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EXPOSURE TO VIOLENCE AND PERSONALITY CHARACTERISTICS ASSOCIATED WITH CONFLICT RESOLUTION TECHNIQUES IN INTRAFAMILY CONFLICT

The College of William and Mary in Virginia ED.D. 1979

EXPOSURE TO VIOLENCE AND PERSONALITY CHARACTERISTICS ASSOCIATED WITH CONFLICT RESOLUTION TECHNIQUES IN INTRAFAMILY CONFLICT

A Dissertation

Presented to the

Faculty of the School of Education

College of William and Mary in Virginia

In Partial Fulfillment

Of the Requirements for the Degree of

Doctor of Education

By

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August 1979

APPROVAL SHEET

We the undersigned do certify that we have read this dissertation and that in our individual opinions it is acceptable in both scope and quality as a dissertation for the degree of Doctor of Education.

Accepted August 1979 by

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Acknowledgements

Appreciation is extended to my committee members, Dr. Fred Adair and Dr. Kevin Geoffroy, who themselves extended support and encouragement. And to Dr. Robert Bloom, I offer my appreciation for his serving as my advisor and his ability to help me maintain a bit of perspective throughout the ordeal associated with the completion of this manuscript.

A special thank you to my husband, Patrick, and my son, Kevin, who perhaps suffered as much as I during this study and the rigors of graduate school, and who remained my greatest support.

Also gratitude is extended to my two friends and colleagues, Elizabeth Shifflette and Dr. Nancy Musika for their suggestions and support and to Sue Wills who has expertly typed and often retyped drafts of this dissertation.

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Chapter 1

Introduction

Over the past one and a half decades, family violence has become a matter of growing public and private concern. An increase in awareness and attention suggests that one facet of family violence, child abuse, is on the increase, but Gelles (1976) points out that this suggestion is based on the fact that child abuse received little public attention prior to the 1960's. Historical analysis of abuse indicates that child abuse is not a new aspect of child rearing (Radbill, 1974; Baken, 1971).

A closely related issue, the use of violence to handle marital discord has been with us since colonial times (Martin, 1976). The actual rate of violence between couples is uncertain because of the private nature of the event (Saunders, 1977), but evidence suggests that intra-spousal violence is not an uncommon occurrence in American families (Straus, 1974; Levinger, 1966). According to the FBI Uniform Crime Reports (1975) there were approximately 20,500 murders and 484,700 cases of aggravated assault reported to the police in 1975. Approximately two-thirds of the murders were committed by relatives, friends or acquaintances and one-fourth of this number were committed by family members. More than one-half of the killings involving family members was the murder of a spouse by a spouse. Assailants in this crime most often are husbands, co-habitators and lovers. Although further research is needed with regard to the incidence and causes of all family violence, marital aggression has received the least inquiry. It has been pointed out (Owens and

Straus, 1975; Saunders, 1977) that husband-wife violence is detrimental not only to the parties involved and society in general, but to the children in the home as well. Children who observe violence are more likely to approve of violence as adults (Owens and Straus, 1975), and women who are exposed to violence as children are more likely to remain in abusive situations (Carlson, 1977).

Because of the toll that husband-wife violence and child abuse takes on those immediately concerned, and society in general, it is necessary to glean from the data being gathered the causes of intra-familial violence, in order that steps can be taken to prevent violence in the home. Evidence suggests that a combination of factors lead to family violence (Carlson, 1977; Straus, 1977). The actual presence of violence in the home may play a most crucial role in supporting and perpetuating family violence (Straus, 1974; Straus and Steinmetz, 1974; Steinmetz, 1977; and Straus, 1977). Steinmetz's (1977) findings suggests that the use of violence to resolve conflict may be learned, and there is evidence (Owens and Straus, 1975) that exposure to violence as children effects approval of violence as adults, such as seen in the authoritarian personality type (Adorno, et al., 1950). It remains to be seen, however, if individuals exposed to violence as children do display certain personality characteristics in common, and if they make use of physical force to resolve family conflict.

According to Straus (1978), the ultimate resource upon which we learn to rely is physical force, and frequently in the family, the use of physical aggression is employed to resolve conflict. For many reasons, the family is often the training ground for abuse (Steinmetz,

1977), and according to Scott (1974), unless both marital partners have been carefully taught not to express physical aggression in the home, some degree of physical assault is very likely to occur at times of extreme stress. Why is it then that only some individuals frequently employ violence to resolve conflict?

