The Relation of Observation of Parental Violence in Family of Origin, Support Network Variables, Social Support, and Alcohol Abuse in Male Spouse Abusers

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THE RELATION OF OBSERVATION OF PARENTAL VIOLENCE IN FAMILY OF ORIGIN, SUPPORT NETWORK VARIABLES, SOCIAL SUPPORT, AND ALCOHOL ABUSE IN MALE SPOUSE ABUSERS

by

Judith Lynn Johnson

A Dissertation Submitted to the Faculty of the Graduate School of Loyola University of Chicago in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy

February 1989
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For my husband, William G. McCown; my uncle, Frederick P. Brugge; my aunt, Margaret F. Brugge; and my mother, Mary Ellen B. Johnson, without whom this accomplishment would not have been possible.

Thanks also to my dissertation chair, Steven D. Brown.
CURRICULUM VITA

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CHAPTER I

INTRODUCTION

Spouse abuse is a serious problem that has only recently received empirical study. Attesting to this is the fact that the Journal of Marriage and the Family did not publish a single study with the word "violence" in the title until O'Brien's "Violence in Divorce Prone Families" (1971). Although child abuse had been a topic of study, Gelles (1980) noted that "scholarly and even popular literature on wife abuse was virtually nonexistent in the sixties" (p. 873). Research on the abuser has been even more sparse, perhaps because abusing males have rarely presented themselves for treatment or acknowledged the existence of a problem (Steinmetz, 1977; Straus, Gelles, & Steinmetz, 1980; Walker, 1979).

The decade of the 1970's witnessed a vast increase in interest in spouse abuse, culminating in recommendations by The White House Conference on Families (1980) for an examination of the social imperatives influencing the behavior of both the abuser and the abused. The members of this conference recommended the establishment of a Presidential Commission to explore the nature, causes, and
circumstances of violence within the family. Since 1980, the two houses of Congress have had before them a Domestic Violence Prevention and Services Act. To date, it has not been passed.

Published longitudinal data are presently lacking regarding the prevalence and frequency of spouse abuse over the course of relationships. However, incidence and frequency levels of spouse abuse have been established through a comprehensive epidemiological study by sociologists Straus, Gelles, and Steinmetz (1980). They found that 28% of 1,183 randomly selected women had experienced at least one physically violent incident in the year for which information was requested. Approximately 5% were seriously abused, often with weapons and threats to kill. In a replication study with a nationally representative sample, Straus and Gelles (1986) found that 12.1% of women reported they had experienced physical abuse from their partners within the previous year. The Federal Bureau of Investigation (1982) reports that 17% of all murders in 1981 occurred within the family, and one-half of those were husband-wife murders. Statistics from the Law Enforcement Assistance Administration's National Crime Survey indicate that in 1975, 15% of all assaults on women were carried out by spouses or ex-spouses (Gaquin, 1977; 1978). All researchers attempting to measure incidence and frequency of spouse abuse agree that reported cases are
likely to be an underestimate of the true occurrence of spouse abuse (Walker, 1986).

Research into the area of spouse abuse has been criticized both conceptually and methodologically. Information gathered on the abuser has generally not been first-hand and typically has consisted of reports from the abused person (Walker, 1979). This lack of direct sampling from the population of abusers has likely resulted in a distorted and biased portrayal of the abuser (Neidig, 1984). Another difficulty with extant research lies in the lack of use of standardized instruments and appropriate comparison groups. In studying characteristics of abusive couples, Rosenbaum & O'Leary (1981) noted that their study was one of the few in the literature that used standardized instruments and an appropriate comparison group of non-abusive males. Finally, Gelles (1980), in his review of the literature on spouse abuse from the 1970's, criticized the fact that much of the research available for review consisted of post-hoc explanations of data. Gelles (1980) emphasized the need for testing models and theories in future research into spouse abuse.

The present study will take these criticisms into account by: 1) directly surveying the abusers themselves, as opposed to surveying the abused person; 2) using standardized instruments with demonstrated reliability and validity; 3) collecting data from a geographically and socioeconomically
proximate comparison group of non-abusive males, and; 4) firmly grounding the research questions within the context of social learning theory (Bandura, 1969; 1977; 1986).

Many theories have been proposed to explain spouse abuse (Gelles, 1980). Gelles and Straus (1979) attempted to integrate propositions from fifteen theories of violent behavior, but conceded the limited practical utility of such a monolithic model. Social learning theory is a valuable framework through which certain facets of spouse abuse can be studied.

Social learning theory (Bandura, 1969; 1977; 1986) provides the concept of modeling to explain vicarious learning of attitudes and behaviors. The concept of modeling may be particularly useful in tracing the etiology of violent behavior, and in the formulation of antecedent and maintaining factors in spouse abuse. Several studies have demonstrated that many abusers witnessed violence between their parents (Kalmuss, 1984; Telch & Lindquist, 1984; Wasileski, Callaghan-Chaffee, & Chaffee, 1982; Coleman, Weinman & Hsi, 1980; Straus, et al. 1980). It is assumed that children who witness violence between parents acquire this behavior via modeling processes and continue the abusive behavior in adulthood as a legitimate means for resolving conflict. Thus, violent behavior is transmitted from generation to generation, and constitutes an important etiological factor in spouse abuse. The present study will
attempt to replicate past studies concerning the relation between observation of parental violence and abusive behavior in adulthood.

The concept of modeling is also useful in the conceptualization of antecedent factors and factors related to maintenance of abusive behavior. Specifically, social learning theory would predict that abusive behavior is related to the contingencies of reinforcement and opportunities for modeling found within the abuser's social network. For the adult abuser, modeling could account for the maintenance of abusive behavior upon its acquisition in childhood. Deficient or inappropriate social and familial connections in adulthood may result both in a lack of modeling opportunities for more appropriate means of resolving interpersonal conflict and a lack of negative sanctions for the behavior.

Deficient or inappropriate social and familial connections can be identified through analysis of an individual's social network. An individual's social network can be conceptualized as containing component subsets. Modeling effects may be particularly evident within the social network subset that constitutes the support network for the individual. Thus, in the present research, Weinberg & Gatchell's (1985) distinction will be made between a person-centered social network and the social support system. Specifically, a person-centered social network is viewed as
all those individuals who are known by a focal person and with whom he or she interacts, without reference to the quality of such relationships. A social support system, on the other hand, is that subset of the social network that is a source of social support. The present study is concerned with the social support system, conceptualized as a subset of the broader social network.

Deficient or inappropriate social connections may be characterized by a relatively small number of network support system contacts resulting in relative isolation of the abuser. The presence of social isolation can be operationally defined as a relative lack of network support system contacts. One possible consequence of social isolation is that societal sanctions against the use of violence in managing marital conflict are lacking. An abuser who is socially isolated may lack appropriate feedback opportunities concerning his deviant behavior (i.e. spouse abuse as a means of resolving domestic conflict), and negative consequences for the abusive behavior are not forthcoming from the abuser's support network.

Deficient or inappropriate network connections may also be characterized by familial network prevalence. Familial network prevalence can be operationally defined as the extent to which a support system is comprised of family members, relative to total network support system size. If an abuser's support network is characterized by familial network
prevalence, alternative means of resolving conflict are not forthcoming from a more extended network; thus, deviant patterns of conflict resolution within the family might be maintained. Further, familial patterns of abuse in the relative absence of non-familial, non-abusive input from the broader support network would likely result in limited opportunities for modeling of more appropriate means of conflict resolution. This may serve to maintain existing styles of conflict resolution within the family.

The concept of familial network prevalence can be refined through the additional assessment of familial network confidants. Familial network confidants can be viewed as those family members who offer opinions and input that are particularly valued by the abuser. Such confidants, by virtue of their special role in the abuser's life, may be particularly influential in providing input to the abuser that serves to maintain abusive behavior as a conflict tactic. Familial network confidants can be identified as those family members who receive positive respondent endorsement to the question, "Do you confide in this person and value their opinion?" Familial network confidant prevalence can then be operationally defined as the percentage of family support network confidant members to total support network confidant members.

Social networks have usually been defined either qualitatively or in terms of their quantitative properties.
Social network analysis constitutes the means by which connections among others relative to a respondent can be quantitatively described. As a research tool, social network analysis provides a quantitative means of delineating an individual's social contacts. The presence of social isolation, familial network prevalence, and familial network confidant prevalence can be identified through social network analysis. For purposes of the present study, social isolation will be inferred through measurement of the number of support network contacts the abuser has had over the past month. Familial network prevalence is computed by dividing the number of family members in the abuser's support network by the total number of support network member contacts. Familial network confidant prevalence will be established by obtaining the percentage of familial confidants to total support network confidant contacts.

The use of quantitative measures of an individual's support network is advantageous in providing objective assessment of structural qualities of social contacts. Qualitative measures, on the other hand, are valuable for tapping the individual's subjective perception concerning the phenomena in question. Support networks characterized by isolation, familial network prevalence, and familial confidant prevalence may be hypothesized to result in diminished availability of social support and satisfaction with support. Related questions surround the overall need
strength and degree to which supply is provided for spouse abusers relative to community comparisons as need strength likely measures variables related to individual differences. This study will also assess subjects' satisfaction with their support with a self-report instrument from a person-environment model of satisfaction that posits satisfaction as a function of the degree to which the individual's social environment provides sufficiently for his/her interpersonal needs. The instrument provides measures of need strength levels, amount of support received for each need, and an overall rating of person-environment fit (satisfaction).

Another question concerns the relation between objective, structural aspects of the support network, such as network size, familial network prevalence, and familial network confidant prevalence, to subjective evaluations of satisfaction with social support. Some research indicates that subjective evaluations are not strongly related to objective indices of social contact such as the number of relationships or frequency of interaction (Cutrona, 1982; Sarason, Levine, Basham, & Sarason, 1983). This issue is important for the general study of social support as well as for the specific study of spouse abusers. If subjective satisfaction measures are not related to objective, measurable aspects of support network contact, then it is possible that subjective assessments reflect intraindividual variables such as personality traits, rather than the
quantity or nature of social ties. This distinction is crucial in terms of intervention strategies for spouse abusers. Counseling intervention designed to stop abusive behavior would differ as a function of the degree to which subjective evaluations are determined by relationship versus intraindividual factors. Thus, in the case of a spouse abuser, treatment might focus on improvement of support network ties over intraindividual variables (such as distortions in cognitive appraisals). On the other hand, intraindividual variables may be the treatment focus, as opposed to network modification. More than likely, however, treatment would need to be multi-faceted in nature, targeting both personological variables and support networks.

The literature also suggests alcohol abuse to be an important concomitant of spouse abuse (Walker, 1986; Corenblum, 1983). The present study will assess prevalence of alcohol abuse in the abusers and attempt to replicate past studies concerning the relationship between this factor and spouse abusers when compared to non-abusers.

Other variables past research has found to influence prevalence of spouse abuse include demographic factors such as age, education and ethnicity (Straus, et al., 1980). In general, studies have found that abusers are represented more in younger, less-educated, and minority men. Economic factors of lower socioeconomic status and unemployment have also been demonstrated to relate to abusive behavior.
Unemployed men of lower socioeconomic means are more likely to be spouse abusers. If preliminary statistical analyses demonstrate significant differences between abusers and non-abusers on these variables, they will be covaried in the final statistical analyses.

The following hypotheses were tested in this study:

1) Abusers will have significantly greater presence of observation of parental violence in the family of origin than the comparison group of non-abusers.

2) Abusers will be significantly more socially isolated, as measured by support network size, than the comparison group of non-abusers.

3) Abusers will have significantly greater familial network prevalence, as measured by the percentage of family within their total support networks, than the comparison group of non-abusers.

4) Abusers will have significantly greater familial network confidant prevalence, as measured by the percentage of family confidants within their total confidant support networks, than the comparison group of non-abusers.

5) Abusers will have significantly lower levels of perceived satisfaction with social support than the comparison group of non-abusers.

6) Abusers will have significantly greater need
strength for social support than the comparison group of non-abusers.

7) Abusers will have significantly fewer supplies of social support than the comparison group of non-abusers.

8) Abusers will have significantly greater presence of alcohol abuse than the comparison group of non-abusers.
CHAPTER II

REVIEW OF RELATED LITERATURE

Theories of Violence

Theories on the nature and causes of spouse abuse are found in literatures of general aggression, sociology, and psychology. In general, sociologists have focused on structural and socialization variables and psychologists on psychodynamic and psychopathological explanations of the phenomena. While no single theory can totally encompass or explain the complex phenomenon of spouse abuse, they can present a conceptual framework for empirical investigation into violent behavior and spouse abuse.

Resource Theory

This theory emphasizes the interactional nature of the family system (Goode, 1971); particularly the exchange of resources between marital partners. Spouse abuse is conceptualized as a failure of normal family exchange relations inasmuch as violence constitutes a powerful and useful resource to restore a threatened dominant status. Thus, when the abuser does not receive an expected reward or believes his status in the family is in jeopardy, he uses
social systems (including the family) rest to some degree on the threat or use of force. This has an impact on the process of socialization and it is through this process that children are transformed into adults.

