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Analysis of Selected Correlates of Spouse Abuse and the Policy Implications for the
Criminal Justice System

A Thesis Presented to
The Faculty of Criminal Justice and Criminology
East Tennessee State University
In partial fulfillment
of the requirements for the degree
Master of Arts in Criminal Justice

by

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December 2006

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ABSTRACT

Analysis of Selected Correlates of Spouse Abuse and the Policy Implications for the

Criminal Justice System

By

Marlys Kay Tester

Research on spouse abuse has received greater attention during the last 3 decades around the world. This research was conducted to investigate the selected correlates of alcohol use, drug use, and marital status and the effects they have on use of weapons and violent behavior. The secondary data used was from a study done in Chicago from 1995-1998, called the Chicago Community Crime Prevention and Intimate Violence Study. There were 210 domestic violence victims studied in one Chicago area. Each victim was asked a series of the same questions. It was found that 39.4% of the domestic violence cases involved an alcohol problem, and 45.1% of them involved drugs. It was found that divorced subjects had the highest percentage of the use of a weapon (67%). In the overall cross tabulations, alcohol, drug use, and marital status were not significantly related to the use of a weapon and violent behavior. It was also found that alcohol consumption and violent behavior was significant at the .10 level of significance.

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CHAPTER 1

INTRODUCTION

American society continues to have a problem of violence within the home. This problem is gaining public attention and numerous theories purporting to identify its causes have been developed. Spousal abuse can occur when one person in a marital or intimate relationship tries to control the other person. The perpetrator usually uses fear and intimidation, physical violence, or the threat of physical violence. Domestic abuse that includes physical violence is called domestic violence (Wallace, 1994). The victim of domestic abuse or domestic violence may be a man or a woman. Domestic abuse occurs in traditional heterosexual marriages, as well as in same-sex partnerships. The abuse may occur during a relationship, while the couple is breaking up, or after the relationship has ended. Domestic abuse often escalates from threats and verbal abuse to physical violence, sometimes leading to murder.

Violence is especially harsh when it comes from the hands of a loved one. When this loved and trusted one inflicts harm, it becomes difficult to reconcile. If harm is inflicted by a stranger, those involved do not see each other on a regular basis, if ever, after the incident. However, in an intimate violence situation, there are often ties holding people together, whether it is children or they feel they have too much invested to leave or they are simply insecure and have no place to go or someone to have as a support system. If the victim does leave, often, he/she may reunite because of socialization within a small circle of friends and the pair is bound to come in contact with one another again sometime through proximity.

Violence in intimate relationships is a serious problem in our society and deserves public attention. It has been suggested that domestic violence is the most underreported crime in American (Carlson, 1987). The domestic violence offenders of this epidemic of violence come from many different arenas such as cultural influences, social influences, biology, and personal traits. No one theory can explain all occurrences of violence in society, nor is it feasible to believe that there exists a theory that will fit every person and situation. However, it could be possible to identify different individual factors that increase a person's propensity towards violence. This study was undertaken to assess some factors that are purported to be relevant in identifying individuals who are at an increased risk of expressing violence in intimate relationships. In the Chicago study done from 1995-1998 (Block & Skogan, 2003), 48.2% of 94 cases involved a violent act.

Factors that have been mentioned as contributing to domestic violence are alcohol and drugs. Alcohol is repeatedly reported in many domestic violence cases. Hutchinson (1999) pointed out that although alcohol has been a contributing factor to domestic violence, there has been little if anything done to help the addicted. There are few services or programs for the survivors that address substance use. In the Chicago study, 39.4% of the domestic violence cases of spouse abuse involved an alcohol problem, and 45.1% of them involved drugs (Block & Skogan, 2003). According to Wilson (1997), reported alcohol abuse among batterers varies from 16% to 79%, depending on the study, and abusive men with severe alcohol problems are just as likely to abuse their partners when drunk as when sober.

Another factor concerning domestic violence is the use of weapons. Out of 196 cases in the Chicago study, 42% of domestic violence cases involved a weapon and 48.9% used force of some type (Block & Skogan, 2003).

Marital status is another factor in domestic violence cases. Tam and Tang (2005) found that marital status and gender role attitudes had a great contribution to the abuse and violence in a relationship. The male has typically been seen as the controller and boss of the home. More time should be spent on teaching our children to make decisions together and not have a need for a controller. This is one way of trying to break the cycle of violence. In the Chicago study by Block and Skogan (2003), 75.3% of domestic violence victims were married, and 24.7% were separated or divorced.

Significance of the Study

Domestic violence is a continuing crime and has only recently come to the public's attention. Programs such as mandatory counseling and anger management classes are being tested and explored. By identifying the variables that contribute to aggressive domestic behavior, programs and improvements in our criminal justice system can help deter future events and retrain behavior habits. For instance, mandatory-counseling classes ordered by the judge or an anger management class could help the offender rethink his/her actions and behavior in the future.

Limitations

There are a number of limitations that affected this study on the causes of domestic violence. First, only one city was chosen from which to draw a sample. This

creates a question of external validity in the fact that one sample's results may be different from another sample's. Chicago may be unique and the findings from Chicago study may not apply to other places. A second limitation is sample size. The sample had 210 abuse cases. Although this is adequate, it is better to have even additional cases. A third limitation is that this study used secondary data. Hence, the investigator was limited to the question wording used by others.

Purpose of the Study

The purpose of this study was to determine whether there was a relationship between alcohol or drug use and the use of domestic violence. Other factors were the use of weapons on survivors of domestic violence and if marital status was related to domestic violence. All of the variables used in this study came from the secondary data of the Chicago Community Crime Prevention and Intimate Violence study done from 1995-1998. The data were collected by Block and Skogan (2003). Their study linked two unique Chicago datasets, (1) the Chicago Women's Health Risk Study (CWHRS) and (2) the Chicago Alternative Policing Strategy (CAPS) evaluation. This vast amount of information would be impossible for a single student to research and collect in a limited amount of time. Therefore, the use of these secondary data was chosen for this study to allow for results that could be more highly valued. Participants were victims of physical domestic violence, violence gathered by telephone interviews of Chicago residents and files of official records from the United States Census Bureau, Chicago Police Department, Cook County Department of Public Aid, and the Sanford Files of land use (CAPS & CWHRS).

Hypotheses

Based on the review of the literature it was hypothesized that there would be relationships found between alcohol use and the use of a weapon in a domestic violence assault and between marital status and the use of a weapon in a domestic violence assault. Also hypothesized were the use of alcohol and the result of violent behavior in a domestic violence situation and drugs use and the results of violent behavior in a domestic violence situation. Specifically, the null hypotheses for the present study were:

H1: There is no relationship between alcohol consumption by the perpetrator and the use of a weapon in a domestic violence assault.

H2: There is no relationship between marital status and the use of a weapon in a domestic violence situation.

H3: There is no relationship between drug use and violence being used in domestic violence situations.

H4: There is no relationship between alcohol consumption and violent behavior in domestic violence.

Organization of the Thesis

This paper is organized into five chapters. Chapter 1 introduces the topic of discussion, explains its relevance, and defines terms used within the thesis. It also includes the significance of the study, its limitations, purpose of the study, and the hypotheses. Chapter 2 outlines the history of domestic violence in the United States in

addition similar violence in other countries and what is being done to reduce it. Chapter 3 explains the methodology used and the data used. It defines the variables and their relationships along with the analytic strategy used. Chapter 4 reports the results of this study. Finally, Chapter 5 has a discussion section and explains the findings of each hypothesis in broader terms. It includes implications for policy and research

Definition of Terms

Words that relate specifically to this study and are not used regularly in everyday conversation are further explained in the section below:

Weapon. A weapon is defined as an instrument of offensive or defensive combat, or anything used, or designed to be used, in destroying, defeating, threatening, or injuring a person (Black, 1990).