There is a good deal of controversy about violence in the family. This is because so little empirical research has been done, and because analysis of the family involves deeply held values and widely contrasting scientific fields and theories (Straus, Gelles and Steinmetz, 1978). One of the areas of controversy is the proposal that family members who use violence are mentally ill or excessively aggressive. There is little evidence available related to this issue and this evidence is from studies of child abuse. Examining the studies of Owens (1973) and Gil (1971), the authors state that child abusers are essentially "normal" individuals "exercising their prerogative of disciplining a child whose behavior they find in need of correction". They assume that the findings of a study on personalities of husbands and wives who use force on each other would be similar. They suggest that spouses who use force on each other tend to be aggressive personality types. There are, however, no empirical studies of the personality characteristics of individuals who employ physical force in conflict resolution as opposed to those who use verbal reasoning or verbal aggression to solve marital conflict.

Owens and Straus (1975) using the Exposure to Violence Indexes found that individuals exposed to violence as a child tended to approve of the use of violence in face to face situations as adults. Straus (1978) using extensive interviews, found that parents who

received physical punishment as a child abused their children more often than did other parents, as do parents who physically fight with one another. In addition, parents who observed their own parents physically fighting, had a higher rate of child abuse than other parents. He did not investigate exposure to violence as a child and the use of force with one's mate, although he does find support for the premise that force used in one area of family interaction is present in another.

Dibble and Straus (1978),however, examined the relationship between attitudes toward violence and actual violent behavior. They also examined the extent to which social structure variables such as patterns of interaction inside the family and the family's position in the economic system, are related to domestic violence and to the consistency between attitudes and behavior. They found that attitudes and behavior are related, but also that a spouse's violent behavior has a greater impact on the individual's violence than does the individual's own attitude about violence. This is true with respect to both the physical punishment of children and to violence toward one's spouse. The consistency between attitude toward spousal violence and behavior is greater among respondents who have both pro-violent attitudes and a violent partner.

A British psychiatrist, D. P. Scott (1974) expressed the conviction that spouse abuse was not a disease or clinical entity in itself, but that it bore close resemblance to other social deviancies with which it often coexists. He felt that the condition was diverse, and that most of the classifications of deviant behavior and criminality can be applied. Wife batterers were classified by Scott into such groups as the major cultural type, the immature

personality type, and the other personality disorders such as the dependent and aggressive types, the jealousy reactions ranging from intolerance of competition to delusional jealousy, the addictions, which probably more often coexist with battering than cause it, and the less common sado-masochistic type.

In view of the above, it was felt appropriate to investigate the personality of those individuals who use force as a means of conflict resolution and to see if these individuals experienced violence as children. It is hoped that this information will shed some light on the controversies surrounding violence in the family.

Statement of the Problem

The purpose of the present study is three-fold. First to determine if there is a relationship between an individual's method of conflict resolution in the family and exposure to violence as a child. Secondly, are there personality characteristics common to individuals who were exposed to violence as children and/or those who use physical force as a means of conflict resolution. Third, are the methods of conflict resolution used by normal populations different from those used by psychiatric populations.

The subjects were from two populations. The psychiatric population consisted of 26 subjects, 13 men and 13 women who were married and had children. These subjects were seen either as in-patients or outpatients in a private psychiatric hospital in Hampton, Virginia. The normal population consisted of 26 individuals, 13 men and 13 women, who were married and the parents of children attending a parochial school in Williamsburg, Virginia.

Theoretical Rationale

Intrafamily violence has received little attention from students of family behavior, and aggression has been looked at by the social scientists primarily from a view outside the family. The theories of aggression in general are concerned primarily with individual pathology. The presence of intra-personal pathology, however, does not in itself adequately explain the occurrence of violence in the family. For in the family, the violent individual is harming those he/she usually professes to love, and frequently the violent individual displays no aggression outside the family setting.

The theoretical position taken for the present study is based on the social structure theory of violence (Gelles, 1972; Owens and Straus, 1975; Dibble and Straus, 1978; and Straus, 1978). The social structure theory has an interpersonal rather than intrapersonal emphasis, and the individual pathological approach to intrafamily violence will be questioned in the present study.

In a recent article, Straus and Dibble (1978) related two explanations of domestic violence based on individual personality disturbance or beliefs. Lourie (1977) saw the turbulent period of midlife adults as an important factor in explaning parental abuse of adolescents and Walker (1977-78) suggested that learned helplessness maintains the victim position of battered women. Both of these explanations are contradictory to the social structure approach which views family violence as the result of multiple factors. The authors use the "term 'social structure' to refer to a system of patterned social interaction....families are social structures consisting of various role relationships (e.g., husband-wife, mother-son)".