**General Systems Theory**

A systems theory of spouse abuse has been proposed by Straus (1973). This theory specifies feedback processes that result in a spiraling increase in violence (positive feedback) or in stabilization or diminution in the frequency of violence (negative feedback). Three variables are hypothesized to determine the characteristics of the social unit encompassing both family and society. These variables are: (a) precipitating factors consisting of the family's stressful and frustrating situations and problems, (b) antecedent variables including individual characteristics of family members and society as a whole, and (c) consequent variables of violent behavior for family members and society in general. Consequences of violence for children in a family are primarily developmental and have implications for socialization. Familial consequences of violence include degree of marital satisfaction and dissatisfaction, nature of parent-child relationships, and determination of social power relations within the family. Societal consequences of violence include the use and legitimization of violence for social control, and the shaping of attitudes towards capital punishment and use of police force. Feedback loops that serve
to continue and maintain the system operate inasmuch as consequences of violence for the individual, family, and society shape and define antecedent variables for future violent behavior.

Perhaps the most thoroughly developed application of systems theory to spouse abuse is Giles-Sim's (1983) six-stage model of wife battering. This comprehensive model traces the development of spouse abuse patterns from the beginning of the relationship through resolution of the problem. The model emphasizes the course and development of abusive behavior beginning with courtship behavior, and places particular emphasis on the cognitive and emotional meaning assigned by each partner to their relationship and interactional styles. Measures taken to resolve disputes and the efficacy of such measures is viewed as an important component for resolution of abusive behavior, either by separation or divorce, or cessation of abuse and maintenance of the relationship.

Social structural theory

Gelles (1972) suggests a model of family violence predicated on two major assumptions. First, violence is viewed as a response to structural stress; and second, violence results from a socialization experience. The following propositions provide the framework for this theory:

1) Violence is a response to particular structural and situational stimuli.
2) Stress is differentially distributed in social structures.

3) Exposure to and experience with violence in childhood teaches the child that violence is a response option for structural and situational stimuli.

4) Individuals in different social positions do not have the same exposure to childhood learning situations of violence and to structural and situational stimuli for which violence is a response as an adult.

5) Individuals will use violence against family members differentially as a result of learning experiences and structural causal factors that lead to violent behavior. (p. 188-189)

Gelles (1972) based his model on results of in-depth interviews with 80 families where family violence was a problem. The theory attempts to incorporate influences from both structural and situational stimuli and account for differential responses across individuals. Of particular note is the role of stress and individual responsivity to stress. Other researchers (Straus, et al. 1980; Watkins, 1982) have found the relationship between stress and domestic violence to be a positive one. The systematic study of individual differences in response to stress factors is important in consideration of the role of stress in domestic violence.
Conflict theory

Dahrendorf's (1968) theory of violence views conflict as an inherent and inevitable component of all human contact. Individuals, groups, and organizations are viewed as essentially self-serving. Under these circumstances, conflict is normal and consensus and cooperation is abnormal; hence, conflict management should be emphasized since eradication of conflict is unlikely (Gelles & Straus, 1979). Family violence as a response to conflict is likely to occur because violence is a powerful way of advancing one's interest when other modes fail (Straus, 1979). Gelles & Straus (1979), however, note that the assumption of inevitable and necessary conflict does not necessarily include the use of physical violence to negotiate conflict. Along these lines, Straus (1979) suggests that conflict per se should not be the primary concern of researchers and practitioners in the field of spouse abuse; rather, inappropriate use of violence and force to manage and resolve inherent familial conflicts should be the focus.

Psychoanalytic theory

Snell, Rosenwald, and Robey (1964) were early proponents of an intrapsychic psychopathology model to explain spouse abuse. In a study of 37 men charged by their spouses with assault and battery, the family structure was characterized by "...the husband's passivity, indecisiveness,
sexual inadequacy; the wife's aggressiveness, masculinity, frigidity, and masochism." (p. 111)

The concept of female masochism as a contributant to spouse abuse is influenced by Freudian notions on masochism and feminine psychology. Gillman (1980) suggests that such views only succeed in removing responsibility for the abuse from the abuser and thus are not useful either in the conceptualization or treatment of the problem. Although masochism as an explanation for spouse abuse is considered outmoded by many, reference to masochism as a contributant to abusive behavior can still be found in the literature (cf., Shainess, 1979; Waites, 1977, 1978).

**Family social organization theory**

Several writers have suggested that rates of violence in the family might be expected to be high when compared to other organizations due to unique familial social organization features (Farrington, 1980; Foss, 1980; Hotaling & Straus, 1980). For example, Hotaling and Straus (1980) argue that 11 features of family organization contribute to domestic violence. These 11 unique features are: high time at risk (because family members have so much exposure to each other more opportunity exists for violence to occur); a wide range of interests and activities among members of the family; intensity of involvement among family members; competing and infringing activities of various family members; ascribed roles; involuntary membership; high stress;
extensive knowledge of social biographies; family membership rights to exert influence; gender and age discrepancies leading to conflict; and family privacy. Of intuitive appeal, family social organization theory promises to be a fertile area for further theoretical and empirical work.

**Social learning theory**

Hilgard and Bower (1975) note, "In broad outline, social learning theory provides the best integrative summary of what modern learning theory has to contribute to practical problems" (p. 605). This statement is particularly germane to spouse abuse. Social learning theory (Bandura, 1969; 1977; 1986) is by far the most well-represented theory in the spouse abuse literature.

Reciprocal determinism is a key concept in social learning theory. Briefly, it is held that human behavior is a function of continual reciprocal interaction among personal, behavioral, and environmental determinants. Individuals have the capacity to influence their own behavior and environment and present behaviors can influence future conditions. Thus, Bandura (1977) notes, "Because of the capacity for reciprocal influence, people are at least partial architects of their own destinies" (p. 206).

The concept of modeling is central to social learning theory. Violence is viewed as an acquired behavior stemming from modeling experiences. An individual observes others and generates ideas of how new behaviors are performed. In turn,
these observations are used to guide future actions. Bandura (1977) explicated four processes that govern modeling and observational learning: attentional processes, retentional processes, motor reproduction processes, and motivational processes. The individual will not learn behavior through observation unless the behavior is attended to and remembered. Once the behavior has been attended to and memory-coded, he or she must have the capacity to perform the behavior. Finally, the individual will engage in modeled behavior if doing so will result in positive outcomes. Along these lines, an important distinction exists between the acquisition and performance of a behavior. An individual may learn how to do things through modeling that he or she may never actually perform because the modeled behavior has such disastrous consequences for the individual or because it is perceived that engaging in such behavior would have negative consequences for the observer.

Arias (1984) reviewed the role of modeling and observational learning in spouse abuse and noted modeling has three types of effects on the observer: (a) acquisition of new responses or behavioral patterns; (b) inhibition or disinhibition of previously learned behaviors and (c) response facilitation (Bandura, 1977). Acquisition of new responses refers to the learning and performance of a new response (for the observer) in a novel situation similar to the response displayed by a model in similar situations.
Inhibition or disinhibition of previously learned behaviors refers to a decrease or increase in the probability that the observer will perform a response already existing in his or her behavioral repertoire as a function of the observed punishing or rewarding consequences of the model's behavior. Response facilitation concerns the increase in the probability of occurrence of a response in the observer's repertoire as a function of observing the model engaging in a similar response. Response facilitation and response disinhibition differ through the extent of social desirability of the modeled behavior inasmuch as response facilitation refers to an increase in a socially desirable behavior while response disinhibition refers to an increase in the probability of a socially undesirable behavior.

Arias (1984) notes that, of the three effects of modeling on the observer, intergenerational transmission of violence is likely caused by disinhibition of previously learned behavior. Disinhibition may be more likely to occur because the socially undesirable behavior frequently results in the actor receiving gratification of short-term needs or goals. Durability of the modeling effect is also determined by reinforcement contingencies for engaging in the modeled behavior. In regard to spouse abuse, positive consequences may be immediate in the form of tension reduction or obtaining a desired goal. In addition, the negative consequences for engaging in physical aggression are often
delayed (decrease in marital satisfaction, separation, and divorce). Therefore, punishing consequences of a male spouse engaging in abusive behavior towards his partner are probably not strong enough to result in suppression of the behavior.

Empirical research to date supports this theory as holding at least partial explanatory power. Researchers examining the family-of-origin backgrounds of spouse abusers have found that over three-quarters of the abusers studied grew up experiencing or witnessing parental interpersonal violence (Boyd, 1978; Fagan, Stewart & Hansen, 1983; Ganley & Harris, 1978; Giles-Sims, 1983; Hanneke & Shields, 1981; Roy, 1982; Sonkin & Durphy, 1982; Straus, et al., 1980). It is, of course, not known if the reported childhood homes actually contained abusive behavior when measured or evaluated objectively. Further, it is unknown whether the abusive behavior was labeled as it was being experienced or witnessed or if it is only in retrospect that the events were labeled as abusive. Cognitive labeling of the event may have an important influence on the degree and nature of the influence of the event on individual behavior.

Empirical Studies

Most empirical research on spouse abuse has sampled the abused person (Walker, 1986). Although reports from the abused person concerning the abuser are likely to have some value for understanding the phenomenon, much of the information is likely to be biased and not particularly
germane to the present study. Consequently, empirical studies reviewed in this section have been primarily selected for their merit in directly sampling the abuser rather than relying on reports derived from the abused person.

Studies on spouse abusers may be broadly classified into one of two categories. The first category includes investigations of intraindividual factors in spouse abusers. Intraindividual factors such as self-esteem and traditional attitudes towards women (Johnson, 1984); alcohol usage (Telch & Lindquist, 1984; Coleman, Weinman, & Hsi, 1980; Barnard, Vera, Vera, & Newman, 1982; Fitch & Papantonio, 1983); causal attributions (Shields & Hanneke, 1983); frustration tolerance (Gayford, 1975); Walker, 1981); assertiveness (Rosenbaum & O'Leary, 1981); extreme jealousy (Feazell, 1981); and feelings of powerlessness and inadequacy (Ball, 1977; Weitzman & Dreen, 1982) have been studied in relation to spouse abusers.

Interindividual factors such as levels of stress (Straus, et al., 1980); education and income levels, and employment status (Straus, et al., 1980; Fitch & Papantonio, 1983; Rounsaville, 1978; Gayford, 1975; Prescott & Letko, 1977); sociocultural variables such as sex-role socialization, sex-role stereotyping and norms in society that legitimate hitting other members of one's family (Walker, 1981); observation of parental violence in the family of origin (Kalmuss, 1984; Wasileski,
Spouse abuse as response to personal inadequacies has received some attention in the literature. For example, Johnson (1984) found no differences on scores measuring self-esteem and attitudes toward women between a group of spouse abusers and comparison group of non-abusers. Johnson (1984), however, noted that her study demonstrated a significant difference between abusive and non-abusive men who experienced violence as children on measures of self-esteem. This implies that men who are abused as children may develop low self-esteem as a result of confusion concerning one's conception of self importance and worth. Johnson's (1984) finding of no difference between abusers and non-abusers on the variable of traditional attitudes toward women disputed some earlier research demonstrating that men who are more traditional in their attitudes toward women were more likely to become spouse abusers (Kalmuss & Straus, 1982; Straus, et al, 1980; Walker, 1981). Johnson (1984) noted that previous research used subjective data and did not use comparison groups; perhaps accounting for her discrepant findings.

Other studies seeking to delineate personal inadequacies within the abuser have looked at such variables as excessive
dependency needs, pathological jealousy, and feelings of powerlessness and inadequacy. Empirical research and clinical consensus have portrayed spouse abusers to be excessively dependent upon partners as the sole source of love, intimacy, and support (Coleman, et al., 1980; Ganley, 1981). Such extreme dependency may well result in isolation of the family that tends to promote further dependency and a closed family system (Searle 1982). Pathological jealousy on the part of the spouse abuser may be a natural outgrowth of such a closed system. Indeed, some studies have demonstrated the existence of extreme jealousy within samples of spouse abusers. Hilberman and Munson (1978) described pathological jealousy as a means of isolating and limiting partner's activities. Giles-Sims (1983), Pagelow (1981), and Frieze (1980) all describe jealousy on the part of spouse abusers that is usually unfounded and excessive in its expression. Both dependency and excessive jealousy may be related, in part, to documented feelings of personal inadequacies and powerlessness in spouse abusers (Ball, 1977: Weitzman & Dreen, 1982). The extent to which excessive dependency, jealousy, and feelings of personal inadequacies are but symptom constellations of major pathology such as paranoid personality disorder or depressive disorder (American Psychiatric Association, 1987) remains to be empirically established. However, along these lines, Hale, Zimostrad, Durkworth, Martin, & Brecker (1986), using the Minnesota
Multiphasic Personality Inventory (MMPI), established prototypical MMPI profiles of spouse abusers suggestive of interpersonal dependency, lack of ego-strength, depression, and addictive tendencies.

Extensive evidence points to a positive relationship between alcohol use and spouse abuse. Less is known about other drugs. Straus, et al. (1980), Frieze (1980) and Walker (1984) found approximately 60% of abusers were reported to drink alcohol on a frequent basis. Labell (1979) found 72% of the partners of battered women seeking shelter frequently abused alcohol and 28.9% had drug problems. Browne (1983) found that alcohol abuse was frequently associated with cases in which a homicide occurred. Telch & Lindquist (1984), in a study of 19 violent couples, 7 nonviolent couples in marital therapy, and 24 nonviolent couples not in therapy, identified alcohol as the most significant factor operating in violent marriages. This study was notable for the comparison of violent couples with maritally distressed and non-distressed couples, and isolating the variable of violence and determining degree of alcohol use while controlling for degree of marital distress.