Spouse Abuse. “Spouse Abuse” tends to be defined in terms of excessive force because this form of abuse usually leaves physical injuries that can be introduced as evidence by the criminal justice system. It can also include passive acts, such as neglect, and other behaviors that do not cause physical damage but inflict psychological or emotional damage (Johnson & Segler, 1995).

Sexual Abuse. Coercing or attempting to coerce any sexual contact without consent, for example, marital rape, forcing sex after physical beating, attacks on sexual parts of the body, or treating another in a sexually demeaning manner (Black, 1990).

Economic Abuse. Making or attempting to make a person financially dependent, maintaining total control over financial resources, withholding access to money, and forbidding attendance at school or employment (Black, 1990).

Emotional Abuse. Emotional abuse is the undermining a person's sense of self-worth, e.g., constant criticism, belittling one's abilities, name-calling, and damaging a partner's relationship with the children (Black, 1990).

IPV. Intimate partner violence.

Psychological Abuse. Causing fear by intimidation, threatening physical harm to self, partner or children, destruction of pets and property, mind games, or forcing isolation from friends, family, school and/or work (Black, 1990)

Substance/Drug Use. Defined as the state of chronic or periodic intoxication detrimental to the individual and to society produced by the repeated consumption of a drug, natural or man-made (Black, 1990).

Substance. The word “substance” can refer to a drug, medication, or toxin (Meltzer, Gatward, Goodman, & Ford, 2003).

Domestic Abuse. Domestic abuse between spouses or intimate partners is when one person in a marital or intimate relationship tries to control the other person. The perpetrator uses fear and intimidation and may threaten to use or may actually use physical violence. Domestic abuse that includes physical violence is called domestic violence (Wallace, 1994).

Alcohol Abuse. Alcohol abuse is referred to as chronic alcohol usage; generally consumption patterns are over a relatively long period of time (Hutchinson, 1999).

CHAPTER 2

LITERATURE REVIEW

Domestic violence is an area of research that has received considerable attention within the last 2 decades. The range of this research includes the causes and effects of domestic violence and policy implications that are being enacted to help both the victims and aggressors. This review will consist of five sections. First, articles will be reviewed that address the theories that explain domestic violence, namely, social learning theory, differential association, and intergenerational transmission of intimate violence. Second, the three categories of abuse in domestic violence will be discussed. Third, the several causes of spouse abuse will be discussed such as alcohol abuse and gambling, as well as a definition of spouse abuse. Also additional causes such as low self-esteem issues and power and control needs will be reviewed. Fourth, the specific effects of domestic violence will be discussed. Finally, a literature review of the programs being developed to help the abused and the abuser will be discussed.

Theories of Domestic Violence

According to Milalic and Elliott (1997) social learning theory is one of the most popular explanatory perspectives in the marital violence literature. When it is applied to the family, social learning theory states that we model behavior that we have been exposed to as children. Violence is learned through role models provided by the family, i.e. parents, siblings, relatives, and boyfriends/girlfriends, either directly or indirectly, and is reinforced in childhood and continued in adulthood as a coping response to stress or a method of conflict resolution (Milalic & Elliott).

Factor One-Social Learning Theory

There are many theories that attempt to explain some aspects of violent perpetration. One theory that explains deviant behavior is the *social learning theory* by Akers (1994). It identifies deviant behavior as being learned in the exact same manner as conforming behavior is learned. The difference lies in the motives and directions of the behavior. People acquire definitions for behaviors and actions through interactions with others. If a person has more definitions that are favorable to behavior that is unusually violent, the likelihood of engaging in such behavior increases. However, if more definitions are acquired that are favorable to law-abiding behavior, the person is more likely to engage in behavior that coincides with these definitions.

Factor Two-Differential Association Theory

According to Williams (1997) another theory used to explain domestic violence is Edwin Sutherland's *differential association theory*. Sutherland argued that people come to commit delinquent criminal behaviors because of their association with other people who are delinquent and learn how to commit crimes from them. So it is with learning domestic violence. If children are abused and watch siblings and parents abusing one another, they see this as an acceptable behavior, and the violence continues.

Differential association is a lot like social learning theory in that it purports events in a child's life are of great importance. If children are in a home or around acts of domestic violence, they are more likely to attach definitions to such behavior that are favorable. According to Carlson (2002), exposure to violence in the home is strongly related to a child's later aggressive tendencies. Such exposure is not exclusively expected by intimate partners but is expected in general. When parents act aggressively toward

one another the children will learn to resolve conflict through aggression and that violence is acceptable. Researchers have found that a large percentage of both wives and husbands who are batterers witnessed inter-parental violence in their families of origin (Flynn, 1990).

Factor Three-Intergenerational Transmission of Violence

Several studies have intergenerational transmission of violence. One particular study focused on the risk factors of individuals who were abused as children. According to Dixon, Browne, and Giachritsis (2005), individuals with a history of abuse in childhood are at increased risk of maltreating their own children. Parent factors include “anxiety, depression, poor self-esteem, emotional problems, substance abuse, and mental illness (Briere, 1992) and poor interpersonal skills” (Egland, Bosquet, & Chung, 2002). According to Brown, Cohen, Johnson, and Salzinger (1998) and Strauss (1991), family factors include poverty and low income. Intergenerational transmission of violence is similar to social learning theory, but social learning theory may be learned from other people who are not within family members.

Stith, Roscn, Middleton, Busch, Lundeberg, and Carlton (2000) assert that growing up in a violent home is significantly related to that person becoming a victim of spouse abuse. Numerous studies have found evidence for the intergenerational “cycle of violence” hypothesis that suggests violent and abusive adults learned this behavior as a result of being the victims of or witnesses of aggressive and abusive behavior as children (Milalic & Elliott, 1997).

Kwong, Bartholomew, Henderson, and Trinkle (2003) studied intergenerational transmission of relationship violence in a community sample. A telephone survey of

1,249 adults in the City of Vancouver assessed family-of-origin violence (father to mother, mother to father, father to self, and mother to self) as well as physical and psychological abuse in intimate relationships. All forms of family-of-origin violence were predictive of all forms of relationship violence. There was no evidence of gender-specific or role-specific patterns of transmission. For example, father-to-mother violence was not specifically predictive of men's perpetration or women's victimization. Of the majority of respondents in Kwong's research, approximately one half reported experiencing relationship violence and acknowledged that both partners had engaged in violence in the past (Kwong et al., 2003).

Spouse Abuse

Definition of Spouse Abuse

American society has come along way in understanding the dynamics involved in spousal abuse and abuse of significant others in cohabiting relationships. Domestic abuse between spouses or intimate partners is when one person in a marital or intimate relationship tries to control the other person. The perpetrator uses fear and intimidation and may threaten to use or may actually use physical violence. Domestic abuse that includes physical violence is called domestic violence.

According to Johnson and Segler (1995) spouse abuse is defined in terms of excessive physical force because this form of abuse usually leaves physical injuries that can be introduced as evidence by our criminal justice system. Spouse abuse can also include passive acts such as neglect and other behaviors that do not cause physical damage but inflict psychological or emotional damage (Johnson & Segler).

