studies to address outcome issues.

It is also worth noting that factors not included in this study might be interesting to explore. These factors include, but are not limited to the following: race, pressure received from significant others or place of employment, treatment in the court system, and relationship with therapist. These factors could be just as important as, or even more important than, the psychological factors examined in this study.

References

Abell, N., Jones, B. L., & Hudson, W.W. (1984). Revalidation of the Index of Self Esteem. Social Work Research Abstracts, 20, 11-16.

Babcock, J. C., Waltz, J., Jacobson, N. S., & Gottman, J. M. (1993). Power and violence: The relation between communication patterns, power discrepancies, and domestic violence. Journal of Consulting and Clinical Psychology, 61, 40-50.

Bandura, A. (1973). Aggression: A social learning analysis. Englewood Cliffs, NJ: Prentice-Hall, Inc.

Barrera, M., Palmer, S., Brown, R., & Kalaher, S. (1994). Characteristics of court-involved men and non-court-involved men who abuse their wives. Journal of Family Violence, 9, 333-345.

Bograd, M. (1992). Values in conflict: Challenges to family therapists' thinking. Journal of Marital and Family Therapy, 18, 245-256.

Brymer, M. J., Van Hasselt, V. B., Sellers, A. H., & Hersen, M. (1996, August). Perceived social support and psychological adjustment in male batterers. Poster session presented at the 104th Annual Convention of the American Psychological Association, Toronto, Canada.

Cadsky, O. & Crawford, M. (1988). Establishing batterer typologies in a clinical sample of men who assault their female partner. Canadian Journal of Community Mental Health, 7, 119-128.

Colligan, R. C., Osborne, D., Swenson, W. M., & Offord, K.P. (1983). The MMPI: A contemporary normative study. New York: Praeger Publishers.

Cordova, J. V., Jacobson, N. S., Gottman, J. M., Rushe, R., & Cox, G. (1993). Negative reciprocity and communication in couples with a violent husband. Journal of Abnormal Psychology, 102, 559-564.

Duke, M. P., & Nowicki, S. (1973). Personality correlates of the Nowicki-Strickland Locus of Control Scale for Adults. Psychological Reports, 33, 267-270.

Dutton, D. G. (1986). Wife assaulter's explanations for assault: The neutralization of self-punishment. Canadian Journal of Behavioural Science, 18, 381-390.

Dutton, D. G. (1995a). The domestic assault of women: Psychological and criminal justice perspectives (2nd ed.), University of British Columbia Press: Vancouver, BC.

Dutton, D. G. (1995b). Male abusiveness in intimate relationships. Clinical Psychology Review, 15, 567-581.

Dutton, D. G., & Golant, S. K. (1995). The batterer: A psychological profile. New York: Harper Collins.

Dutton, D. G., & Starzomski, A. J. (1994). Psychological differences between court-referred and self-referred wife assaulters. Criminal Justice and Behavior, 21, 203-222.

Eisikovits, Z. C., Edleson, J. L., Guttman, E., & Sela-Amit, M. (1991). Cognitive styles and socialized attitudes of men who batter: Where should we intervene? Family Relations, 40, 72-77.

Felson, R. B. & Ribner S. A. (1981). An attributional approach to accounts and sanctions for criminal violence. Social Psychology Quarterly, 44, 137-142.

Finn, J. (1986). The relationship between sex role attitudes and attitudes supporting marital violence. Sex Roles, 235-243.

Geffner, G. & Rosenbaum, A. (1990). Characteristics and treatment of batterers. Behavioral Sciences and the Law, 8, 131-140.

Goldstein, D. & Rosenbaum, M. (1985). An evaluation of the self-esteem of maritally violent men. Family Relations, 34, 425-428.

Gondolf, E. W. (1995, March). Batterer programs: What we know and need to know. Paper presented at the meeting of the Violence Against Women Strategic Planning Meeting, National Institute of Justice, U. S. Department of Justice, Washington, DC.

Goodman, L. A., Koss, M. P., & Russo, N. F. (1993). Violence against women: Physical and mental health effects. Part I: Research findings. Applied and Preventive Psychology, 2, 79-89.

Gottman, J. M., Jacobson, N. S., Rushe, R. H., Shortt, J. W., Babcock, J., La Taillade, J. J., & Waltz, J. (1995). The relationship between heart rate reactivity, emotionally aggressive behavior, and general violence in batterers. Journal of Family Psychology, 9, 227-248.

Groves, B. M., Zuckerman, B., Marano, S., & Cohen, D. J. (1993). Silent victims: Children who witness violence. JAMA, 269, 262-264.

Grunsznski, R. J., & Carillo, T. P. (1988). Who completes batterer's treatment groups? An empirical investigation. Journal of Family Violence, 3, 141-150.