Causal attributions of previously abused and non-abused alcoholics presently involved in alcohol-related spouse abuse have been studied by Corenblum (1983). In this study, 85 members of Alcoholics Anonymous indicated whether they had any history of involvement in spouse abuse and read 1 of 4
scenarios involving spouse abuse in which the wife, husband, both, or neither were described as intoxicated. Of subjects who had no history of spouse abuse, 21% reported that they had abused their present spouses when intoxicated, whereas 44% of those who had a history of prior abusive relationships reported abusing their present spouses when intoxicated. Both men and women who had been abused in their past relationships were more likely to attribute blame to the abuse victim than were those who had not been abused. A gender difference was found whereby women were more likely to rate the wife as responsible for the abuse when both actors were intoxicated than in any other condition, whereas men's attributions did not differ across scenarios. These findings were discussed in the context of the "just world" hypothesis that observers tend to derogate the victim and of the perceptions of personal responsibility in recovering alcoholics.

In another study of causal attributions, Shields & Hanneke (1983) used standardized, in-depth interviews with 85 spouse abusers and 92 victims of spouse abuse. Results showed a clear tendency for wives of violent husbands to see the violence as caused by factors internal to him (anger, personality, and intoxication). For the spouse abusers, a marked tendency was displayed to see their own violence as externally caused and out of their control. Further, abusers
were more likely than wives to blame female victims for their victimization.

The clinical literature presents the spouse abuser as minimizing, rationalizing, and denying his violence (Sonkin, et al., 1985). This is consistent with the Shields & Hanneke (1983) study and with general attribution theory which predicts that actors tend to offer self-justifying attributions for their own negative behaviors (Kelley, 1972). Unfortunately, the only extant study asking spouse abusers to explain their behavior is the Shields & Hanneke (1983) study; thus, definitive conclusions regarding causal attributions made by spouse abusers await further study.

Interindividual factors

Perhaps the interpersonal variable receiving the greatest amount of empirical support as a correlate of spouse abuse is the observation of parental violence in the family of origin. As previously noted, many studies have documented a positive relation between witnessing parental violence in the family of origin and subsequent spouse abuse (Wasileski, Callaghan-Chaffee, & Chaffee, 1982; Coleman, et al., 1980; Telch & Lindquist, 1984; Kalmuss, 1984). The consensus of most of these studies is that prior observation of parental violence is not a prerequisite for abusing one's spouse; rather, it is a condition that increases the probability that an individual will engage in spouse abuse. Further, observation of parental aggression in the family of origin
operates in a complex, indirect fashion to produce spouse abuse inasmuch as many other intervening factors occur between such observation as a child and spouse abuse as an adult. Finally, many individuals who see their parents hit each other do not engage in spousal aggression. Thus, researchers have strongly emphasized the need for assessing and including multiple predictors of spouse abuse (Tyree, Malone, & O'Leary, 1987).

Being the recipient of harsh discipline or physical abuse by parents has been found to have a positive association with spouse abuse (Rosenbaum & O'Leary, 1981; Straus et al., 1980). However, as O'Leary (1988) notes, this area has received relatively little research, and discipline severity likely interacts with other variables to influence occurrence of spouse abuse.

Some empirical connections between stress and spouse abuse either have been suggested or established in the literature (Straus, 1980; Watkins, 1982; Neidig & Friedman, 1984). In general, the relation between levels of stress and abuse have been found to be positive but the parameters have been in dispute. For example, Straus (1980) found that the relation between stress and violence seemed to be stronger among women than among men, while Makepeace (1983) found that the relation between levels of stress and courtship violence held only for men. Straus (1980) concluded that it is not stress per se that is the cause of marital violence. Rather,
violence is but one of many responses to stress. In his research, most people who experienced high stress levels did not engage in spouse abuse. Straus (1980) argued that stress is a mediating variable that may occur in tandem with other variables to increase the likelihood of violence. For example, if a male subject reported low stress levels and had not witnessed parental violence in the family of origin, the probability of his assaulting his spouse was 5%. If, however, a male reported high stress levels and had witnessed parental violence in the family of origin, the probability of his assaulting his partner increased to 17%. Results such as these demonstrate the importance of and need for multivariate research designed to partial out unique variance associated with different factors.

The precise nature of the relationship between stress and spouse abuse is still to be determined and many important theoretical and methodological problems remain. For example, stress has frequently been operationalized in terms of life events as measured by The Social Readjustment Rating Scale (Holmes & Rahe, 1967). It may well be that spouse abuse as a response to stress is the product of small, daily frustrations interacting with decreased frustration tolerance and maladaptive learning histories as opposed to response to major life events. Multivariate research designed to assess disparate but related variables is notably lacking in the
area; perhaps due to the comparative recency of spouse abuse as an important research domain.

Demographic variables such as age, education, income, and employment status have been found to be significantly related to spouse abuse. Numerous surveys have established the link between low socioeconomic status, age, and spouse abuse (Dechsner, 1984). Gil (1970) found that nearly 60% of families where abuse was an identified problem had received public assistance funds in the prior year, and nearly half the paternal figures were unemployed. Most abusers were poorly educated, and 60% belonged to minority ethnic groups. As O'Leary (1988) notes, however, most studies in the literature do not indicate whether critical unique variance in demographic variables associated with spouse abuse is explainable by a specific demographic variable alone or in certain combinations as when, for example, recent unemployment is superimposed upon lack of education and minority status.

Although social roles, sex-role socialization, and stereotyping have been invoked to explain spouse abuse, little empirical research exists on the relation between these factors and spouse abuse. The most common application of role theory has been sex-role theory. Sex-role theory emphasizes differential socialization processes and child-rearing practices for children that results in boys learning to be aggressive and violent, and girls learning to be
submissive and giving (Fox, 1980; Walker, 1979; Watkins, 1982). Boys are taught that it is good to be aggressive and dominant and that violence is both an acceptable problem-solving strategy and a way to demonstrate authority. Girls, on the other hand, are taught that their eventual roles as wife and mother will be the most important roles in their lives. For girls, the message is instilled that the responsibility to serve and take care of the family is primarily theirs, and their main identities are defined relative to the men whom they marry. Such sex-role socialization is seen as compatible with the husband's use of violence against the wife. Sex-role socialization is also viewed as contributing to sex-role stereotyping that serves to legitimize hitting. Such traditional male and female sex roles are held to be linked to roles of aggressor and victim inasmuch as men are seen as dominant and women as weak and passive.

For the most part, empirical research has been mixed concerning the extent to which sex-role socialization accounts for abusive behavior. For example, spouse abusers have not been found to hold extremely traditional sex role orientations (Rouse, 1984) or attitudes toward women (Johnson, 1984), and battered women have not been found to hold traditional female role identities (Fox, 1980). However, it is worth noting that difficulties associated with operationalizing and measuring a construct as diffuse as sex-
role socialization are formidable; hence, effective and accurate study of the true nature of the impact of sex-role socialization on spouse abuse must await methodological refinement.

Another area of research emphasizing interindividual processes associated with spouse abuse is related to the culture of violence theory. This perspective has usually been presented in a general fashion as it relates to spouse abuse (Walters, 1975) and emphasizes societal norms that legitimize and condone violence. Straus (1980) has argued that in our society, there is at least implicit approval and support for the use of violence on the part of husbands against wives and described the marriage license as "a hitting license" (p.39). Others (Russell, 1984; Olday & Wesley, 1984) have argued that both the media and the law encourage, or at least permit, violence against spouses.

The most serious difficulty in all applications of the culture of violence theory is that extant studies tend to presume the truth of the theory rather than test its efficacy (Greenblat, 1983). The result is a selective research emphasis on those aspects of culture supportive of violence to the relative exclusion of societal aspects not supportive of violence. The existence of counternorms to the use of violence is infrequently acknowledged but needs to be included in a comprehensive examination and delineation of
cultural factors both supportive and non-supportive of violence.

As with sex-role socialization, methodological difficulties abound in attempts to assess the tenets of the culture of violence theory and their impact on spouse abuse. However, Greenblat (1983) found evidence that cultural support for spouse abuse was not as widespread as predicted. Additionally, Yllo & Straus (1980) found that the use of violence in intimate relationships does not dramatically increase with marriage--suggesting that factors other than cultural approval of husband to wife violence may be operating.

Social Support and Spouse Abuse

House and Kahn (1985), in their review of the literature on social support, make a distinction between the terms social support and social network. Specifically, social support is most commonly defined in terms of the functional content of social contacts, such as the extent to which relationships involve instrumental aid, information, or exchange of affect or concern. Other examples of functional content of relationships include satisfaction of needs for esteem and guidance from others. Such approaches tap an individual's perceptions of support.

Empirical evidence has consistently demonstrated that one's perceptions of the supportiveness of social network members is positively related to psychological well-being and
negatively related to psychopathology and psychological distress (Cohen & Wills, 1985). No known published study has investigated social support needs of spouse abusers. Several studies do exist, however, on social support and social network functioning of the abused person (Mitchell & Hodson, 1983; Thoennes, 1982; Alcorn, 1985; Griffin, 1985). This state of affairs parallels the field of domestic violence in general; however, the need to study the abuser seems particularly compelling given the fact that spouse abuse is an interactive behavior, and a potential source of support may lie in the abused person.

Social Networks and Spouse Abuse

The term social network is most commonly used to describe structures existing among a set of social network members. Examples of structural variables include number of members, extent to which network members of a given individual know each other (network density), and frequency of contact (House and Kahn, 1985). Social network analysis has enjoyed increasing use as a method to study the relation between social contacts, health, and well-being. Researchers such as Wellman (1981) have urged that social network analysis be used for all support system analysis. He describes three major advantages of network analysis: 1) ability to increase the range of social relations to be studied; 2) increased emphasis on the multiple positive and negative aspects and effects of such relationships; and 3)
provision of a method to describe structural patterns of relations and analysis of differential effects of patterns. Social network analysis contrasts with functional social support measures that emphasize perceptions of cognitive and affective needs for support.

Israel (1982) reviewed the literature on the relationship between social network characteristics, health, and well-being. She identified a set of network characteristics that were structural and interactional such as size, directedness or reciprocity, frequency of contact, and composition of members (e.g. family vs. non-family). In her review, she noted equivocal research findings on the relation between most network characteristics, health, and well-being. A notable exception was network size which is generally found to be positively associated with health and well-being (Gallo, 1982; Phillips, 1981). The presence of conflicting research findings on the relation between social networks and dependent variables is likely related to the nature of the differing network characteristics considered and the great variability in method of assessment. Thus, writers such as House and Kahn (1985), conclude, "...it is presently impossible to draw firm conclusions about the utility of the network approach for predicting and explaining health or illness." (p. 92)

It is important to note when discussing social support and social networks that both terms encompass separate but
related domains. House and Kahn (1985) admonish researchers that, "It is necessary to consider all three aspects of social relations --quantity, structure, and function--because they are logically and empirically interrelated" and "It is desirable on both substantive and methodological grounds that at least two, and preferably all three, of these aspects of social relationships be explicitly conceptualized and measured within a single study." (p. 85) The present study will ascertain both functional and structural components of the support networks of spouse abusers.

No extant study in the literature has empirically and systematically explored social network characteristics of spouse abusers. Although some authors have commented on isolation of the abuser (Gelles & Cornell, 1985; Searle, 1982), the presence of social isolation in abusers has been clinically inferred rather than empirically demonstrated. Similarly, the network variable of familial network prevalence has been alluded to, in a theoretical sense and in the context of increased opportunities for abuse to occur (Hotaling & Straus, 1980), but no study has empirically operationalized and measured the concept within a sample of spouse abusers. The present study will use social network analysis to operationalize and assess social isolation, familial network prevalence, and familial network confidant prevalence among abusers, and compare the findings to a group of non-abusers.
Subjects

The sample for this study consists of 30 adult male spouse abusers between the ages of 18 and 70, and a comparison group of 30 males between the ages of 18 and 70.

Spouse abusers were recruited from a county agency outside of Washington, D. C. that provides counseling for self-referred and court-referred spouse abusers. In order to obtain a large enough sample, both self-referred and court-referred abusers were sampled. Self-referred and court-referred abusers did not significantly differ on any of the dependent or demographic measures included in the study; hence these two groups were collapsed into one for purposes of comparison. The comparison group was recruited via a survey procedure in which subjects were sampled from within the same geographical boundaries as the spouse abuse sample.

Procedure

Spouse Abusers.

The subjects were recruited from a large, urban mental health program specializing in the treatment of spouse
abusers. Liaison work between the investigator and program personnel was undertaken prior to approaching potential subjects to ensure the support of program personnel and to promote a high rate of response from potential subjects. The investigator met with each counseling group of abusers. The purpose of this meeting was to explain the study and to solicit those who were interested in participating. For those who agreed to participate, a meeting time was arranged for on-site completion of a packet containing a background questionnaire, and a set of randomly ordered study questionnaires. Each questionnaire included a set of standardized instructions and the investigator was available to address any concerns or questions. The meeting time was also used to obtain written informed consent. Those abusers who did not wish to complete the survey packet on-site were given a consent form to sign, and a survey packet to complete at home and return the following week. For these individuals, the investigator was available for face-to-face or telephone contact to address any questions.