The victim of domestic abuse or domestic violence may be a man or a woman. Domestic abuse occurs in traditional heterosexual marriages as well as in same-sex partnerships. The abuse may occur during a relationship, while the couple is breaking up, or after the relationship has ended. Domestic abuse often escalates from threats and verbal abuse to physical violence. Domestic violence may even end up in murder. Domestic abuse is not a result of losing control; domestic abuse is intentionally trying to control another person. The abuser is purposefully using verbal, nonverbal, or physical means to gain control over the other person.

The key elements of domestic abuse are:

- intimidation
- humiliating the other person
- physical injury

In some cultures, control of women by men is accepted as the norm. This research speaks from the orientation that control of intimate partners is domestic abuse within a culture where such control is not the norm. Today, we see many cultures moving from the subordination of women to increased equality of women within relationships (Abuse & Neglect, 2006). Another definition of “Abuse is inflicting, or attempting to inflict, physical injury on an adult or minor by other than accidental means, placing an adult or minor in fear of physical harm, physical restraint, or malicious damage to the personal property of the abused party” (Domestic Abuse Act, 1997).

Severity of Spouse Abuse

In 2005, the Dean of John Hopkins University School of Nursing came up with a tool to measure the severity of domestic violence, ranking physical abuse from 1 to 5 (Roman, 2005). It involved a two-part assessment. First, nurses were advised to ask the victim(s) to mark the days when physical abusive incidents occurred. This exercise can reduce denial and minimization of the abuse. Second, 20 questions were designed to identify danger within the patient's relationship. Each question addresses a specific behavior that has been identified as a significant predictor of intimate partner homicide cases. Examples of questions are: "Does he own a gun?", "Is he an alcoholic or problem drinker?" and "Does he threaten to harm your children?". A website is also available at www.dangerassessment.org to train those who treat domestic violence victim(s).

Domestic abuse involves different types of abuse. Emotional, physical, and psychological abuses are a few types of these. The most severe case could be like the one involving June Briand who shot her husband four times in the head after suffering years of physical and sexual torture, degradation, and domination. She was so traumatized that she refused to accept that he was dead after she shot him (Davidson, 2000). A study done in Taiwan showed that 82.6% of all subjects who had been victims of domestic violence had experienced life-threatening situations, and 93.6% had post-traumatic responses (Hou, Wang, & Chung, 2005).

Three Categories of Spouse Abuse

There are three major categories of spouse abuse: psychological abuse, physical abuse, sexual abuse or forcible sex. All have long-lasting and dramatic negative effects on victims (Johnson, Sigler, & Crowley, 1994).

Psychological Abuse

Psychological abuse in cases of domestic violence includes power and control, intimidation, verbal abuse, and degradation (Johnson, 1995; Wallace, 1994). While looking at the problem of spouse abuse, we will need to understand why it is that many of the abused stay in the relationship in which they are receiving the abuse. The feelings of helplessness and fear are the main causal factors that inhibit most women from trying to escape the pattern of abuse (Wallace). There is a range of feelings that continues to reinforce the feelings of fear and hopelessness. According to Brown (1984) there were reported feelings of shame, self-blame, powerlessness, isolation, feeling one deserves abuse, and desire for revenge.

Physical Abuse

Physical abuse consists of abuse where actual physical contact takes place between the victim and the aggressor, usually with single or multiple injuries occurring. Physical abuse can take many forms that can range from slapping or shoving to beatings by fists or kicking.

According to Bachman (1995) more than one million women are victims of physical abuse annually perpetrated at the hands of their partners. Much of the time this is without repercussions for the abuser. More than one half of the instances of spouse abuse are left unreported (Bachman, 1994b, 1995; Brown, 1984). Non-reporting occurs because our cultural norms have historically dictated that domestic affairs are of a private nature.

Sexual Abuse

Domestic sexual abuse is both psychological and physical in nature. It is particularly damaging psychologically to its victims. The main reason is because many victims do not receive medical treatment or counseling because that they do not report the events. Some reasons for not reporting are numerous; however, the main reason is that there has always been a perceived stigma to rape victims or victims of sexual assault. Because of this social stigma, only about one half of the victims report this crime (Bachman, 1995a; McIlwaine, 1994).

Causes of Spouse Abuse

The causes of spouse of abuse can be many. The main causes covered in this review are alcohol abuse, pathological gambling, substance/drug abuse, and marital status. Other factors will come into play as we address these subjects.

Addiction One-Alcohol

First, alcohol abuse appears to be rooted in deep-seated feelings of insecurity or failure on the part of the male cohabiter in that he is unable to fulfill his role as the head of the household. Men drink to assert their manhood, forget their problems, or escape the

reality of marriage, life, or the world in which they live. Secondly, many men experience feelings of inadequacy because they cannot live up to the middle class values or achieve middle class goals. This brings on frustration and disappointment. Alcohol then inhibits or loosens inhibitions in the abuser, and he does things he would not normally do when he is sober, i.e., domestic violence behavior. The violence is usually against his partner or family members. Alcohol abuse and addiction is definitely one of several major causes of spouse abuse and domestic distress (Gondolf, 1995; Hutchinson & Herschel, 1994; Kantor & Strauss, 1990; Leonard & Jacob, 1988; Miller & Braswell, 1993; Nugent, 1994; O'Farrell & Murphy 1995). Some cases advance to the point that weapons are used against the victims when the perpetrator has been drinking.

Another study (Mattila, Parkkari, Lintonen, Kannus, & Rimpela 2005) showed that alcohol was closely associated with violence and injury. The study was done in Finland.

Alcohol can cause a man to react differently than if they had not been drinking. According to Mignon and Holmes (1995), alcohol had a correlation to the use of a weapon. More than one half the offenders who used weapons (hands, feet, blunt object, knife, or firearm) were arrested, whereas only 20% of offenders without weapons were arrested. "Alcohol abuse and violence are endemic to America's culture, dating back to the days of prohibition" (Friedman, 1998). Given the historical link between alcohol abuse and violence, it is clear that domestic violence has been a problem for centuries.

Addiction Two-Gambling

Gambling has become a growing recreation in America. It used to be seen by the older generation as evil and a great sin, but now it is an acceptable practice. In the 1980s

there was an economical decline, which in the United States had even led the Bible belt to legalize gambling as a way to earn extra money that was badly needed (Christiansen, 1987). Because there is no longer a negative stigma associated with gambling and because of the financial strain of many families, gambling is used as a quick fix for many. At first, like alcohol or any recreational drug, gambling may be an escape from troubles. The down side of this is that the addicted gamblers usually lose more than they win. It becomes an addiction for many and very quickly becomes a habit. In the end, the addicted gamblers start to miss work so they can continue to gamble and borrow and/or steal money to support their habit (Abbott, Cramer, & Sherrets, 1995). A host of problems for the family and the marital relationship start to evolve from the effects of the addicted behavior. Gamblers usually become entrenched in guilt. Frustration and anger will then manifest themselves as spouse abusers and abusers of the other family members. Other studies show that compulsive gambling is and always has been devastating to the family (Franklin & Thoms, 1989).