Hastings, J. E., & Hamberger, L. K. (1994). Psychosocial modifiers of psychopathology for domestically violent and nonviolent men. Psychological Reports, 74, 112-114.

Heyman, R. E., O'Leary, K. D., & Jouriles, E. N. (1995). Alcohol and aggressive personality styles: Potentiators of serious physical aggression against wives? Journal of Family Psychology, 9, 44-57.

Holtzworth-Munroe, A. & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. Psychological Bulletin, 116, 476-497.

Hudson, W. W. (1982). The clinical measurement package: A field manual. Dorsey Press, Homewood, IL.

Jacobson, N. S., Gottman, J. M., Waltz, J., Rushe, R., Babcock, J., & Holtzworth-Munroe, A. (1994). Affect, verbal content, and psychophysiology in the arguments of couples with a violent husband. Journal of Consulting and Clinical Psychology, 62, 982-988.

Kantor, G. K. & Straus, M. A. (1987). The "drunken bum" theory of wife beating. Social Problems, 34, 213-227.

Kaser-Boyd, N. & Mosten, F. S. (1993). The violent family: Psychological dynamics and their effect on the lawyer-client relationship. Family and Conciliation Courts Review, 31, 425-436.

Koss, M. P., Goodman, L. A., Browne, A., Fitzgerald, L. F., Keita, G. P., & Russo, N. F. (1994). No safe haven: Male violence against women at home, at work, and in the community. Washington, D.C.: American Psychological Association.

Kristiansen, C. M. & Giulietti, R. (1990). Perceptions of wife abuse: Effects of gender, attitudes toward women, and just-world beliefs among college students. Psychology of Women Quarterly, 14, 177-189.

MacAndrew, C. (1965). The differentiation of male alcoholic outpatients from nonalcoholic psychiatric outpatients by means of the MMPI. Quarterly Journal of Studies on Alcohol, 26, 238-246.

Malamuth, N. M., Sockloskie, R. J., Koss, M. P., & Tanaka, J. S. (1991). Characteristics of aggressors against women: Testing a model using a national sample of college students. Journal of Consulting and Clinical Psychology, 59, 670-681.

McCue, M. L. (1995). Domestic violence. Santa Barbara, CA: ABC-CLIO, Inc.

McIntyre, T. C. (1984). The relationship between locus of control and teacher burnout. British Journal of Educational Psychology, 54, 235-238.

Nowicki, S., & Duke, M. (1973). A locus of control scale for noncollege as well as college adults. Journal of Personality Assessments, 136-137.

Nowicki, S., & Strickland, B. R. (1973). A locus of control scale for adults. Journal of Consulting and Clinical Psychology, 40, 148-154.

- Nunnally, J. C. (1978). Psychometric theory. New York: McGraw-Hill Book Company.
- O'Farrell, T. J. & Birchler, G. R. (1987). Marital relationships of alcoholic, conflicted, and nonconflicted couples. Journal of Marital and Family Therapy, 13, 259-274.
- Papalia, D., & Leonard, K. E. (1996, August). Differential impact of marital violence on wives versus husbands. Poster session presented at the 104th Annual Convention of the American Psychological Association, Toronto, Canada.
- Rosenbaum, A., & O'Leary, K. D. (1981). Marital violence: Characteristics of abusive couples. Journal of Consulting and Clinical Psychology, 49, 63-71.
- Russell, M. N., Lipov, E., Phillips, N., & White, B. (1989). Psychological profiles of violent and nonviolent maritally distressed couples. Psychotherapy, 26, 81-87.
- Saulnier, K. & Perlman, D. (1981). Inmates' attributions: Their antecedents and effects on coping. Criminal Justice and Behavior, 8, 159-172.
- Saunders, D. G. (1992). A typology of men who batter: Three types derived from cluster analysis. American Journal of Orthopsychiatry, 62, 264-275.
- Saunders, D. G., Lynch, A. B., Grayson, M., & Linz, D. (1987). The Inventory of Beliefs about Wife Beating: The construction and initial validation of a measure of beliefs and attitudes. Violence and Victims, 2, 39-57.
- Shields, N. M., & Hanneke, C. R. (1983). Attribution processes in violent relationships: Perceptions of violent husbands and their wives. Journal of Applied Social Psychology, 13, 515-527.

Shields, N. M., McCall, G. J., & Hanneke, C. R. (1988). Patterns of family and nonfamily violence: Violent husbands and violent men. Violence and Victims, 3, 83-97.

Straus, M. A., Gelles, R. J., & Steinmetz, S. (1980). Behind closed doors: Violence in the American family. Garden City, NY: Anchor Press/ Doubleday.

Walker, G. A. (1990). Family violence and the women's movement: The conceptual politics of struggle. Toronto, Canada: University of Toronto Press.