Comparison Group.

Comparison group recruitment occurred through a mailed survey. The catchment area of the treatment agency represented the boundaries from which both the abuser sample and the comparison group were drawn. The methodology described below was successfully piloted in another survey study in which the author participated (McCown, Burroughs,
The procedure for selecting subjects for the comparison group was as follows. A telephone book of the county was obtained and a computer program was used to randomly select names from each page. The computer program (which was simply a random number generator with appropriate limitations imposed on its range) specified the parameters of selection and varied them randomly. The program generated page numbers, columns and name locations within the columns, based on nearest millimeters. For example, the computer might "choose" page 236, column two, 224 millimeters from the top of the page. This name and address of the potential respondent was then recorded and used for the procedure described below. Obvious business addresses, or households where it appeared there was not a male head of household were discarded.

Once the computer-generated households were identified, a letter was sent explaining the nature of the research and requesting cooperation of a male head-of-household between the ages of 18 and 70. A stamped self-addressed postcard was enclosed with the following three options for the potential subject: a) Yes, I would like to receive a packet of questionnaires. ADDRESS:; b) No, I am not interested in participating in your study; and c) There is no available male head-of-household to complete the questionnaires. This letter also explained procedures for protection of confidentiality. Subjects who indicated they would like to
receive a packet of questionnaires were then mailed the packet containing a letter of consent and the six study instruments. Subjects were reimbursed $5.00 for their participation which could go either to them, or to a specified charity.

Subjects who did not respond were mailed two follow-up letters. All envelopes were personally typed and addressed to distinguish them from "junk mail" and to attempt to boost compliance rates. Finally, telephone contact was attempted to each selected household who did not respond to the preliminary request to participate in the survey.

Subjects who agreed to complete the packets, but did not do so within approximately ten days of receipt of original material, were then mailed a follow-up postal card. This was followed two weeks later with another packet. This was then followed by up to three telephone calls.

On the basis of the study by McCown, Burroughs, Johnson and Kennedy (submitted) it was expected that approximately 100 requests for participation would be necessary to solicit a comparison group of approximately 30. It was actually necessary to mail 169 letters and cards inviting subject participation. Seventeen cards (10%) were returned due to no forwarding address. Twenty-eight potential subjects (17%) stated they were not interested in participating. Twenty-two sampled households (13%) had no male head of house available at the time to survey. No response was obtained from 52
households (31%). Sampling was continued until 50 subjects agreed to participate in the study. This number was chosen anticipating a packet completion rate of 60%, and represents approximately 32% of all individuals initially computer sampled, or 38% of those actually at the sampled address with or without a known female head of household. Of those responding with a male head of house 64% of subjects agreed to participate in this study.

Of the 50 subjects actually sent follow-up packets, the combined follow-up methods produced a compliance rate of approximately 60%. One packet was returned at this stage with no forwarding address, thus making the actual return rate 62%. Six packets were returned without the consent form being mailed, as evidenced by the fact that fewer consent forms were received than packets. This large number was probably due to either an additional safeguard some subjects might have evoked to remain confidential, or the fact that subjects were required to make two mailings to the researcher, which may have been confusing. Due to the safeguards for confidentiality it was impossible to tell if the reverse procedure was true, namely, if some individuals returned the consent form--and thus received reimbursement--without returning the packet.

It was necessary to send additional correspondence to 32 of the 50 subjects (64%) to boost compliance. It was also necessary to telephone at least 25 of these subjects (50%).
On a number of occasions multiple packets had to be sent to the same household to solicit survey compliance. The above procedures resulted in an overall compliance rate of 18%, which represents the percentage of the obtained sample of thirty subjects relative to the initial solicitation of 169 subjects.

**Instruments**

Abuser and non-abuser samples were administered six instruments: (1) a Background Questionnaire; (2) the Support System Self Assessment (Weinberg, 1984); (3) the Social Support Inventory (Brown, Brady, Lent, Wolfert, & Hall, 1987); (4) the Conflict Tactics Scale for the present spousal relationship (Straus, 1979); (5) the Conflict Tactics Scale for witnessing violence in the family of origin (Straus, 1979) and; (6) the Short Michigan Alcoholism Screening Test (Selzer, Vinokur, & Van Rooijen, 1975).

**Background Questionnaire (Appendix A).** This questionnaire was developed for this study and used to obtain such demographic information as the subject's age, education level, and income.

**The Support System Self Assessment (SSSA) (Appendix B).** This self-report instrument developed by Weinberg (1984) contains 10 questions designed to generate a list of individuals composing the respondents' support network. Once the list is generated, the respondent provides specific information concerning relationship intimacy, familial
network prevalence, and familial network confidant prevalence. Additionally, the SSSA measures multiplexity, density, and the stress/support balance of the social network.

Weinberg (1984) reported reliability and validity data only for the size and density subscales. In a sample of 20 undergraduates enrolled in an introductory psychology course, two week test-retest reliability coefficients were .73 for size and .85 for density. In the same sample, network size correlated with a social self-efficacy scale (.55) and measures of decoding (interpretation) and encoding (transmission) of non-verbal cues of emotion (.50 and .59, respectively). Size did not correlate significantly with a measure of self-esteem/social competence. Density correlated significantly with none of these measures.

Weinberg & Gatchell (1985) expanded on the above work in three subsequent studies. The first study examined the inter-relationships between the SSSA subscales, and the relationships of these subscales to two measures of health. The SSSA, Mental Health Index (MHI; Veit & Ware, 1983) and the Acute Symptom List (ASL; Manning, Newhouse & Ware, 1982) were administered to 41 undergraduate students. Descriptive statistics revealed mean support system size to be 18.75 (SD=7.48). The extent to which the support system was comprised of kin, relative to non-kin (family domination) was computed by dividing the number of family members by the
number of non-family members. The mean score was .50 (SD=.48). Weinberg & Gatchell (1985) also computed a proportion of confidant index by dividing the number of people in whom the respondent "confided something of personal importance or have been especially close to during the past 3 months" (p. 10) by network size. The mean confidant score was .45 (SD=.15).

The relationship between size and family domination was an inverse one (-.37). Thus, smaller support systems were likely to have a greater proportion of family members. Size was also strongly related to proportion of confidants (.73), indicating a strong link between support system quantity and quality. Family domination was negatively correlated with proportion of confidants (-.26). This indicated that students with fewer non-kin members in their support system had fewer people in whom they could confide. Proportion of confidants, considered to be indicative of high quality support (Lowenthal & Hauer, 1968; Phillips, 1981; Tolsdorf, 1970) was positively related to well-being (.28). On the other hand, over-abundance of kin was negatively correlated with psychological well-being (-.33). Similarly, Phillips (1981) found a high percentage of family in the social network to be negatively correlated with happiness in a male sample.

Noteworthy was the absence of a significant relationship between support network size and the MHI and
ASL. This finding replicates past research. Schaefer, Coyne & Lazarus (1981) found that the zero-order correlation between depression and a social network index was virtually zero (.09). In the same study, the network size index and physical health status were similarly unrelated. In another study using the McCallister and Fischer Network Interview (1978), the correlation between size and happiness was only .15 in a sample of women (Phillips, 1981).

In the next study, Weinberg & Gatchell (1985) sought to extend validation evidence for the SSSA beyond the college campus. Subjects were 67 mental health professionals employed at a community mental health center (CMHC). As in the first study, the SSSA, MHI, and ASI were administered. Means for selected SSSA subscales were fairly consistent between subjects in the two studies. Mean support system size for this sample was 18.32 (SD=6.43). The family domination score was .66 (SD=1.01). Proportion of confidant index was .44 (SD=.21).

Intercorrelations among support system dimensions and health measures differed from the first study to a certain extent. Size was negatively correlated with family dominance (-.32) but had a positive relationship with proportion of confidants (.53). Family dominance and proportion of confidants was not related to psychological well-being. Weinberg & Gatchell (1985) discuss these discrepancies in terms of dissimilarities between the two subject groups.
First, the student group was younger in age and composed of predominantly never married subjects than the CMHC sample. Differences in age are apt to influence family relations. Students, in general, were in the process of leaving their families of origin while the CMHC staff were more likely to have completed this developmental stage several years earlier. Thus, in the students the proportion of family was inversely related to percentage of confidants but showed no relation among the CMHC workers. It is entirely feasible that a 23 year old student is less likely to confide in his or her parents than an older person is to confide in a spouse.

Similarly, students' psychological well-being was inversely related to family dominance, whereas the CMHC group showed no such relationship. The authors speculated that this finding likely represents a social competence factor whereby better adjusted students are more able to initiate and maintain more friendships and consequently have a smaller proportion of family in their support systems. Students with less social competence are likely to have less friends and a greater proportion of family in their support system.

The final study (Weinberg & Gatchell, 1985) used the SSSA to compare the first two groups (students and mental health professionals) with a group of psychiatric patients. Some literature indicates that the support systems of psychiatric patients are smaller, more family-dominated, and,
in general, less supportive than those of non-patients (Beels, Gutwirth, Berkeley, & Struening, 1984; Hammer, 1981; Grusky, Tierney, Mandersheid & Grusky, 1985; Tolsdorf, 1976). The SSSA was administered to 53 subjects. Of these subjects, 62% were diagnosed as schizophrenic, and 36% had affective disorders. Mean network size was 7.32 (SD=3.56). Mean family domination was 1.27 (SD=1.92). Proportion of confidants was .59.

The SSSA revealed that the patient's support systems were smaller, more dense, more family-dominated, and had a greater preponderance of stressors to supporters than those of the two non-patient groups. These findings, therefore, are consistent with network theory and past literature.

The authors concluded that the above three studies lend support to the validity of the SSSA. For the most part, the SSSA subscales are independent of one another and, when they do co-vary, it is in a manner consistent with network theory and past literature. These three studies, in tandem with findings of Weinberg (1984), point to adequate psychometric quality of the SSSA.

The SSSA will be modified for use in the present study as follows (See Appendix B for a copy of the SSSA used in this study): 1) The time frame on the name-eliciting questions was changed from three months to the past month to be consistent with the perceived social support measure; 2) The density, multiplexity, and stress/support balance of the
Social network portions of the instrument were not used due to the nature of the research questions under study; 3) The relationship categories were condensed. The original categories, "brother" and "sister" were combined, and the category "husband" was deleted. All other categories remained the same; 4) An additional column was added to assess network confidant prevalence. The respondent was asked to place a check mark next to those network members in whom he confides and whose opinions are of value; 5) Minor wording changes were also required. For example, on one name-eliciting question reference was made to the respondent's fiance'; an inappropriate reference given the fact that respondents in the present study will all be male.

The SSSA was scored for the following variables:

1) **Support Network Size.** The total number of names listed.

2) **Family Network Size.** Total number of network members identified as family or relative.

3) **Confidants.** Number of members of the total social network in whom the respondent confides and whose opinions are valued by the respondent.

4) **Familial Network Prevalence.** The percentage of family network size to total network size.

5) **Familial Network Confidant Prevalence.** The percentage of familial network confidants to total network confidants.
Social Support Inventory (SSI) (Appendix C). Brown, Brady, Lent, Wolfert, & Hall (1987) developed a measure of perceived social support based on a person-environment fit model of satisfaction. A factor analytic investigation (Brown, Alpert, Lent, Hunt & Brady, 1988) revealed the presence of five factors on the SSI: (1) Acceptance and Belonging—extent to which needs for affiliation and esteem are met through provision of love, belonging, respect, acceptance and mutual communication; (2) Appraisal and Coping Assistance—extent to which the social environment provides the individual, in times of heightened stress, with emotional support, hope, and assistance in coping; (3) Behavioral and Cognitive Guidance—the degree to which the social environment meets needs for direct feedback concerning appropriate thoughts and behaviors; (4) Tangible Assistance and Material Aid—the extent to which the social environment meets individual needs for money, goods, and services; (5) Modeling—extent to which the social environment meets needs for modeling of appropriate behaviors and thoughts.

The SSI provides a theory-derived measure of perceived satisfaction with social support. The theoretical model underlying the development of the SSI is a person-environment (P-E) fit model of satisfaction. P-E fit models view satisfaction, defined as a pleasant affective state, as a product of the degree of fit between an individual's
interpersonal needs and the corresponding supplies provided by the environment.

The SSI consists of 39 items that are rated on three scales: Need Strength, Perceived Supply, and Subjective Satisfaction. A perceived fit (SSI-PF) score is derived from the SSI by summing difference scores between Need Strength and Perceived Supply ratings over all 39 items on the SSI. The SSI-PF score specifically considers individual differences in need strength in predicting perceived fit with one's environment. The smaller the discrepancy between need strength (perceived amount of support needed) and perceived supply (perceived amount of support received), the greater will be the individual's perceived fit and satisfaction.

For purposes of the present study, the Need Strength (SSI-N), Perceived Supply (SSI-S), and Perceived Fit (SSI-PF) Scales are of primary interest. In addition, an earlier version of the SSI was used in the study that did not include the Subjective Satisfaction Scale; thus, it was not possible to obtain ratings for this scale.