Studies have been done on pathological gambling and have been officially diagnosed as a disease (Gerstien, Gerstien, & Volberg, 2003). They perceive this disorder as “persistent and recurrent, maladaptive gambling behavior...that disrupts personal, family, or vocational pursuits” (1961-62). According to Gerstien et al., there are four types of disorders of gambling found. First is the *at risk gambling*. These account for 69.7% of all gamblers. The subsets of this type of gambler were Chasing, Preoccupation, and Escape. Preoccupation is when the addicted gamblers have a need to be constantly preoccupied. Escape is when the addicted gambler needs an escape from reality. Chasing was when the addicted gamblers attempted to recover their losses. The

second type of disorder was *problem gambling*. Third was *low-severity Pathological Gambling*. These had stronger symptoms of withdrawal and loss of control issues. Finally, there was the *high-severity Pathological Gambler*. These gamblers would risk a job or relationship to be able to gamble.

According to Muelleman, DenOtter, Wadman, Tran, and Anderson (2002) a cross-sectional study showed that the increase of gambling activity has resulted in increased intimate partner violence. There were 300 consecutive women approached and 298 agreed to participate. Of the women who agreed to participate, 237 reported having an intimate partner in the last year, and 61 of these women were categorized as experiencing intimate partner violence (IPV). The odds ratio or “OR” of experiencing was the main outcome measure, estimated using standard logistic regression, given the presence of various personal and partner characteristics, including problem gambling in the partner. The results revealed that the relative odds were elevated for women whose partners were problem gamblers (adjusted OR: 10.5; 95% CI: 1.3-82) or problem drinkers (adjusted OR: 6.1; 95% CI: 2.5-14). Age or race did not appear to be a predictor of risk. The result of this study demonstrated a correlation between problem gambling and problem drinking in the partner, with 71% of problem gamblers also classified as problem drinkers and 29% of problem drinkers classified as problem gamblers.

(Muelleman et al.)

Substance/Drug Abuse

According to Friedman (1998) abuse of certain types of illicit drugs, separate from the abuse of alcohol, predisposes a victim to subsequent violent behavior. The relationship of cocaine/crack to violent crime has been established more clearly for users

of crack in inner city areas than it has for those who are users of other forms of cocaine in the general population (Friedman). Friedman suggests that the effect of the drugs on the brain can temporarily cause the abuser to lose emotional control and become more likely to engage in violent behavior. He also states:

In numerous studies of substance abusers, these subjects have reported that their parents, particularly their fathers, were substance abusers, significantly more often than the non-abusing control subjects in these studies reported substance abuse by their parents (p. 344).

This also relates to the inter-generational theory being a learned behavior. Wu and Kandel (1995) concluded from a review of seven relevant studies on parents' socialization practices:

Similar (parenting) is important for both delinquency and drug use. Delinquent participation and drug use, including smoking by children and adolescents, are related to lack of affection between parent and child, conflict, poor child identification with the parent, lack of supervision of the child's activities, explosive discipline, and inconsistent parenting (p.39).

Although most of the literature has proven that alcohol and drugs are correlated with domestic violence, researchers made a very interesting observation. A study by researchers at the Robert Presley Center for Crime and Justice Studies at the University of California, Riverside, showed that alcohol was far more likely to be linked to violent behavior than illegal drugs such as heroin, cocaine, or PCP. Lecoure and Browne (2004) reasoning was that our current policies put drug offenders away for relatively long

periods of time. They also mentioned that citizens are coming to realize that incarceration does not reduce crime and is quite costly (Lecour & Browne).

Additional Causes of Spouse Abuse

A study by Parker and Auerhahn (1998) involved reports from the National Research Council from 1993. The study showed a consistent relationship between alcohol use and aggressive behavior. In addition to this, they found evidence that illicit drug use was related to violence.

Low Self-Esteem

When a domestic violent perpetrator has low self-esteem, he/she often, very slowly, begins to psychologically control the partner. The domestic violence perpetrator begins with the sexism that permeates our society and begins to discount the accomplishments, abilities, and self-worth of his/her partner. This is referred to as internalized sexism and self-trivialization (Rich, 1979). Batterers maintain power and control in a relationship by devaluing and shaming the partner (Wilson, 1997).

According to the Meltzer, Gatward, Goodman, and Ford (2003), this low self-esteem is an essential component of emotional disorders. Others have described low self-esteem as a susceptibility to depression and other illnesses. Where high self-esteem influences well-being positively, low self-esteem has been linked to a variety of behavioral problems (Nugent, 1994). These include alcohol abuse, domestic or spousal abuse, and more. Men who have low self-esteem tend to over assert their manhood to compensate for feelings of inadequacy. This often leads to the use of violence as a way to defend their right to have the last word in a dispute or to control the situation. Because self-esteem is affected by our identities and roles in life, family dynamics such as role

reversal can account for negative role association and lowered self-esteem (Reitzes & Mutran, 1994). Though low self-esteem is not the sole cause of spouse abuse, a combination of other factors such as power control needs can work with low-self esteem to trigger abuse.

According to Jasinski and Williams (1998) “men, particularly those with low self-esteem, may defend themselves against feelings of frustration, vulnerability, and personal attack by using violence against a partner” (p. 4). They state that for males, physical violence can serve to intimidate, control, and silence the partner to gain the upper hand in a relationship. Physical violence may also be a strategy of first resort or last resort among men lacking verbal communication and problem-solving skills. Holtzworth-Munroe (1992) found that men engaging in marital violence were more likely than nonviolent men to lack adequate responses to situations posing perceived challenges or rejections on the part of the wife. Additionally, “poor housekeeping” on the part of wives may inflame husbands who view meals not cooked to their tastes or rooms not cleaned to their satisfaction as a “sign of the wife’s disregard” (Barnett, Miller-Perrin, & Perrin, 1997, p. 241).

Power and Control Needs

Another cause of spouse abuse is the need for the male in the family to be dominating. According to the theory of power control, authority relations involved in work outside the home influence mothers’ and fathers’ relational power within the family. In turn, mother-father relational power within the family affects the social control of sons and daughters, having implications for gender differences in risk preferences. These result in gender differences in risk-taking behavior (Grasmick,

Hagan, Blackwell, & Arneklev, 1996). Learning the risk-taking behaviors cause the male to accept the domineering behavior and he eventually becomes a spouse abuser. Power control theory implies that spouse abuse is an indication of an underlying need for power and control because of distorted male perceptions and insecurity in a patriarchal society (Gandolf, 1995). Hutchinson and Hirschel (1994) stated that the micro and macro levels are complex and interwoven.

At the macro levels, multiple characteristics of American society contribute to a socio-emotional climate which tolerates if not actively encourages spouse abuse. Our long-term patriarchal cultural heritage, re-enforced and sustained by a Judeo-Christian emphasis on the masculine, and an economic system which recognizes and rewards the powerful, all contribute to the generic climate of dominance. Superiority for one necessarily brings inferiority of the other. We are not all that far from culturally epitomizing that Machiavellian dictum that 'might make right' (p. 151).

Accordingly, patriarchal men feel they should be tough, in control, and aggressive. Some men have an excessive idea of the concept of manhood. There are quite a few reasons for these distorted perceptions. One speculation is that socioeconomic factors such as unemployment for males play a part in lowering self-esteem or feelings of self-worth of the male. Another is that this may be because of experiencing childhood abuse (Dutton, 1988).