Further, the structural approach suggests that strains are present in the family for maintaining the status quo and that the consistency between the way one thinks and the way one acts is a psychological "luxury limited to those who find themselves surrounded by a congruent set of circumstances" (p. 2).

The propositions of the social structure approach are drawn from the positions of such aggression theories as the frustration-aggression theory and learning theory (Gelles, 1972). It is also influenced by the cultural theory which takes the position that the "norms and values that approve of violence....arise from the underlying social structure" (p. 190). The following propositions are presented:

1) Violence is a response to particular structural and situational stimuli. For example, violence is a response to stress, frustration, or threats to identity.

2) Stress is differently distributed in social structures. Families with the most stress have fewest resources to cope with it.

3) Exposure to and experience with violence as a child teaches the child that violence is a response to structural and situational stimuli. The role models for violence presented to an individual in childhood provide a learning situation where the use, rationale, and approval of violence are learned.

4) Individuals in different social positions are differentially exposed both to learning situations of violence as a child and to structural and situational stimuli for which violence is a response as an adult.

5) Individuals will use violence toward family members differently as a result of learning experience and structural causal factors that lead to violence. Family violence generally is explained by examining the factors in society and the family that lead to violence and whether or not an individual learns to use violence in these situations (p. 188-189).

Hypotheses

For purposes of the research, the following hypotheses were formulated.

Hypothesis 1

There will be a significant relationship between exposure to violence as children and the use of physical aggression to solve family conflict with the subjects' spouse.

Hypothesis 2

There will be a significant relationship between exposure to violence as a child and the use of physical aggression to solve family conflict with the subjects' children.

Hypothesis 3

There will be a relationship between the manner in which an individual handles conflict with his/her spouse and his/her children.

Hypothesis 4

There will be personality traits common to individuals who use physical force to resolve conflict in family situations.

Hypothesis 5

There will be personality traits common to individuals who were exposed to violence as children.

Hypothesis 6

The amount of physical force used by the psychiatric population will be greater than that used by the normal population.

Definition of Terms

For purposes of clarification, the following definition of terms are used in this study.

Violence

Carrying out an act with the intent or perceived intent of physically injuring another person (Straus, Gelles and Steinmetz, 1976) as measured by the Conflict Tactics Scale.

Physical Aggression

This term is used interchangeably with the term violence.

Aggression

Carrying out an act with the intent or perceived intent of injuring another individual. The act may range from a disparaging look to murder. (Straus, Gelles and Steinmetz, 1976).

Verbal Aggression

An act carried out with the intent or perceived intent of harming another without physical involvement (Straus, Gelles and Steinmetz, 1976) as measured by the Conflict Tactics Scale.

Reasoning

The use of reasoning to solve conflict in the family as measured by the Conflict Tactics Scale.

Intrafamily Aggression

An act carried out with the intent or the perceived intent of injuring a member of the same nuclear family.

Intrafamily Violence

An act carried out with the intent or the perceived intent of physically injuring a member of the same nuclear family.

Exposure to Violence as Children

An individual is considered to have been exposed to violence if interpersonal violence was observed as a child, if interpersonal violence was received as a child, or if interpersonal violence was committed as a child as measured by the Exposure to Violence Indexes.

Overview

The presentation of this investigation is organized into five chapters. In the present chapter, the area under investigation was introduced, the theoretical framework for the study was established, terms were defined, and the limitations of the study were discussed. In the next four chapters, the following areas dealing with the investigation are presented: (a) a review of the literature; (b) methodology; (c) the results of the investigation; (d) summary, conclusions, and recommendations for further research.

Although recent research has been conducted on violence in the family, no empirical study of the personality of spouses who use force on each other has been conducted. Evidence suggests that violence in one area of relating is related to violence in another area of relating (Straus, 1976). Recent findings also indicate that exposure to violence as children is related to approval of violence as adults. The studies presented in the following chapter were selected for review because they were related to the above areas or because they shed some light on the overall issue of violence in the family.

Chapter 2

Review of the Literature

The researcher's purpose in this chapter is to present existing research related to the problem stated in Chapter 1. However, due to the paucity of empirical research related primarily to personality factors associated with the use of physical aggression in the family, and the relationship between exposure to violence as children and use of physical aggression as adults in the family setting, it is necessary to review literature that is indirectly, as well as that which is directly related to these issues.