Brown, et al., (1987), provide information on the reliability of the SSI-PF scale of the SSI. Specifically, in a sample of 99 college students (Age: M=22.68; SD=3.68), split-half reliability, calculated on odd versus even items, was .90, and calculations of coefficient alpha yielded a correlation of .95.
Brown, et al., (1987) also found consistent support for the validity of the SSI-PF Scale. Concurrent validity analyses explored the relationship of the SSI-PF scale to two, more direct measures of satisfaction: the total Subjective Satisfaction Score (SSI-SS) and a rating of General Satisfaction (GS) with support. The correlations between the SSI-PF and the SSI-SS and GS were -.77 and -.75, respectively. Construct validity was assessed by employing measures of anxiety, depression, psychosomatic symptoms, and health-risk behaviors as criterion indices to assess the relationship of SSI-PF scores to hypothesized emotional (depression, anxiety), physiological (psychosomatic symptoms), and behavioral (health-risk behaviors) concomitants of dissatisfaction. Results indicate that the SSI-PF scale correlated significantly with these criterion indices (depression: $r = .57$; anxiety: $r = .54$; psychosomatic symptoms: $r = .31$; health-risk behaviors: $r = .20$).

In summary, the SSI-PF scale demonstrated high internal consistency and correlated in predicted directions with other, more direct measures of satisfaction. The SSI-PF also correlated in predicted directions with independent measures of emotional, physiological, and behavioral strain. Thus, at least for the college sample employed in the Brown, et al., (1987) study, the SSI-PF was demonstrated to be psychometrically sound.
In the present study, the SSI will be scored for both total and subscale scores on the Need Strength, Perceived Supply, and Perceived Fit Scales.

1) Need Strength (SSI-N). Overall need strength levels for social support will be calculated by summing the need strength ratings across all 39 items. Subscale need strength scores will be calculated by summing need strength ratings of items in each of the five SSI subscales.

2) Perceived Supply (SSI-S). Overall perceived supply levels for social support will be calculated by summing the supply ratings across all 39 items. Subscale perceived supply scores will be calculated by summing supply ratings of items in each of the five SSI subscales.

3) Perceived Fit (SSI-PF). Overall perceived fit with social support will be calculated by subtracting perceived supply from need strength ratings and summing of those difference scores across all 39 items. Subscale perceived fit scores will be calculated by summing difference scores of items in each of the five SSI subscales. Consistent with Brown, et al. (1988), negative values for perceived fit were set at zero.

Conflict Tactics Scale (CTS) (Appendix D). This instrument was developed by Straus, (1974; 1979) and is used to measure intrafamily conflict and violence. It consists of 14 statements related to the respondent's style of conflict management. The content of the statements relate to possible
violent acts or physical use of force, and are scored on an 6-point frequency scale (0=never; 5=more than once a month). Three subscales are included to measure modes of dealing with conflict: (1) The Reasoning Scale -- the use of rational discussion, persuasion, and reasoning (i.e., an intellectual approach to resolving a dispute); (2) The Verbal Aggression Scale -- the use of verbal and nonverbal acts that symbolically hurt the other, or use of threats to hurt the other; and (3) The Violence Scale -- the use of physical force against another as a means of resolving conflict.

Straus (1979) provided information on the internal consistency reliability of the CTS. An item analysis was computed to determine the correlation of the items composing the CTS subscales with the total subscale score. The resulting mean item-subscale total correlations of items in each subscale were as follows: Reasoning Scale .74; Verbal Aggression Scale .73; Violence Scale .87.

Bulcroft & Straus (1975) provided some evidence of the CTS' concurrent validity. The CTS was administered to 55 students in a college sociology class and to their parents. Correlations of fathers' scores with students' scores were: .19 on the Reasoning scale; .51 on the Verbal Aggression scale; and .64 on the Violence scale. In explaining these results, Bulcroft & Straus (1975) suggested that when conflict resolution becomes more direct and severe as measured on the Verbal Aggression and Violence Scales, its
psychological salience increases, thereby enhancing recall. In any event, concurrent validity, especially for the Verbal Aggression and Violence Scales of the CTS, appears to be satisfactory.

The CTS appears to possess content validity since all the Violence Scale items describe acts of actual physical force being used by one family member on another. Straus (1979) suggests that evidence for the construct validity of the CTS exists, based on the results of several analyses using the CTS as a measure of violence. For example, rates of occurrence for socially undesirable acts of verbal and physical aggression obtained on the CTS were consistent with in-depth interview studies conducted by Gelles (1974).

The CTS is also used to assess the witnessing of parental violence within the family of origin. The instrument uses the same 14 statements but requests the respondent to rate his/her father and mother in terms of the three modes of managing conflict. Further, the items composing the first instrument (respondent use of conflict tactics) are written in the first-person, while the items for the "witnessing" instrument are written in the third-person.

Both forms of the CTS will be used in this study. The Violence Scale from the original CTS will be used to verify that abusers in treatment actually engage in abusive behavior as measured by the CTS. Further, this form of the CTS will be used to screen and discard any sampled comparison group
members who endorse items indicative of spouse abuse. The Violence Scale score from the retrospective form of the CTS will be used to establish prevalence of observation of parental violence within the family of origin. An aggregate score can be derived across items on the Violence Scale for both paternal and maternal violence by summing item scores. This aggregate score can range from 0 to 60 and is reflective of occurrence, severity, and frequency of abusive behavior in the family of origin of the respondent.

**Short Michigan Alcoholism Screening Test (SMAST)** (Appendix E). The SMAST was developed by Selzer, Vinokur, & Van Rooijen, (1975) and is a shortened version of the Michigan Alcoholism Screening Test (MAST: Selzer, 1971).

Selzer, et al., (1975) provided reliability and validity information on both the MAST and SMAST. Internal consistency reliability for the MAST was computed on two groups. Group G consisted of 501 males over 20 years old who were recruited from a study investigating the role of social and psychological factors in traffic accidents. Group A consisted of 228 alcoholics recruited from an inpatient treatment center for alcoholism and a rehabilitation program for alcoholics. Separate computations for Groups G and A yielded alpha coefficients of .83 and .87 respectively, and .95 for the entire sample. The same groups were used as criterion groups to determine the validity of the MAST. Pearson Product-Moment correlation coefficients computed
between total MAST scores and criterion group membership yielded a validity coefficient of .79. To more rigorously assess validity, subgroup analyses were performed comparing one subgroup that was known to have a very small proportion of alcoholics to a subgroup of hospitalized alcoholics. The resulting correlation coefficient between scores on the MAST and criterion group membership was .90.

Selzer, et al., (1975) also ascertained the extent to which age or social desirability bias affected the above validity coefficients. The correlation between MAST scores and age was computed for Groups G and A, resulting in coefficients of .02 and .20, respectively. Selzer, et al., (1975) noted that although the latter correlation is significant, it is too weak to explain the fairly robust validity coefficient of the MAST. Correlation coefficients were computed between MAST scores and scores on a Deny-Bad subscale of the Crowne-Marlowe Social Desirability Scale (Crowne & Marlowe, 1964) to assess social desirability influences. The correlations for Groups G and A were -.11 and -.18 respectively. Although these correlations were significant, they were relatively weak. Thus, Selzer, et al., (1975) concluded that tendencies to deny undesirable characteristics do not seem to extensively affect the validity of the MAST as a screening instrument for alcoholism.
Selzer, et al., (1975) produced a shorter version of the 25-item MAST by developing the SMAST. A stepwise regression procedure was used to select only those MAST items that significantly improved the prediction of the dependent variable (alcoholic or nonalcoholic group membership). Using the above-described Groups G and A as criterion groups, a set of 12 items was selected from the original set of 25 items. One additional item was added resulting in a final set of 13 items that comprise the current version of the SMAST.

Chronbach alpha coefficients were computed on the SMAST for Group G, Group A, and combined groups, and yielded coefficients of .76, .78 and .93, respectively. Selzer, et al., (1975) noted that these coefficients are only slightly lower than those obtained for the MAST (.83, .87, and .95, respectively).

Selzer, et al., (1975) also computed several validity studies of the SMAST. A Product-Moment correlation between the SMAST and MAST yielded coefficients of .93, .90, and .97 for Groups G, A, and combined groups, respectively.

Scores from the SMAST were also correlated with membership in the alcoholic and nonalcoholic criterion groups. A Product-Moment correlation of .83 was obtained with Group G and Group A as the criterion groups and .94 when a group known to have a low proportion of alcoholics and another group of hospitalized alcoholics were used as criterion groups. Selzer, et al., (1975) noted that these
validity coefficients were slightly higher than those obtained for the MAST.

The possible effects of age and social desirability of responding on the SMAST were investigated and found to be negligible. Age of the respondents did not affect the validity coefficients when age was statistically controlled. Correlations between the SMAST and the Deny-Bad scale on the Crowne-Marlowe were -.12 and -.20 for Groups G and A, respectively, and -.18 for the combined groups. Selzer, et al., (1975) noted that these correlations were weak and that the validity coefficients were not affected when the social desirability tendency was statistically controlled.

In summary, Selzer, et al., (1975) concluded that both the MAST and SMAST have sound psychometric properties, and that when time and questionnaire space are at a premium, the SMAST may be substituted for the MAST.
Confidentiality

Confidentiality of subjects' responses was safeguarded through the following procedures. Subjects' questionnaire packets were number-coded; thus, the use of names was avoided. All raw data were number-coded and entered into a computer data file. Consent forms were removed from questionnaire packets upon the receipt of the packets; ensuring anonymity of responses. The consent forms were kept in a personal, secure file of the investigator's.

For the comparison group, confidentiality was safeguarded with an additional procedure. In the mailed survey packets, a stamped self-addressed envelope was included so that the respondent could return his signed consent form separately from his questionnaire packets. Subjects were informed of the above procedures for safeguarding confidentiality at the time the questionnaires were distributed. For the comparison group, these procedures were explained in a letter. For both groups a final safeguard of confidentiality was the researcher's assurance that individual data would not be examined until all sampling had been completed. This final procedure was necessary to prevent any identification of packet material through temporal association with consent forms or other day-to-day factors in the research process.

Those subjects who wished to receive a final copy of the results of the study were able to make their request at
the time they completed the questionnaires. A sign-up sheet was available for their names and addresses. For the comparison group, a box on the back of the informed consent envelope was provided which, when checked, signified the respondent's desire to receive a copy of the results.
CHAPTER IV

RESULTS

Sample Description

Descriptive statistics for the sample and comparison groups may be found in Table 1. Abuser and comparison groups differed significantly in terms of education \[X^2 (9) = 18.45, \ p < .025\], and income \[X^2 (8) = 20.54, \ p < .025\], but not in terms of racial composition \[X^2 = 1.46, \ p < .50\]. Overall, abusers were significantly less educated and had less income than non-abusers. Education and income levels will, therefore, be entered as covariates into subsequent analyses.

Primary Analyses

The complete dependent variable data set was first analyzed with a multivariate analysis of covariance, (MANCOVA), to control for experiment-wise error rate associated with multiple univariate tests of significance. MANCOVA results revealed significant multivariate differences between abusers and non-abusers, Wilkes Lambda = .4917; \( F (8, 49) = 6.32, \ p < .0001 \). The combined multivariate covariates of income and education, however, were not significant, Wilkes Lambda = .58183, \( F (16, 98) = 1.65, \ p < .10 \). Since the
combined covariates were not significant, univariate analysis of particular covariates is not indicated, due to the potential for compounded Type I error rates (Bock, 1975).

Subsequent univariate analyses of covariance (ANCOVA's) revealed significant differences between abusers and nonabusers on (1) the retrospective CTS, $F(1, 56) = 24.54, p < .0001$; (2) Familial Network Prevalence, $F(1, 56) = 4.30, p < .04$; (3) SS1-PF, $F(1, 56) = 10.20, p < .002$; (4) SS1-N, $F(1, 56) = 5.74, p < .020$; (5) SS1-S, $F(1, 56) = 1.64, p < .205$; (6) SMAST, $F(1, 56) = 7.52, p < .008$. No significant differences were observed between the abuser and non-abuser group in terms of network size, $F(1, 56) = .53, p < .466$; and Familial Network Confidant Prevalence, $F(1, 56) = 3.24, p < .077$.

Thus, the results support Hypotheses 1, 3, 5, 6, and 8 and suggest that abusers differed significantly from non-abusers in that they were more likely to witness parental violence in their homes (Hypothesis 1), have greater prevalence of family in their support networks (Hypothesis 3), report less fit with their social environments (Hypothesis 5), as well as greater interpersonal need strength (Hypothesis 6). Abusers also reported greater incidences of alcohol abuse than did non-abusers (Hypothesis 8).

Hypotheses 2, 4, and 7, however, were not supported. Abusers did not report greater social isolation (Hypothesis
2), or a greater percentage of familial network confidant prevalence (Hypothesis 4) than did non-abusers. Finally, abusers and non-abusers did not significantly differ in the extent of supplies of support provided by the environment (Hypothesis 7).