Abuser as Abused

Researchers have agreed that the onset of adult domestic violence is a result of childhood abuse and will be replicated by the abused child in the future to their partner or spouse when grown (Hutchinson & Hirschel, 1994; Page, Scanlan, & Deringer, 1994; Simons, Wu, Johnson, & Conger, 1995; Valleant, Maksymchuk, & Antonowicz, 1995). Frequency, severity, and types of previous childhood punishment or abuse play a role in the degree of adult abuse. According to Widom (1992), childhood abuse increases the odds of adult criminality by 40%. Friedman (1998) suggests that those who had been physically abused during childhood by a parent have been associated with the development of illicit drug use as well as abuse as an adult. Physical abuse is not the only type of childhood abuse leading to adults' use of violence. Also included are parental neglect, psychological and sexual abuse, and parental over-domination. Over-domination by parents as well as severe discipline is one of the common causes of the adult's aggression. According to McGovern (1994), "Impatience with a child and too much unwarranted punishment will make a child become more anti-social in behavior" (p. 291).

Another issue that has surfaced recently is that of the hostile offender owning a gun. According to Azrael and Hemenway (2000) a survey of 1,906 US adults in 1996 was done. Thirteen respondents reported that a gun was displayed against them at home, 2 reported using a gun in self-defense at home, and 24 reported using another weapon (e.g. knife, baseball bat) in home self-defense. Many times the weapon was used to intimidate or frighten the spouse.

As a nation, we have historically and culturally legitimized the use of physical punishment and even violence. As many as 90% of American parents in the 1990s used physical punishment (McIntyre & Cantrell, 1995). Aggression and violence that is legitimized as physical punishment will create violence and aggression in other areas of life (Strauss, 1991). A more recent study showed the use of physical punishment for those children younger than 2 and was followed up 4 years later. Upon entering school, the children who were exposed to physical punishment were more likely to have behavior problems (Slade & Wissow, 2004).

Effects of Spouse Abuse

People who experience spouse abuse do have long lasting trauma from physical, sexual, and psychological abuse. One of the first reports of a population-based study to assess associations among physical, sexual, and psychological abuse and the current long-term mental and physical health of abuse victims was done by Coker et al. (2002). Their random digit dial telephone survey of 8,001 men and 8,005 women found many intimate partner violence (IPV) issues. A total of 28.9% of 6,790 women had experienced physical, sexual, or psychological IPV during their lives. Women were more likely to experience physical and sexual abuse but were less likely to report verbal abuse alone. For both men and women, physical IPV victimization was associated with increased risk of current poor health, depression issues, substance abuse, and the developing of a chronic disease, chronic mental illness, and injury. In general, abuse of power and control was more strongly associated with the health outcomes than was verbal abuse. When the physical and psychological IPV scores were both included in a

logistic regression model, higher psychological IPV scores were more strongly associated with these health outcomes than were physical IPV scores (Coker et al.).

Solutions for Spouse Abuse

There have been great strides in the past 3 decades to prevent and treat those exposed and guilty of domestic violence. Shelters, drug and alcohol treatment programs, stress shops, mandated counseling, and anger management courses are just a few to mention. Schlee, Heyman, and O'Leary (1998) studied the psychological effects of domestic violence on abused women. Large percentages of these abused women met the criteria for Posttraumatic Stress Disorder (PTSD). Married couples who asked for treatment were accepted into a 14-week treatment program for spouse abuse. Fourteen of the couples dropped out of the program before treatment began for various reasons (separated, no longer interested, schedule conflict, etc). Of the 70 couples who participated in treatment, 38 completed the program. The first part of the study focused on all of the women who qualified for treatment (n=84). The next part was that the women only were assessed (n=37). Sixty-one percent of the women were in their first marriage (24% in their second, 3% in their third).

Schlee et al. (1998) focused on all women (n=84) who were accepted into the treatment program to analyze whether differential participation rates existed between women with and without PTSD. Three types of participation categories were created for this analysis: no show (those who were assessed but never attended treatment), drop out (those who began treatment, but terminated before completion), and treatment completion (attended at least 75% of the sessions). The women with PTSD result from abuse by their husbands benefited from group the treatment programs, which in turn, helped

eliminate physical aggression. They were said to have treatment gains and goals such as an increase in marital satisfaction and a decrease in depression.

Recent Research of Spouse Abuse and Child Maltreatment Issues

According to Vetere (1993), research in the last decade has enabled the identification of a number of clinical features that are common to domestic violence, for example, prior experience of maltreatment, skills deficits in psychosocial functioning, inter-actional dysfunction in violent dyads and family systems, and the short and long term impact of trauma on victims. Researchers have also continued to focus separately and independently on the different forms of family violence. Based on this research, therapists can now recommend treatments that include treatment of the victims of family abuse, treatment of the perpetrators, and training programs that prevent future violence in the family.

Escape from Spouse Abuse Shelters

In the 1970s, the feminists began to uncover the long hidden secrets of spouse abuse, and one result was the development of shelters for abused women. Women in Sydney, Australia began renovating abandoned houses to shelter battered women and children. In Glasgow, Scotland women were said to convert a three-room bedroom apartment into a shelter. Across the Atlantic, women opened a shelter in Vancouver, British Columbia (Wilson, 1997). Locally, we have what is known as Safe Passage Houses to protect and conceal the abused. These houses not only provide a safe place to reside but also provide the victims with food, clothing, and other necessities. Per phone conversation, Hardin (personal communication, March 15, 2006) manager of Johnson City's Safe House for women explained that the local shelters are grant funded. They

also have community support and receive donations. They are currently in the process of implementing a child advocacy program.

Each shelter has different policies. According to Hardin (personal communication, March 15, 2006) an abused victim may stay 30 days to 6 months, and the shelter may often assist in the victim obtaining employment. The women will do household cleaning and prepare meals but do not have to pay rent. They live in an older house and treat it like their own. The shelter encourages the victims to gain employment, but their greatest emphasis is on education. They are now working with the *Sunshine Lady Foundation* in North Carolina. This organization pays a domestic violence victim to go to college. A doctorate degree can be earned with tuition, rent, and car payment paid for. Each student will have to maintain a 3.0 GPA and will receive \$6,500.00 per semester for books and other expenses.

Mandated Counseling for Spouse Abuse

According to Short, Zahn, and Farrington, (2000), in 1997 the *American Society of Criminology* received a request for a friend-of-the-court brief in support of an experimental evaluation of a court-mandated counseling program for domestic violence offenders. The ASC wanted Broward County Judges to randomly assign men who had been convicted of misdemeanors of domestic violence to one of two groups: (a) an experimental group of men who would be placed on probation for 1 year and required to participate in a 26-week batterer counseling program, and (b) a control group of men who would be placed on probation for 1 year but not required to participate in the counseling program. From 1997 to 2005, domestic violence dropped 27% in the experimental group and there was no decrease in the control group violence. According to Fitzpatrick

(personal communication, September 18, 2006) of the Broward County Sheriffs Office Domestic Violence Unit stated there has been a 25% decrease in domestic violence calls in the past year. He suggested it was because of the mandated counseling and anger management programs. He stated the domestic violence offender will stop and think before he/she reacts in a violent manner if the domestic violence offender had been through the courts mandated programs. The offender may choose to take a ride or walk so his/her temper can subside.

Another study by Luken (1997) was conducted within a community corrections program for probationers who had committed domestic violence. It included classes in life skills and impulse control and anger management counseling. It was found that the private offender treatment enhanced rehabilitative opportunities, control, and intermediate sanction options. Therefore, it was said to prevent or prolong future arrests for domestic violence offenses.

Interviews with male abusers found that the majority would deny, distort, minimize, or otherwise hide their behavior in order to perpetuate it and/or to avoid criminal prosecution. According to Craig (2003) the Minnesota Multi-Phasic Personality Inventory (MMPI) was the most popular self-report personality measure. The men felt this instrument was less invasive compared to the other narrow band tests involving psychiatric assessment disorders. The findings indicated that there were personality disorders in 90% of the male abusers. The patients/participants with aggressive-sadistic personality style/disorder would seek to control, intimidate, and act aggressively toward others.