APPENDIXES

APPENDIX A
DEMOGRAPHIC INFORMATION

DEMOGRAPHIC INFORMATION

_____ **Participant Number**

_____ **Age at Intake**

_____ **Race**

_____ **Yearly Income**

_____ **Level of Education Achieved**

APPENDIX B
INSTITUTIONAL REVIEW BOARD FORM

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
HUMAN SUBJECTS REVIEW

Date: 02-12-97

IRB#: ED-97-053

Proposal Title: MEN WHO ABUSE THEIR WIVES: COURT-REFERRED
VS. SELF-REFERRED, SELF-ESTEEM, LOCUS OF CONTROL,
SUBSTANCE ABUSE, BELIEFS ABOUT WIFE BEATING, AND LEVELS
OF ABUSE

Principal Investigator(s): John S.C. Romans, Charla R. Hall

Reviewed and Processed as: Exempt

Approval Status Recommended by Reviewer(s): Approved

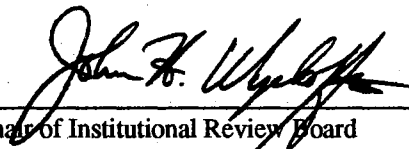
ALL APPROVALS MAY BE SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD
AT NEXT MEETING, AS WELL AS ARE SUBJECT TO MONITORING AT ANY TIME DURING
THE APPROVAL PERIOD.

APPROVAL STATUS PERIOD VALID FOR DATA COLLECTION FOR A ONE CALENDAR YEAR
PERIOD AFTER WHICH A CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE
SUBMITTED FOR BOARD APPROVAL.

ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR
APPROVAL.

Comments, Modifications/Conditions for Approval or Disapproval are as follows:

Signature:



John F. Wylaboff

Date: February 12, 1997

Chair of Institutional Review Board

cc: Charla R. Hall

VITA

Charla R. Hall

Candidate for the Degree of

Doctor of Philosophy

Thesis: COURT-REFERRED VS. NON-COURT-REFERRED MEN WHO ABUSE THEIR WIVES: DIFFERENCES ON SELF-ESTEEM, LOCUS OF CONTROL, ALCOHOLISM RISK, LEVELS OF ABUSE, AND BELIEFS ABOUT WIFE BEATING

Major Field: Applied Behavioral Studies

Biographical:

Personal Data: Born in Miami, Oklahoma, October 22, 1965, the daughter of Odell J. and Emma Carol Hall.

Education: Graduated from Grove High School, Grove, Oklahoma, in May, 1983; received Bachelor of Science degree in Psychology from Oklahoma State University, Stillwater, Oklahoma, in December, 1986; received Master of Science degree in Counseling and Student Personnel, Specialization: Community Counseling from Oklahoma State University in May, 1988; anticipated completion of requirements for Doctor of Philosophy degree at Oklahoma State University in December, 1998.

Professional Experience: Counselor, Domestic Violence Intervention Services, Inc., Tulsa, Oklahoma, May, 1996-August, 1997; Trainer/Consultant, National Resource Center for Youth Services, August, 1994-August, 1997; Program Development Specialist, National Resource Center for Youth Services, October, 1991-August, 1994; Interim Executive Director, Oklahoma Lions Boys Ranch, Perkins, Oklahoma, July, 1991-October, 1991; Program Director, Oklahoma Lions Boys Ranch, Perkins, Oklahoma, December, 1988-October, 1991; Counselor, Grand Lake Mental Health Center, Pryor, Oklahoma, May, 1988-December, 1988.

Practicum Experience: Therapist, Marriage and Family Clinic, Stillwater, Oklahoma, August, 1996-December, 1996; Psychological Assistant, L.E. Rader Diagnostic and Evaluation Center, Sand Springs, Oklahoma, August, 1996-December, 1996; Therapist, Domestic Violence Intervention Services, Inc., Tulsa, Oklahoma, August, 1995-May, 1996; Group Facilitator, Youth Services of Tulsa, Inc., Tulsa, Oklahoma, March, 1995-July, 1995; Therapist, Psychological Services Center, Stillwater, Oklahoma, August, 1994-July, 1995; Counselor, Oklahoma Lions Boys Ranch, Perkins, Oklahoma, August, 1987-May, 1988.

Graduate Assistantships: Co-instructor for Introduction to Counseling Practice, June, 1997-July, 1997; Research Assistant for Adult Attention Deficit Disorder Study, January, 1997-July, 1997; Co-instructor for Internship in Counseling, January, 1997-May, 1997; Student Supervisor for Counseling Practicum, August, 1996-December, 1996; Instructor for Psychology of Adolescence, August, 1995-December, 1995, and August, 1994-May, 1995; Co-Instructor for Internship in Counseling, January, 1995-May, 1995.

Professional Affiliations: American Psychological Association