We also tested for differences between abusers and non-abusers on SSI-PF, SSI-N, and SSI-R for each of the SSI subscales. As seen in Table 2, abusers reported significantly less perceived fit and satisfaction in terms of needs for acceptance and belonging (PFI); appraisal and coping assistance (PFI I); tangible and material aid (PFI V); and modeling (PFV) than did non-abusers. Abusers reported significantly greater need strength for acceptance and belonging (Need I); appraisal and coping assistance (Need II); and behavioral and cognitive guidance (Need III) than non-abusers (Table 3). Finally, although abusers and non-abusers did not significantly differ on overall supply level, abusers received significantly greater supplies of modeling than non-abusers (Table 4).
<table>
<thead>
<tr>
<th>Race</th>
<th>Abusers</th>
<th>Non-abusers</th>
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<tbody>
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<td>2</td>
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<tr>
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<td>Hispanic</td>
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<td>1</td>
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<table>
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<td>$27,000</td>
</tr>
<tr>
<td>S.D.</td>
<td>2.35</td>
<td>1.97</td>
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<table>
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<tr>
<th>Education</th>
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<tr>
<td>Mean (years)</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>S.D.</td>
<td>2.35</td>
<td>1.73</td>
</tr>
<tr>
<td>Subscale</td>
<td>Abusers (Mean) (SD)</td>
<td>Non-Abusers (Mean) (SD)</td>
</tr>
<tr>
<td>----------</td>
<td>---------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>PFI</td>
<td>19.30 (3.96)</td>
<td>19.17 (5.90)</td>
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<tr>
<td>PFII</td>
<td>13.80 (11.93)</td>
<td>4.16 (6.42)</td>
</tr>
<tr>
<td>PFIII</td>
<td>10.86 (16.90)</td>
<td>3.11 (4.89)</td>
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<tr>
<td>PFIV</td>
<td>7.33 (8.85)</td>
<td>1.06 (2.19)</td>
</tr>
<tr>
<td>PFV</td>
<td>4.30 (5.16)</td>
<td>1.33 (2.39)</td>
</tr>
<tr>
<td>PF Misc</td>
<td>6.00 (19.86)</td>
<td>3.66 (15.26)</td>
</tr>
</tbody>
</table>

Univariate F df = (1, 53)

Pillais Trace = .29588; Multivariate F (6, 53) = 3.57, p < .005
### TABLE THREE
Subscales of Need Strength Scale

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Abusers (Mean) (SD)</th>
<th>Non-Abusers (Mean) (SD)</th>
<th>Univariate F1</th>
<th>p &lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need I</td>
<td>42.60 (15.52)</td>
<td>27.33 (13.05)</td>
<td>8.33, .0025</td>
<td></td>
</tr>
<tr>
<td>Need II</td>
<td>37.33 (15.84)</td>
<td>22.50 (9.79)</td>
<td>10.02, .0025</td>
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</tr>
<tr>
<td>Need III</td>
<td>28.16 (16.10)</td>
<td>12.52 (13.32)</td>
<td>7.30, .0025</td>
<td></td>
</tr>
<tr>
<td>Need IV</td>
<td>17.43 (9.76)</td>
<td>14.39 (6.83)</td>
<td>1.52, .225</td>
<td></td>
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<tr>
<td>Need V</td>
<td>20.63 (15.05)</td>
<td>12.12 (12.06)</td>
<td>2.45, .123</td>
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</tr>
<tr>
<td>Need Misc</td>
<td>22.63 (17.35)</td>
<td>20.20 (20.44)</td>
<td>.17, .70</td>
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</tr>
</tbody>
</table>

1. Univariate F df = (1, 53)
Pillais Trace = .30601; Multivariate F (6, 53) = 3.74, p < .005
# TABLE FOUR

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Abusers (Mean)</th>
<th>Non-Abusers (Mean)</th>
<th>Univariate $F^1$</th>
<th>$p &lt;$</th>
</tr>
</thead>
<tbody>
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<td>Supply I</td>
<td>28.43</td>
<td>29.40</td>
<td>.266</td>
<td>.65</td>
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<tr>
<td></td>
<td>15.92</td>
<td>15.00</td>
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<td></td>
</tr>
<tr>
<td>Supply II</td>
<td>28.13</td>
<td>22.46</td>
<td>1.78</td>
<td>.20</td>
</tr>
<tr>
<td></td>
<td>14.60</td>
<td>11.48</td>
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<td></td>
</tr>
<tr>
<td>Supply III</td>
<td>20.70</td>
<td>14.00</td>
<td>3.85</td>
<td>.10</td>
</tr>
<tr>
<td></td>
<td>10.76</td>
<td>8.93</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supply IV</td>
<td>8.73</td>
<td>9.26</td>
<td>1.80</td>
<td>.20</td>
</tr>
<tr>
<td></td>
<td>9.26</td>
<td>17.35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supply V</td>
<td>15.60</td>
<td>8.57</td>
<td>10.26</td>
<td>.005</td>
</tr>
<tr>
<td></td>
<td>10.03</td>
<td>5.26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supply Misc</td>
<td>18.96</td>
<td>15.23</td>
<td>3.44</td>
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<tr>
<td></td>
<td>10.49</td>
<td>16.29</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Univariate $F$ df = (1, 53)

Pillais Trace = .26044; Multivariate $F$ (6, 53) = 3.11, $p < .011$
The relation between structural aspects of the support network derived from the SSSA (total number of support network members; familial network prevalence; and familial network confidant prevalence) and SSI-PF scores was assessed through the use of Pearson Product-Moment Correlations with covariates. The second order partial correlation coefficient (controlling for income and education) between total number of support network members and the SSI-PF was $r = .145$, $p < .138$. The second order partial correlation coefficient (controlling for income and education) between familial network prevalence and SSI-PF was $r = .156$, $p < .120$. Finally, the second order partial correlation coefficient (controlling for income and education) between familial network confidant prevalence and SSI-PF was $r = .154$, $p < .123$. Thus, as theorized and consistent with past literature, structural aspects of the support network derived from the SSSA had little or no relationship to measures of perceived fit with social support.
CHAPTER V

DISCUSSION

Study Results

The goal of this study was to explore variables related to etiology and maintenance of spouse abuse. Specifically, observation of parental violence, support network characteristics, perceived social support, and alcohol abuse were hypothesized to significantly differentiate between abusers and a comparison group of non-abusers. Social learning theory provides the conceptual framework whereby modeling influences may account for acquisition of violent behavior in childhood, and maintenance of such behavior in adulthood. Effects of modeling in adulthood were predicted to be manifest in the individual's support network as assessed through support network analysis.

Hypothesis 1 predicted that abusers witnessed parental violence significantly more than non-abusers. This Hypothesis was supported. This finding replicates past research and suggests that acquisition of abusive behavior is related to witnessing maladaptive styles of conflict management between parents. The mechanism through which this
occurs may concern the putative effects of modeling. The fact that the comparison group of non-abusers, as a whole, did not witness parental violence suggests that they modeled styles of conflict management that did not involve physical abuse. These findings suggest that the abuser group, on the other hand, may have acquired physically abusive behavior through vicarious learning processes and indeed may have been rewarded as children for exhibition of the behavior.

Hypothesis 2 predicted that abusers are significantly more socially isolated than non-abusers, as measured by support network size. This Hypothesis was not supported. Thus, support network size does not differentiate spouse abusers from non-abusers. It was hypothesized that fewer numbers of support network members would leave the abuser with decreased opportunities for modeling appropriate conflict management styles. The fact this hypothesis failed to be supported suggests that it is not quantity of support network members per se that forms the critical variance when differentiating abusers from non-abusers and assessing modeling influences. Rather, it appears that qualitative analyses of actual network composition may yield more useful information. In short, the impact of modeling can be better addressed not by the question of how many members constitute a support network, but who they are and what role they play in the abuser's life. Hypothesis 3 predicted that abusers would have significantly greater familial network
prevalence than non-abusers and was supported. Support networks of abusers were found to be characterized by a greater number of family relative to non-family members than support networks of non-abusers.

Hypothesis 4 predicted that abusers would have significantly greater familial network confidant prevalence than non-abusers. This Hypothesis was not supported; however, there was a trend towards abusers having a greater prevalence of familial network confidants in their support networks than non-abusers. Together, support of Hypothesis 3 and the finding of a trend for Hypothesis 4 suggests that the prevalence of family relative to non-family and possibly their confidant status serve to differentiate abusers from non-abusers.

This finding is important both in terms of the manner in which abusive behavior is conceptualized and the way it is dealt with therapeutically. An abuser who obtains support primarily from family members may be viewed as one who is relatively dependent on his family, and, perhaps, lacks exposure to influences from non-family members. This suggests that generational styles of managing conflict may be perpetuated through the special role accorded a family member. The fact that an abuser's support network is dually characterized by familial prevalence and the trend toward familial confidant prevalence suggests that he is surrounded by a relatively impermeable network that perpetuates familial
beliefs, attitudes, and modeling of behavioral patterns to the relative exclusion of input from other, non-familial sources. Thus, the abuser may be deprived of opportunities to learn different modes of conflict management or to model appropriate means of managing family conflict. Such a network may not only lack sanctions against maladaptive behavior, but may actually provide rewards for the behavior (or at least benign acceptance of the behavior). Finally, a support network characterized by familial network prevalence provides increased opportunities for spouse abuse to occur simply because the abuser has a greater amount of contact with family members than with non-family members.

The implications of support for Hypotheses 1 and 3 are twofold. First, education and prevention for parents concerning childrearing practices should be emphasized. Children initially acquire conflict management styles through observation of their parents. Parents would benefit from education concerning adaptive styles of managing their own conflict, and should be made aware of the effects of modeling on their children. Further, attempts toward behavioral change should be implemented. If parents do not receive education concerning the impact of their behavior on their children coupled with behavioral change, then spouse abuse likely will continue to be transmitted through successive familial generations.
Second, treatment considerations can be derived from the above findings. When a spouse abuser presents himself for treatment special consideration should be given to treatment modality used (e.g. individual versus group or family), and which individuals should be identified for intervention. The above results indicate that traditional individual psychotherapy with the abuser may not be sufficient. The contingencies of reinforcement and lack of positive modeling influences found in the support network may outweigh therapeutic involvement focussed solely on the abuser in terms of behavioral change. Hence, the identified patient for intervention may be redefined in terms of a family system requiring intervention. The abuser may benefit most when senior role models (e.g. parents) are brought into treatment. Conversely, the abuser's children may also require intervention into maladaptive behavioral patterns already acquired via modeling processes. This finding is consistent with trends evident in the therapeutic treatment of abusers that emphasize family therapy as a preferred modality or as an adjunct to individual and group treatment (Neidig & Friedman, 1984). Hypothesis five, which related to Perceived Fit with social support, was supported; hence, abusers have significantly less Perceived Fit between need strength and need supply than non-abusers. It was hypothesized that support networks characterized by familial network prevalence and familial confidant prevalence
would reflect diminished availability of social support. This was predicted to be manifest in abusers having less perceived social person-environment congruence and, thereby, less satisfaction with their social support than non-abusers. The finding of a significant difference between abusers and non-abusers on the Perceived Fit scale of the SSI implies that abusers receive less support than they need as compared to non-abusers. Specifically, analyses of SSI-PF subscale scores indicates that abusers reported significantly less perceived fit in terms of needs for acceptance and belonging, appraisal and coping assistance, tangible and material aid, and modeling than non-abusers. These results suggest that abusers' support networks, besides being composed primarily of family members, provide the abuser with less acceptance, coping assistance, and modeling than he feels he needs. On the other hand, non-abusers reported that they more nearly received what they needed to feel accepted by their networks, to modify maladaptive thoughts and behaviors, and to cope with stressful circumstances in their lives.

Some explanation for these results is provided by data collected to test Hypotheses 6 and 7. Hypothesis 6 predicted that abusers would have significantly greater needs for social support than would the comparison group. This Hypothesis was supported. (i.e. abusers reported greater total need strength scores on the SSI than did non-abusers).
Further, analyses of Need Strength subscales indicated that abusers had significantly greater needs for acceptance and belonging, appraisal and coping assistance, and behavioral and cognitive guidance, than did non-abusers.

Hypothesis 7 predicted that abusers would receive significantly fewer supplies for their support-related needs than would the comparison group. This Hypothesis was not supported. Hence, abusers and non-abusers receive equitable supplies from their environments. Analyses of Supply Subscales, however, indicate the abusers receive significantly greater supplies of modeling than non-abusers.

The greater lack of perceived social P-E fit reported by abusers than by non-abusers (see Hypothesis Five), may be due to the fact that abusers in this study reported greater needs for more types of support than did non-abusers. Although they received congruent supplies relative to their non-abusing counterparts (and, in the case of modeling, received more), they reported greater dis correspondence and less satisfaction because of strong levels of need that they concomitantly expressed (item mean = 4.32), as compared to the levels of need expressed by non-abusers (item mean = 2.77).

Hypothesis 8 predicted a greater incidence of alcohol abuse among abusers relative to non-abusers. This Hypothesis was supported. Abusers are more likely to be problem-drinkers or alcoholics than non-abusers. This finding
replicates past research and has several implications for spouse abuse.