According to Fcazell, Maycrs, and Dcschner, (1984) group therapy for male batterers is the preferred therapy, known as the treatment of choice (Ganley & Harris, 1978). By using this approach the batterers learned to express their feelings without physical violence. “*Project Emerge*” evolved from a prior program. Boston was among the first cities offering services strictly to the male batterer. Fcazell et al.’s approach was peer counseling in groups. *Emerge* was directed solely by men; its inception was an outcome of a consciousness-raising effort by women’s groups in Boston. Since the birth of *Emerge* in the late 1970s, a few other agencies devoted solely to the treatment of the battering male have evolved. *Amend* in Denver and *Batterer’s Anonymous Groups* in California, Michigan, and Arkansas have formed as self-help, peer counseling groups led by men concerned about family violence.

The lack of literature on services for battering males led to Fcazell et al.’s, study (1984). Fcazell’s study showed, as many others have, that most male batterers deny they have a problem or need counseling. But, it has been shown that once a batterer was self-committed to counseling, he tended to stay. One third of those who stayed eventually dropped out after the first session; however, of those who stayed, the length of stay was from 6 weeks to 4 months. After the counseling, their abusive behavior tended to cease. Finally, statistical data revealed that no-violence contracts were kept by approximately 90% of the batterers while in counseling, and after a one year follow-up, 66% to 75% of the couples reported that the violence had ceased (Fcazell et al.).

After Fcazell’s and fellow researchers study involving *Emerge*, Bernard and Bernard (1984) started the *Alpha Program*. It was a 2-year voluntary program for men who wanted treatment for controlling men’s abusive behavior toward their partners. The

men were asked to complete a history-taking session, followed by a multi-phase personality inventory. The next week was followed by a counseling session where the men admitted to and discussed in detail the nature and extent of their abusive behavior toward one or a number of partners. The men were said to have problems socially and emotionally and were not capable of effective communication. They had difficulty communicating with a female member of the counseling team. They almost uniformly expressed guilt and deep remorse over their abusive behavior and seemed eager to change. The researchers were repeatedly struck by how often they felt personally drawn to the men as individuals. These positive characteristics of the men were said to describe “Dr. Jekyll” compared to the “Mr. Hyde” who had committed abuse.

Once the front of the men’s behavior was penetrated, the authors found that the men experienced intense feelings of social and personal (masculine) inadequacy and frustration arising from deep, unmet dependency needs. Common was the denial of violence to women, even though they initially admitted responsibility for the abuse. They made statements such as, “It was really her own fault.” They tended to be jealous and found it difficult to identify or understand their own emotions. The effective expression of anger was typically difficult for them, and they tended to alternate between passivity and explosive aggression. The basic lack of trust made it difficult for most of them to establish warm interpersonal relationships with either sex and as a result most of them were loners. Chemical use and abuse were generally much greater than reported at first. The individuals with the above profile frequently acted with little forethought or control. They perceived others as hostile and rejecting, struck out in anger or rebellion,

violated social and legal restrictions, and then experienced guilt and remorse that resulted in a period of over control.

Couples and group counseling were the most effective treatment for the abusing men. Battering men tend to be social isolates, and membership in a group proved to be the best way for the men in overcoming this isolation. Further, a group provided an emotional support system that could enhance the individual's self-esteem while it provided examples of the successful changes in the men with the longest tenure in the groups. The group settings helped to provide opportunities for practicing effective communication skills and for learning more effective ways to cope with their stress. It was suggested that the greatest value the group offered was the ability of more advanced members to break down the characteristic denial process in the new members, thus getting past Dr. Jekyll and exposing Mr. Hyde (Bernard & Bernard, 1984).

More options are developing in various areas. In California, Next Door Services has developed a 24-hour hotline, emergency shelter, counseling, legal services, youth and children's services, teen services, home safe transitional housing, and a supervised visitation as a family service. The 24-hour hotline operates 365 days a year and provides the immediate crisis assistance in English and Spanish. The emergency shelter provides 24-hour, year round short-term emergency protection, counseling, and numerous on-site services for women and children. Next Door provides individual counseling and support groups designed to rebuild the lives damaged by abusive relationships. Next Door provides and facilitates legal assistance, court accompaniment, and translation services for temporary restraining orders, as well as assistance to undocumented women filing for immigration protection. This is to help delay or avoid deportation back into the abusive

situation. Older battered women have unique needs and circumstances. A group called MAVEN (Mature Alternatives to Violent Environments Now) addresses these needs through home visits, support groups, outreach, and recreational activities. Youth and children services are provided weekly and there is year-round programming to help children exposed to domestic violence develop life skills, self-esteem, and learning skills. The teen services are a group support service for those exposed to domestic violence and/or at risk of developing abusive relationships and helps to break the cycle of violence. They also bring dating abuse and domestic violence data to schools throughout the country. There are two Home Safe Transitional Housing facilities located in Santa Clara and in East San Jose, California. They provide housing services for up to 36 months so that women and their children can begin new lives. Finally, Family Connections is a supervised visitation and exchange program. Under the supervision of the Youth and Children's Program Manager, the program will provide visitation and exchange opportunities for families so ordered by Family Court. The goal of Family Connections is to help children have safe and conflict-free access to both parents through child access services delivered by competent, trained providers (Abuse & Neglect, 2006).

CHAPTER 3

METHODOLOGY

The purpose of this study was to determine what factors affect the occurrence of domestic violence and spouse abuse. It was hypothesized that there was no relationship between alcohol and the use of a weapon. It was hypothesized that the marital status of a victim of domestic violence had no relationship with weapon use by the abuser. It was further hypothesized that there was no relationship between drug use and violence in a domestic situation. Finally, it was hypothesized that there was no relationship between substance abuse and violent behavior.

Data

The data used for the current study are archived at the National Archive of Criminal Justice Data Center (NACJD), which can be accessed through the University of Michigan's website (Block & Skogan, 2003). The study linked two unique Chicago datasets, (1) the Chicago Women's Health Risk Study (CWHRS) (ICPSR 3002) and (2) the Chicago Alternative Policing Strategy (CAPS) evaluation. The CWHRS was designed to give nurses, beat officers, and other primary support people information they needed in order to help women experiencing violence at the hands of an intimate partner lower their risks of life-threatening injury or death. The CWHRS was designed around the comparison of a sample of all intimate partner homicides involving a woman aged 18 or older that occurred in Chicago over a 2-year period and a clinic/hospital sample of detailed, longitudinal interviews with women as they came into hospitals and clinics in Chicago neighborhoods in which the risk for intimate partner violence was high. The purpose of the CAPS evaluation was to evaluate the long-term organizational transition

of the Chicago Police Department (CPD) to a community policing model. CAPS is an ambitious plan to reorganize the CPD, restructure its management, redefine its mission, and forge a new relationship between police and city residents.

The NACJD collects and archives data in order for individuals to conduct secondary statistical analysis on previously collected data. The data used in the current study were collected from 1995-1998 as part of an effort to give police, medical workers, and social workers more insight to preventing, assisting, and educating people about domestic violence (Block & Skogan, 2003).

Variables

The variables used are from the Community Crime Prevention and Intimate Violence in Chicago from 1995 to 1998. The study was conducted by Black and Skogan and published in January of 2003. The variables obtained were from 210 abused women in a Chicago residential neighborhood. This is known as Chicago Women's Health Risk Study combined with The Chicago Alternative Policing Strategy study. The researchers chose the police beat as the best definitions of a woman's neighborhood because it is the smallest Chicago area for which reliable and complete data were available. The characteristics of the woman's police beat then became the community context for each woman. Five variables were used to determine what effects that the respondents' use of alcohol, drugs, a weapon, and marital status had on occurrences of domestic violence.

Dependent Variables

There were two dependent variables used in the current study. These were the use of a weapon in a domestic violence situation and the violent behavior in each situation.

The dependent variables were coded as well as the independent. Weapon use was a nominal variable and was coded 0=no, 1=yes, 8=not applicable, and 9=missing. Violence, also a nominal variable, was coded 1=non-violent, 2=violence with injury, 3=serious injuries, and 4=death. It should be noted that “non-violent” refers to verbal, psychological, and emotional abuse.

Independent Variables

In this study, there were three independent variables. The first independent variable was alcohol consumption. The other independent variables were marital status and drug use. These variables were examined in relationship to use of a weapon and of violence in domestic abuse situations.

Each variable was coded. The independent variable marital status, a nominal variable, was coded 1=never married, 2= married, 3=separated, 4=divorce, and 5=widowed. Alcohol problem, a nominal variable, was coded 1=yes, 2=not mentioned, 8=not applicable, and 9=missing. Drugs problem, a nominal variable, was coded 1=yes, 2=not mentioned, 3=not applicable, and 4=missing.

Analytic Strategy

To test the hypotheses in this study, bivariate statistical tests of significance were conducted. Descriptive statistics and cross tabulations were computed for each variable set. Because the variables were nominal, the Chi-Square statistic was used to test the significance of relationships, and Phi and Cramer’s V were used to determine the strength of the relationships.

CHAPTER 4

RESULTS

The purpose of this study was to look at the relationships of alcohol consumption, marital status, and drug use with the use of weapons and violence in domestic abuse situations. It was predicted that the use of alcohol did not increase the likelihood of a use of a weapon and violence. Second, it was predicted that marital status had no relationship with a weapon being used in a domestic situation. Third, it was predicted there was no relationship between drug use and violent behavior by the offender.

This section reports the results for all of the statistical tests that were conducted in this study. Results shown in this section are illustrated in tables that are included within the text. There are four tables discussed in this section.

Summary Statistics

The secondary data used showed no significant differences when comparing independent and dependent variables, so the null hypothesis was rejected on all compared variables. Cross-tabulations were run on SPSS. The independent variables were placed in columns, and the dependent variables were placed in rows.

When an alcohol problem was reported, 44% of the domestic violence situations involved the use of a weapon (See Table 1). When there was no alcohol problem mentioned, a similar 40.7% of domestic violence situations reported a weapon being used. Conversely, when there was an alcohol problem, 56% of the domestic violence situations involved no weapon use. When there was no alcohol problem reported, 59.3% of the time, no weapon was used. For this test a Chi-Square value of .201 showed no significant relationship (actual significance = .654) and Phi was .033.

One explanation of this finding is that some people have a higher tolerance for alcohol. They may have been drinking but were not intoxicated to the point that they were arrested, or they were afraid to drink for fear of retaliation from the partner. This explains how drinking may not affect domestic violence. Those who choose to drink are more likely to end up in an argument with their spouse over the care of the children.

Table 1

Cross Tabulation for Alcohol and Weapon

	Alcohol Problem	Not Mentioned	Row Percentages
Weapon Used	44%	40.7%	42%
	N=33	N=46	N=79
No Weapon	56%	59.3%	58%
	N=42	N=67	N=109
Total	100%	100%	100%
	N=75	N=113	N=188

$\chi^2 = .201$ $df = 2$ $\Phi = .033$ $Sig.: .654$

Note. From “Community Crime Prevention and Intimate Violence in Chicago, 1995-1998”, By C. R Block & W. G. Skogan, *National Institute of Justice*. Copyright 2003.

The next test examined the relationship of marital status and weapon use in domestic violence situations (See Table 2). Forty-four percent (44.1%) of never married perpetrators used a weapon compared to 50% of married perpetrators, 35% of separated perpetrators, and two thirds (66.7%) of divorced perpetrators. For this test, the Pearson's Chi-Square of 2.914 was not significant.

Although these results were not significant, it is interesting that divorced subjects had the highest rate of weapon use (67%) in domestic abuse situations. Perhaps the anger, rejection, and emotional pain associated with divorce caused lapses of judgment that led to domestic violence. Divorce can lead to excessive drinking, for example, because the pain of the breakup. This causes someone from accepting the circumstances and moving on with life. The separated category had the lowest rate of weapon use in domestic abuse situations (35%). Perhaps such separated individuals did not use weapons because they still had some hope that they could reconcile.

Table 2

Cross Tabulation for Marital Status and Weapon Use

	Never Married	Married	Separated	Divorced	Total
<hr/>					
Weapon					
Used	44.1%	50%	35%	66.7%	43.6%
	N=49	N=12	N=14	N=4	N=79
No	55.9%	50%	65%	33%	56.4%
Weapon	N=62	N=12	N=26	N=2	N=102
<hr/>					
Total	100%	100%	100%	100%	100%
	N=111	N=24	N=40	N=6	N=181
<hr/>					
$\chi^2 = 2.914$	df = 2	Phi = .127	Sig. = .405		
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Note. From “Community Crime Prevention and Intimate Violence in Chicago, 1995-1998”, By C. R Block & W. G. Skogan, *National Institute of Justice*. Copyright 2003.

Of those people noted to have a drug problem, 56.5% used no force during a domestic violence incident, 27.1% used force resulting in injuries, 10.6% used enough force to cause serious injuries, and 5.9% used enough force to result in death (See Table

3). For those persons for whom a drug problem was not mentioned, 42.7% did not use violence, 30.1% used violence resulting in injuries, 17.5% used violence resulting in serious injury, and 9.7% used violence resulting in death. For this test, the Pearson's Chi-Square (4.34) was not significant at the .05 level of significance. Drug use does not seem to affect the type of force used. It may show that the most-used drugs do not cause aggression in the user.

Drug use does not seem to affect the use of force. It may be that the most frequently used drugs do not cause aggression or fear. For example, marijuana is not known to lead to violent or aggressive behavior.

Although it was not significant, perpetrators for whom no drug problem was mentioned resorted to violence with serious injury and death more frequently than did those perpetrators who were not noted to have a drug problem. One possible explanation for this is that the identification of those who had or did not have a drug problem was inaccurate. Perhaps some number of those who were noted as not having a drug problem did in fact have a drug problem.

Table 3

Cross Tabulation for Drug Problem and Types of Force

	Drug Problem	Not Mentioned	Total
Non-violence	56.5%	42.7%	48.9%
	N=48	N=44	N=92
Violence With Injuries	27.1%	30.1%	28.7%
	N=23	N=31	N=54
Serious Injury	10.6%	17.5%	14.4%
	N=9	N=18	N=27
Death	5.9%	9.7%	8%
	N=5	N=10	N=15
$\chi^2 = 4.34$ $df = 4$ $\Phi = .152$ $Sig. = .227$			

Note. From “Community Crime Prevention and Intimate Violence in Chicago, 1995-1998”, By C. R Block & W. G. Skogan, *National Institute of Justice*. Copyright 2003.