Ethanol consumption is known to have a disinhibitory effect on the individual (cf. Ron, 1987). Such an effect can serve as a releasor of existing responses in the behavioral repertoire. Therefore, alcohol consumption can facilitate abusive behavior through the mechanism of response disinhibition. This is consistent with Arias's (1984) perspective on spouse abuse concerning the differential role accorded to the three effects of modeling on the observer. Of the three, response disinhibition, or an increase in the probability of a socially undesirable behavior, is recognized to be most prevalent among spouse abusers. It appears likely that alcohol abuse operates primarily to increase the probability of abusive behavior through the process of disinhibition. Hence, spousal conflict negotiation in the presence of impaired judgment, decreased verbal reasoning capability, and disinhibition of abusive behavior appears unlikely to meet with success. In fact, spousal conflict negotiation under these conditions appears conducive to violent resolution since these circumstances are likely to be optimally frustrating and tension-enhancing.

Previous theorizing concerning structural aspects of the support network derived from the Support System Self-Assessment predicted little or no relationship to measures of Perceived Fit with social support. In the present study, no
significant relationship was found between number of support contacts and SSI-PF, familial network prevalence and SSI-PF, and familial network confidant prevalence to SSI-PF. These findings are consistent with previous literature concerning the relation between objective, structural aspects of the support network to subjective evaluations. Past research (Cutrona, 1982; Sarason, Levine, Basham, & Sarason, 1983) has indicated subjective evaluations are not strongly related to objective indices of social contact such as number of contacts or frequency of interaction. The finding of no significant relationship between Perceived Fit and support network variables indicates that subjective assessments and objective structural components of a support network are measuring different but interrelated processes. Subjective assessments of social support likely are tapping into intraindividual variables such as personality traits. Depending upon the nature of the research question under study, the researcher may choose either structural components or perceptions of support as the domain to study. However, the extent to which these two intuitively related variables co-vary or differ is unclear. It therefore appears necessary for future research to establish this. In the meantime, House & Kahn's (1985) caution to measure at least two of the three aspects of social relations—quantity, structure, and function—is valid and should be heeded by future researchers in the field.
Limitations.

This study attempted to improve on extant spouse abuse literature by sampling abusers and a geographically and socioeconomically proximate group of non-abusers, using standardized instruments, and forming research questions that were theoretically derived. Limitations are present, however, and will now be addressed.

Self-report is subject to response biases and social desirability effects (Edwards, 1967). The author attempted to minimize self-report bias by ensuring confidentiality and anonymity of responses. Most of the comparison group members opted to mail their consent forms under separate cover to ensure anonymity of responses. This indicates that, as a group, many individuals selected the option to dissociate their names from questionnaire responses which suggests that respondents were truthful in responding and comfortable with procedures for safeguarding anonymity. Even so, additional reports from significant others would have improved the study by affording the researcher with an opportunity to cross-validate responses. For example, reports from others concerning composition of support network members not only would strengthen conclusions drawn from the study but would also be of interest and serve to enhance the study.
Retrospective self-report concerning observation of parental violence as a child is also subject to distortion. For example, it is not known whether the reported childhood homes actually contained abusive behavior when evaluated or measured objectively. Further, it is unknown whether the abusive behavior was labeled as it was being experienced or witnessed or if it is only in retrospect that the events were labeled as abusive. Concurrent cognitive labeling of the event may influence the degree or nature of the impact of the event on an individual's behavior. An improvement on the present design would have been to include reports from siblings concerning observation of parental violence, or sampling of parents of abusers concerning past and present styles of conflict management. An obvious improvement to firmly establish the relation between observation of parental violence as a child and modeling influences would involve a prospective, longitudinal design. This would include the identification of children whose parents were known to be physically abusive to each other. These children's conflict tactics in a variety of settings (e.g. school and at play) could then be observed and compared with that of children whose parents were not abusive to each other.

The issue of volunteerism and self-selection is another factor in need of consideration in any discussion of limitations. Subjects who participated in this study might have differed in several ways from those who chose not to
volunteer, and these differences could have had a significant impact on the dependent variables. For example, Hypothesis One predicted that abusers would have a greater amount of observation of parental violence in the family of origin than the comparison group. This Hypothesis was supported. However, it is feasible that non-abusive males constituting the comparison group who had witnessed violence between parents during childhood might be less likely to complete a survey regarding its prevalence in their family of origin. The memories involved might have been too unpleasant. Such a factor may not have been operating in the abuser group who were receiving therapy and where the encouragement of face-to-face-contact might have been the impetus for greater painful self-disclosure than would have been obtained through a mailed survey.

Some of the differences found between the two groups could be due to some type of treatment effect in the group of abusers. Hypothesis Six predicted that abusers would have significantly greater need strength for social support than the comparison group of non-abusers. Hypothesis Seven predicted that abusers would have significantly fewer supplies of social support than the comparison group of non-abusers. It is possible that the therapy the abusers were receiving sensitized them to their needs and to the provisions that they were receiving, which they otherwise might simply have ignored or been unable to acknowledge.
A similar difficulty is found in the finding regarding degree of alcohol abuse. The extent to which a mailed survey can encourage honest reporting of alcohol problems in those not receiving treatment is unknown. Personal admission of alcohol problems and denial of such problems is problematic. Presumably, individuals in treatment would be more open about pathological or socially unacceptable behaviors than other individuals, since much of their "denial" might have been "broken down" by treatment efforts. Furthermore, spouse abusers might be seeking a rational explanation of their abusive behavior and thus may exaggerate claims of alcohol difficulties. Under the current Zeitgeist it is probably more acceptable to have a substance abuse problem then a problem with physically abusing one's spouse. Thus, social desirability factors might have encouraged an exaggeration of the degree of alcohol abuse within the spouse abuse sample while simultaneously influencing comparison group members to minimize alcohol-related problems.

The effects of treatment can be controlled by holding them constant across an abuser group and comparison group. An improvement to the present study would have been to sample non-abusive comparison group members whose marriages were distressed and who were receiving marital counseling. In this manner, both abusers and comparison group members in therapy could be expected to have roughly equal amounts of therapeutic treatment effects. Future research could improve
on the present study by holding treatment effects constant across groups since involvement in therapy might have significant and wide-ranging impact on a wide variety of dependent measures.

Additional concerns regarding selection factors relevant to the comparison group and the survey method used are also warranted. Due to the survey method used, selection factors could have potentially intervened at two separate junctures. These could have occurred first, upon receipt of the initial solicitation letter and return of the postcard indicating willingness to participate in the study, and second upon receipt, completion, and return of the questionnaire packet. Subjects in receipt of the initial solicitation letter and postcard were confronted with a choice of whether to participate in the study or not. Every effort was made to facilitate this choice; for example, the letter emphasized time requirements of the potential respondent and the nature of the task, and a postcard was included whereby the subject could simply indicate his choice by checking off a blank. It is not unlikely that more pathological individuals in the comparison group could have avoided participating. It is hard to imagine a person who spends most of his leisure time drinking to be willing to fill out a survey. Similarly, individuals whose interest orientation is primarily to an insular family (for whatever
reason) might tend to be less likely to complete a long survey from a stranger or non-family member. At the second juncture certain personality factors might have influenced response rates. The sampling procedure was biased against individuals who procrastinated completing and returning the questionnaires. At least 20 individuals agreed to participate in the study, yet were non-compliant, presumably because, for whatever reason, they just "didn't get around to" filling out the questionnaires or mailing them back to the researcher. Unknown others may have simply procrastinated returning the initial cards expressing an interest in the project. Although little is known regarding the relationship between such behavior and possible survey bias some speculations can be made from what is known regarding the behaviors of procrastinators in general.

McCown, Johnson and Petzel (1988) studied the behavior of college student procrastinators. They found three principal components associated with this syndrome. Two are relevant to the present discussion. One subtype of procrastination is characterized by lethargy, depression, and anxiety. Another subtype is characterized by tough-mindedness and hostility towards others. Both of these personality constellations prevalent in individuals who chronically fail to complete tasks might have served to exaggerate between group differences found in this study. More neurotic and hostile individuals who might be expected to have support
networks and drinking patterns similar to abusers may have procrastinated completion of the survey.

In addition to concerns of statistical conclusion and internal validity, important concerns can also be raised regarding external validity, or the generalizability of these findings to other abusers. The abuser group represents a self-selected and court-mandated sample presently in treatment for spouse abuse. Thus, either the abuser, a significant other, or the judicial system have identified abusive behavior as a problem requiring therapeutic intervention. The extent to which this sample is representative of the population of abuser's is thus in need of qualification due to the inability to randomize and the fact the abusers were all receiving treatment. There is no way to establish whether abusers not involved in treatment would respond in a comparable manner to the research questions under study. However, the question of how the sampled group may differ from abusers not in treatment can be addressed.

Spouse abusers may lack motivation to seek professional treatment for three possible reasons. First, an abuser with low needs for social support may not experience the need to seek professional treatment. Hence, the present sample may have had greater need strength for social support than would a group of abusers not opting for therapy. Secondly, support networks of abusers not seeking treatment may be meeting
their needs for social support which could result in a decreased likelihood of their seeking professional treatment. This implies that the present sample's support networks may be more deficient in meeting their needs for social support than support networks of abusers not in treatment. Certainly, those abusers who seek therapeutic intervention could constitute a subset of abusers who are lacking in social contact and social support in the first place. The extent to which this consideration impacted on the results of the study is presently unclear. It is possible that abusers not in treatment and unavailable for study have support networks that successfully meet their needs and that the present findings do not particularly pertain to these individuals. Finally, the present sample of abusers may be more open to input from others and behavioral change. At the very least, abusers in treatment have identified their behavior as problematic and have sought help from others in an effort to change. Thus, the present sample of abusers may be more open to experience and input from others than abusers not presenting for treatment. This factor may have resulted in overreporting on the dependent measures used in this study such as alcohol abuse, or extent of need strength for social support. Furthermore, the subgroup of abusers who are forthcoming concerning emotional and psychological difficulties are disparate from clinical and research reports of abusers who deny, rationalize, and minimize problems.
Directions for research

Results of this study concerning the strength of support-related needs of abusers strongly suggests the presence of an individual difference variable significantly differentiating abusers from non-abusers. Such variables as low self-esteem or attitudes toward women have been studied in the past. Further study is needed on the nature of individual differences in spouse abusers and the role they play in maintenance of spouse abuse. Furthermore, we need to be able to more accurately determine when need strength levels may be so excessive that one's social network is incapable of meeting them. Further study is needed on personological variables specifically related to perceived fit with social support and interpersonal relationships in general.

The presence and nature of individual differences as they interact with selection and the eventual composition of a support network also demands future empirical research. For example, through what processes does an individual with excessive need strength for social support select and establish a support network? Once established, what characterizes the network members of such an individual? It would be of interest if the support networks of individuals with high need strength are found to be predominantly composed of family members.
The interaction between support network composition and SSI-derived Perceived Fit data is also an area for further study. Do individuals with maladaptive behavior patterns, major thought disorder, or affective disturbances have poor perceived fit with their social support as provided by a particular composition of support network members (e.g. family)? Conversely, under what circumstances does poor perceived fit vary as a result of support network composition?

More research is needed on the relation between objective, structural aspects of an individual's support network and Perceived Fit with social support. The phenomenon being tapped through the SSSA and SSI, although theoretically and conceptually linked, do not significantly correlate, at least in the present study. Future research is necessary to ascertain what separate, but interrelated processes are present and to what extent each contribute to the understanding of the individual's support network and social support.

Finally, there is a need to address modeling influences through concurrent, longitudinal studies. This would include the identification of children whose parents were known to be physically abusive to each other. These children's conflict tactics in a variety of settings (e.g. school and at play) could then be observed and compared with that of children whose parents were not abusive to each other. Such children
could be followed into adulthood and married life in order to establish variable patterns of conflict management as a product of observation of parental violence as a child. Also, longitudinal prospective studies tracing the development of abusive behavior among spouses could address a cause effect relationship between multivariate factors. There is also a need for prospective data and greater in-depth study of spousal conflict tactics as they change through the course of the relationship.
REFERENCES


Perlman (Eds.), **Loneliness: A sourcebook of current theory, research and therapy.** New York: Wiley.


Conference of Family Violence Researchers, University of New Hampshire, Durham, July.


McCown, W., Burroughs, K., Johnson, J. & Kennedy, E.
Factors related to the decision to publish dissertations. Article submitted for publication.


1. Age __

2. Racial/Ethnic background: (check one)
   _____ Asian
   _____ Black
   _____ Caucasian (white)
   _____ Hispanic
   _____ Native American
   _____ Other; please specify

3. Marital status: (check one)
   _____ Single (never married)
   _____ Married
   _____ Separated
   _____ Divorced
   _____ Widowed

4. What is the highest grade you completed in school? (check one)
   _____ Some grade school
   _____ Completed grade school (8th grade)
   _____ Some high school
   _____ Completed high school
   _____ Completed high school and also had other training, but not college (technical, nursing, business, etc.)
   _____ Some college
   _____ Associates degree
   _____ Completed college
   _____ Some graduate work
   _____ Completed graduate work

5. Are you employed at the present time, either full-time or part-time for pay?
   Full-time  Part-time
   _____ Yes  _____ No  _____ Yes  _____ No

6. What is the total yearly income of your household? (check one)
   _____ $0 - $4,999
   _____ $4,999-$9,999
   _____ $10,000-$14,999
   _____ $15,000-$19,999
   _____ $20,000-$24,000
   _____ $25,000-$29,999
   _____ $30,000-$34,999
   _____ $35,000-$39,999
   _____ $40,000 and over
   _____ Don't know
APPENDIX B
SUPPORT SYSTEM SELF-ASSESSMENT

DIRECTIONS:

This questionnaire is designed to help you find out who makes up your social network, that is, all those people who are important to you in one way or another.