Fourth, presence of an alcohol problem and violence were compared (See Table 4). Of those people who had an alcohol problem, 55.3% reported the use of violence during a domestic dispute, while 44.7% did not. Of those people reporting no alcohol problems, 42.2% reported the use of violence, while 57.8% did not. Pearson’s Chi-

Square value (4.642) showed no significance relationship between alcohol and violence. The overall significance level was .077.

Even though there was a higher percentage of violence/force when alcohol was used, it was not enough to be a significant difference. With stricter laws and required reporting now being created in regard to domestic violence, these statistics may show that people are thinking twice about using violence in a domestic violence situation. Many want to avoid the embarrassment and expense of spending jail time and paying court costs and fines.

On the other hand, the findings were almost significant. They were significant at the .10 level. So it appears that having an alcohol problem may be associated with a higher chance of violence.

Table 4

Cross Tabulation for Alcohol Problem and Violence

	Alcohol Problem	Not Mentioned	Total
Violence Reported	55.3%	42.2%	47.4%
	N=42	N=49	N=91
Non-Violence	44.7%	57.8%	52.6%
	N=34	N=67	N=101
Total	100%	100%	100%
	N=76	N=116	N=192

$\chi^2 = 4.642$ $df = 2$ $\Phi = .157$ $Sig.: .077$

Note. From “Community Crime Prevention and Intimate Violence in Chicago, 1995-1998”, By C. R Block & W. G. Skogan, *National Institute of Justice*. Copyright 2003

CHAPTER 5

DISCUSSION

The current research examined correlations of spousal abuse associated with alcohol consumption, use of weapons and violence, and marital status. The research also examined the policy implications of the finding for the criminal justice system. The data sources for this study were from a similar study of domestic violence conducted in Chicago (Block & Skogan, 2003). The current research revealed no significant correlations between alcohol use, violent behavior, and marital status with spousal abuse as suggested by the hypotheses

Null Hypothesis 1

Null hypothesis 1 was supported. The findings of the current research suggest there is no significant correlation between alcohol abuse and the use of a weapon in domestic violence. One theory to support this finding could be that men who drink regularly may have a higher tolerance to alcohol and may not appear intoxicated enough to be arrested by police. The cross tabulation of alcohol consumption and weapon use by women during situations of domestic violence supported the hypothesis (Sig. = .654, $\chi^2 = .654$, $df = 2$, $\Phi = .033$). These findings suggest alcohol use has no significant influence on the perpetrator's decision to use a weapon. This study fails to reject the null hypothesis that there is no relationship between alcohol consumption by the perpetrator and the use of a weapon in domestic violence.

Null Hypothesis 2

Null hypothesis 2 was supported. The findings of the current research suggest there is no significant correlation between marital status and the use of a weapon in

domestic violence. It was found that divorced subjects had the highest percentage of the use of a weapon (67%). One possible reason may be the anger, rejection, and emotional pain could cause one to have a lapse in judgment.

The cross tabulation of marital status and the use of a weapon in situations of domestic violence supported the null hypothesis (Sig. = .405 $\chi^2 = 2.914$, df = 2, Phi = .127). These findings suggest marital status has no significant influence on subjects' decision to use a weapon. This study fails to reject the null hypothesis that there is no relationship between marital status and use of a weapon.

Null Hypothesis 3

Null hypothesis 3 was supported. The findings of the current research suggest there is no significant correlation between having a drug problem and the type of violence, if any, in a domestic violence situation. One possible explanation could be the type of drug used. For example, marijuana is not known to lead to violent or aggressive behavior. Another, a drug problem was not reported to police.

The cross tabulation of a drug problem and the type of force, if any in domestic violence supported the null hypothesis (Sig. = .227, $\chi^2 = 4.34$, df= 4, Phi = .152). These findings suggest a drug problem has no significant influence on subjects' decision to use force on their partner. This study fails to reject the null hypothesis that there is no relationship between drug problems and a use of force.

Null Hypothesis 4

Null hypothesis 4 was supported. The findings of the current research suggest there is no significant correlation between an alcohol abuse and violent behavior in domestic violence. One possible explanation could be that abusers who have experienced

the changes in law may think twice about using violence in a domestic violence situation. They want to avoid the embarrassment, expense of spending jail time, time lost at work, paying court cost, and fines.

Although the finding in Hypothesis 4 was not significant at the .05 level, it was significant at the .10 level. So it appears that having an alcohol problem may be associated with a higher chance of violence. Perhaps a study with a larger sample would show different results.

The cross tabulation of alcohol problem and violent behavior in situations of domestic violence supported the null hypothesis (Sig. = .077, $\chi^2 = 4.642$, df = 2, Phi = .077). These findings suggest alcohol status has no significant influence on subjects' decision to use violent behavior. This study fails to reject the null hypothesis that there is no relationship between an alcohol problem and violent behavior.

Implications of Findings

Despite the fact the statistics suggests there is no relationship between alcohol and the use of a weapon, prior literature does suggest there is a relationship. According to Gondolf et al. (1995) alcohol and drug abuse are two of the major causes of spouse abuse and domestic distress.

The study suggests there was no significant correlation between marital status and the use of a weapon. According to Tam and Tang (2005) marital status and gender role attitudes had a great contribution to the abuse and violence in a relationship. The male has typically been seen as the controller and boss of the home. In the Chicago study (Block & Skogan, 2003) 75.3% of the domestic violence victims were married.

The study suggests there was no significant correlation between a drug problem and type of violent behavior. According to Friedman (1998) abuse of certain types of illicit drugs, separate from the abuse of alcohol, predisposes a victim to subsequent violent behavior. The relationship of cocaine/crack to violent crime has been established more clearly for users of crack in inner city areas than it has for those who are users of other forms of cocaine in the general population. Friedman also suggests that the effect of the drugs on the brain can temporarily cause the abuser to lose emotional control and become more likely to engage in violent behavior.

Some cases advance to the point that weapons are used against the victims when the perpetrator has been drinking. Mignon and Holmes (1995) reported that alcohol had a correlation to the use of a weapon and more than one half of offenders who used weapons were arrested compared to the 20% of those who did not use a weapon.

These findings suggest the need for more in-depth studies of domestic violence. Those arrested and convicted of domestic violence should be required to attend offender programs. These programs could include alcohol and drug counseling. The programs could be extended into a long-term treatment instead of over-night incarceration in a jail facility. Anger management programs could be enforced by the judge as part of the offender's sentence; however, a "one size fits all" treatment approach would likely be less effective than a more individualized program. For instance, if one person has an alcohol problem and the others in a group did not, it would not be pertinent for the rest of the group.

Further Research

This study suggests further research should be conducted in other geographical areas that might include different information. For instance, would differences in culture, socioeconomic status, and religion change the outcomes? What is culturally acceptable in East Tennessee may differ vastly from Southern California in such factors as general courtesy and respect for others. Could the devaluation of women by less educated men in the south skew the outcomes? It is likely that the results of this study reflect the cultural values and norms of the Chicago region where this study was conducted.

More studies should be done to offer educational programs and encourage victims of domestic violence to become involved in further research. The implementation of these programs could be offered in domestic violence shelters, safe houses, and sexual assault response centers increasing the awareness of social supports for victims and offering hope for their future.

For years the cruel behavior and emotional abuse of domestic violence has been “taboo”. It was expected to be kept between family members and not to be spoken about. Another way to educate the public about the need to address this epidemic would be to study how the police and court systems treat those involved in domestic violence cases. That is to say, are people in higher socioeconomic classes treated differently than those in a low socioeconomic class, if so, how and why?

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