Each question on the following page will ask you for the names of certain people in your life. Write down the FIRST NAME AND LAST INITIAL of the people you are asked about. For example, if Joe Brown was a person asked for, you would put down Joe B.

Since these questions are designed to come up with one list of unduplicated names, please, do not put anyone's name down more than once. So, for example, if a person comes to mind in response to Question 5, but was already written down in response to Question 2, you should not write the name again. As long as the name is down one time, that is sufficient.

Any one question may bring to mind many people's names, one person's name, or no one's name at all. Please write down ALL the names that apply to a question UP TO EIGHT (8) NAMES. So, if a question brings to mind many people's names, only write down the first eight that you think of. Keep in mind that a question may not apply to you, bring to mind only one name, a few names, or many names.

Please turn the page and read each question carefully. You may take as much time to complete this as you need.
REMEMBER:

A. First name and last initial
B. Each name one time only
C. Maximum of eight (8) names per question.

1. What are the names of ALL the people, besides yourself, who live in your household, including any roomers or boarders?

2. When people go out of town for awhile, they sometimes ask someone to take care of their home for them -- for example, to water the plants, pick up the mail, feed a pet or just check on things. If you would ask someone to look after your home when everyone in your household was away, who would you ask?

3. Some people talk to others about things like work decisions they have to make, work problems they have to solve or ways to make their work better. a) If you talk to anyone, either on or off the job, about work-related issues like these, who do you talk to? b) If anyone (not including people you are paid to supervise or help) comes to you about work-related issues, who are they?

4. In the PAST MONTH, have any friends, relatives or acquaintances helped you with any tasks around the home, such as painting, moving furniture, cooking, cleaning, or major or minor repairs? a) If so, who are they? b) Who have you assisted with tasks like these in the past month?

5. Over the PAST MONTH with whom have you done any of the following social activities? a) had lunch or dinner, at your house or theirs. b) visited, at your house or theirs. c) went out (for example, to a restaurant, bar, movie, party, etc.). d) engaged in any other social-recreational event.

6. If you sometimes get together with others to talk about hobbies or spare-time interests you have in common, who do you get together with?

7. If you have a fiancee or one special girlfriend you see frequently, what is her name?

8. Think about the times when you are concerned over a personal matter, for example about someone close to you; or you are worrying about something important. a) If you talk over these types of personal matters with others, who do you talk about them with? b) Does anyone come to you to talk over their personal matters, if so, who are they?

9. Often people rely on the judgment of others they know in making important decisions about their lives -- for example, decisions about their family or their work. a) If there are any people whose opinions you seriously consider in making important decisions, who are they? b) If there are people who seriously seek out and consider your opinion in making important decisions, who are they?

10. Suppose you needed to get a large sum of money together for something you wanted to buy, or perhaps for an emergency situation. a) If there are any people you could probably ask to lend you some or all of the money who would they be? b) If anyone has asked you for a large sum of money in the LAST MONTH, who are they?

11. Please turn the page and complete the columns.
<table>
<thead>
<tr>
<th>DO YOU CONFIDE IN THIS PERSON AND VALUE THEIR OPINION?</th>
<th>HOW DO YOU KNOW THIS PERSON? (Write down all numbers that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YOU DO, PLACE A CHECK IN THIS COLUMN</td>
<td>1=parent 5=ex-spouse 9=neighbor 2=brother/sister 6=other relative 10=friend 3=my child 7=professional helper 11=acquaintance 4=wife 8=co-worker 12=other (specify)</td>
</tr>
</tbody>
</table>

Example √

Example 4, 11
APPENDIX C
Social Support Inventory

This questionnaire contains 39 items describing types of help or support we often need or want from other people. For each item, please give two ratings:

1. First: How much of this type of help or support have you wanted or needed in the past month? Place your rating in the "Needed" column and use the following scale:

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<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
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<th>7</th>
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<tr>
<td>None</td>
<td>Very Much</td>
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2. Second: How much of this type of help or support have you received from others in the past month? Place your rating in the "Received" column and use the following scale:

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</table>

Give Both ratings to every item.

REMEMBER: You are rating what you have needed and received over the PAST MONTH.

<table>
<thead>
<tr>
<th>Item</th>
<th>Needed</th>
<th>Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Encouragement to face reality, no matter how difficult.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Information about how others have handled situations similar to ones you may be experiencing.</td>
<td></td>
<td></td>
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<tr>
<td>3. Information about how others have felt when confronted by situations similar to ones you may be experiencing.</td>
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<tr>
<td>4. A model or example for you to follow.</td>
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</tr>
<tr>
<td>5. Knowledge that others are comfortable and willing to talk with you about the good feelings you have about yourself.</td>
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### How much need/want:

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<tr>
<td>None</td>
<td>Very Much</td>
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<tr>
<th>ITEM</th>
<th>NEEDED</th>
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<tbody>
<tr>
<td>6. Knowledge that others are comfortable and willing to talk with you about your hopes and plans for the future.</td>
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<tr>
<td>7. Financial support to deal with emergency situations.</td>
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<tr>
<td>8. Non-financial aid or services to reestablish or maintain an acceptable standard of living.</td>
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<tr>
<td>9. Reassurance that it is quite normal to feel down at this time of your life.</td>
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<tr>
<td>10. Information and guidance about how to cope with difficult situations.</td>
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<tr>
<td>11. Information and guidance about how to change negative feelings about yourself.</td>
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<tr>
<td>12. Reassurance that it is okay to feel good about yourself even when things are not going well.</td>
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<tr>
<td>13. Non-financial aid or service to deal with emergency situations</td>
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<tr>
<td>14. Assurance that you belong to a group of caring people.</td>
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</table>
How much need/want:

1 2 3 4 5 6 7
None Very Much

How much received:

1 2 3 4 5 6 7
None Very Much

<table>
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<tr>
<th>NEEDED</th>
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<td>15. Encouragement to talk about your feelings when you are feeling down and blue.</td>
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<td>16. Information and guidance about how to change self-defeating attitudes or behaviors.</td>
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<td>17. Assistance in realizing when you are thinking or acting in self-defeating ways.</td>
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<td>18. Assurance that you are loved and cared about.</td>
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<td>19. Encouragement to talk about your future hopes and plans in a positive way.</td>
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<td>20. Help to feel optimistic about your future.</td>
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<td>21. Information on sources of financial assistance.</td>
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<td>22. Reassurance that your fears and anxieties about the future are quite normal.</td>
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<td>23. Help in seeing positive things about your life no matter how bad things are going.</td>
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<td></td>
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<td>24. Knowledge that others are comfortable and willing to talk with you about your feelings of insecurity or fear.</td>
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**How much need/want:**

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</table>

| ITEM | 25. Information about how someone else handled situations similar to ones you may be experiencing. | 26. Assurance that you are respected and valued no matter what is happening in your life. | 27. Reassurance that it is not unusual to feel hopeful about your future even when things are not going well. | 28. Information about services that might be helpful to you. | 29. Reassurance that it is quite normal to feel down and blue when thinking about what's going on in your life. | 30. Encouragement to talk about the good aspects of yourself and your life. | 31. Assurance that you are needed by others. | 32. Financial assistance to reestablish or maintain an acceptable standard of living. | 33. Assurance that you are accepted no matter what is happening in your life. |
How much need/want:

None 1 2 3 4 5 6 7

Very Much

How much received:

None 1 2 3 4 5 6 7

Very Much

<table>
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<th>NEEDED</th>
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<tr>
<td>34.____</td>
<td>_______</td>
<td>Encouragement to talk about your fears and insecurities.</td>
</tr>
<tr>
<td>35.____</td>
<td>_______</td>
<td>Knowledge that others are comfortable and willing to talk with you about the good things that are happening in your life.</td>
</tr>
<tr>
<td>36.____</td>
<td>_______</td>
<td>Help and assistance in setting realistic goals for yourself.</td>
</tr>
<tr>
<td>37.____</td>
<td>_______</td>
<td>Knowledge that others are comfortable and willing to talk about anything with you.</td>
</tr>
<tr>
<td>38.____</td>
<td>_______</td>
<td>Help and assistance in your efforts to change self-defeating attitudes or behaviors.</td>
</tr>
<tr>
<td>39.____</td>
<td>_______</td>
<td>Knowledge that others are comfortable and willing to talk with you when you are feeling down and blue.</td>
</tr>
</tbody>
</table>

Finally, please list below any other needs or wants that you have had in the past month that have not been adequately met by others.
APPENDIX D
## Conflict Tactics Scale

Here is a list of things you might have done when you had a conflict or disagreement with your spouse. Please circle a number for each of the things listed below to show how often you did it in the past year.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never</td>
<td>3</td>
<td>Often, but less than once a month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Once</td>
<td>4</td>
<td>About once a month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Two or three times</td>
<td>5</td>
<td>More than once a month</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| a. | I tried to discuss the issue relatively calmly | 0 1 2 3 4 5 |
| b. | Did discuss the issue relatively calmly | 0 1 2 3 4 5 |
| c. | Got information to back up my side of things | 0 1 2 3 4 5 |
| d. | Brought in someone else to help settle things (or tried to) | 0 1 2 3 4 5 |
| e. | Argued heatedly but short of yelling | 0 1 2 3 4 5 |
| f. | Yelled and/or insulted | 0 1 2 3 4 5 |
| g. | Sulked and/or refused to talk about it | 0 1 2 3 4 5 |
| h. | Stomped out of the room | 0 1 2 3 4 5 |
| i. | Threw something (but not at my spouse) or smashed something | 0 1 2 3 4 5 |
| j. | Threatened to hit or throw something at her | 0 1 2 3 4 5 |
| k. | Threw something at my wife | 0 1 2 3 4 5 |
| l. | Pushed, grabbed, or shoved her | 0 1 2 3 4 5 |
| m. | Hit (or tried to hit) her but not with anything | 0 1 2 3 4 5 |
| n. | Hit (or tried to hit) her with something hard | 0 1 2 3 4 5 |
Father-Mother Conflict Resolution

Here is a list of things that your father and mother might have done when they had a conflict. Now taking into account all disagreements (not just the most serious ones), we would like you to say how often they did the things listed below, and please include your earliest recollections up to age 18.

0 = Never 1 = Once 2 = Two or three times 3 = Often, but less than once a month 4 = About once a month 5 = More than once a month

<table>
<thead>
<tr>
<th></th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tried to discuss the issue relatively calmly</td>
<td>0 1 2 3 4 5</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>b. Did discuss the issue relatively calmly</td>
<td>0 1 2 3 4 5</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>c. Got information to back up his or her side of things</td>
<td>0 1 2 3 4 5</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>d. Brought in someone else to help settle things (or tried to)</td>
<td>0 1 2 3 4 5</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>e. Argued heatedly but short of yelling</td>
<td>0 1 2 3 4 5</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>f. Yelled and/or insulted</td>
<td>0 1 2 3 4 5</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>g. Sulked and/or refused to talk about it</td>
<td>0 1 2 3 4 5</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>h. Stomped out of the room</td>
<td>0 1 2 3 4 5</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>i. Threw something (but not at the other) or smashed something</td>
<td>0 1 2 3 4 5</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>j. Threatened to hit or throw something at the other</td>
<td>0 1 2 3 4 5</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>k. Threw something at the other person</td>
<td>0 1 2 3 4 5</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>l. Pushed, grabbed, or shoved the other</td>
<td>0 1 2 3 4 5</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>m. Hit (or tried to hit) the other person but not with anything</td>
<td>0 1 2 3 4 5</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>n. Hit or tried to hit the other person with something hard</td>
<td>0 1 2 3 4 5</td>
<td>0 1 2 3 4 5</td>
</tr>
</tbody>
</table>
APPENDIX E
We are interested in your use of alcohol. Please answer Yes or No to the following questions.

1. Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people.)
   ___ Yes ___ No

2. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?
   ___ Yes ___ No

3. Do you ever feel guilty about your drinking?
   ___ Yes ___ No

4. Do friends or relatives think you are a normal drinker?
   ___ Yes ___ No

5. Are you able to stop drinking when you want to?
   ___ Yes ___ No

6. Have you ever attended a meeting of Alcoholics Anonymous?
   ___ Yes ___ No

7. Has drinking ever created problems between you and your wife, husband, a parent, or other near relative?
   ___ Yes ___ No

8. Have you ever gotten into trouble at work because of drinking?
   ___ Yes ___ No

9. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?
   ___ Yes ___ No

10. Have you ever gone to anyone for help about your drinking?
    ___ Yes ___ No

11. Have you ever been in a hospital because of drinking?
    ___ Yes ___ No

12. Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?
    ___ Yes ___ No

13. Have you ever been arrested, even for a few hours, because of other drunken behavior?
    ___ Yes ___ No
APPROVAL SHEET

The dissertation submitted by Judith Lynn Johnson has been read and approved by the following committee:

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Professor of Counseling Psychology, Loyola

Dr. Linda Heath
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Assistant Professor of Counseling Psychology, Loyola

The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

Date: 4/17/87

Director's Signature