In order to accomplish this, the review of the literature will deal with three major areas of intrafamily violence: 1) conjugal violence; 2) parent to child violence; and 3) studies which focus on violence in all spheres of intrafamily interaction. Several of the studies reviewed used the Conflict Tactics Scale also used in the present study.

Lastly, the investigator will present a look at normal versus psychiatric populations with a focus on the use of the Minnesota Multiphasic Personality Inventory as this is the personality measure chosen for the present study.

Conjugal Violence

In a recent article, Straus (1978) reports of a study of wife-beating in over 2,000 couples who were considered a representative sample of American couples. Using the Conflict Tactics Scale, Straus, Steinmetz and Gelles found that in the twelve month period

preceeding their interview, 3.8 percent of the couples reported at least one physical attack by the husband on the wife. This indicates of approximately 47 million couples in this country, approximately 1.8 million wives are beaten annually by their husbands.

Straus feels, however, that these are underestimates of the actual incidence of violent acts in marriage because of the following reasons:

1) Under-reporting by a group of people for whom violence is so much a part of family life that it is not noteworthy or dramatic enough to be remembered.

2) Under-reporting by those who experienced severe violent acts, but were reluctant to admit the violence because of shame or guilt.

3) Only couples living together were sampled. Thus, divorced persons who had experienced high levels of violence were omitted.

The above factors, coupled with the higher rates found in the researchers' pilot studies and informal evidence, led Straus to believe that the true incident rate of spousal violence is much higher.

One research endeavor of the present study, also using the Conflict Tactics Scale, was to assess the amount of family violence present in normal and psychiatric populations. To this end, Straus' assessment that the incidence of violent acts in marriage is under reported was noted and taken into consideration.

Yllo and Straus (1978) using the Conflict Tactics Scale, compared the level of violence in ongoing marriages and in ongoing cohabitating relationships. They studied a nationally representative sample of 2,143 adults between the ages of 18 and 70 years, who were living with a member of the opposite sex as a couple. Approximately 1.9 percent

as a "hitting license", which is embedded in the legal system as well as being a cultural norm.

Wife-beating is seen by Straus as a reflection of societal violence. The use of violence is sanctioned by our government, which maintains a large military establishment and which upholds the death penalty and physical punishment in the schools. Straus suggests that it is important to minimize, as much as possible, the use of physical force as an instrument of our government. Another area in which Straus feels violence is reflected is in the media. The mass media reflects and perpetrates the high level of aggression and violence in our society, according to the author. He recommends limiting the depiction of violence as much as possible without infringing on freedom of expression and artistic integrity. The last area of society in which violence is reflected is the family. According to Straus, one-half of all American homes contain guns, and he advocates stringent gun control legislation, particularly with regard to hand guns.

In his article dealing with a sociological perspective and treatment of wife-beating, Straus (1977) looked at the possible relationship between intrafamily aggression and "somato-sensory" deprivation. He quotes Harry Harlow's research in which it was found that monkeys reared in isolation and deprived of warm social contact in infancy "....would rather fight than love". He suggests that this same idea may be found elsewhere in the history of social sciences, with the end result suggesting that in spite of the "warmth and affectionate" ideology of our culture, millions of children are deprived of warmth and love. To this end he quotes Adorno et al's work on the authoritarian personality. The authoritarian personality is measured

interests with each other and thus there are more occurrences that could trigger a dispute or in which failure to meet expectations could occur. 3) There is also a great intensity of involvement and attachment typical of family relationships. Thus, the feelings of hurt experienced in conflict would be more intense. 4) The sexual inequality of the typical family model has high potential for conflict. The man may not be capable of performing the culturally expected roles and/or the wife may not be willing to accept the culturally determined subordinate role. 5) The privacy afforded the family in many societies insulates it both from assistance in coping with family difficulties and from the social control of neighbors and kin. 6) Cultural norms legitimize some violent acts between family members which would be violations of norms if they occurred between non-family members.

Straus (1976) feels, however, that the most general causal factor of aggression in the family is the presence of aggression in society. He states "that all forms of aggression are strongly related to each other". More specifically, "the more aggression in one sphere, the more in others" (p. 720). Related to this, Steinmetz and Straus (1974) disclaim what they call the "catharsis myth", that is, the assumption of the drive theories that "aggression expressed in one sphere of activity will not be expressed in other spheres of social interaction". Findings supporting this (Straus, 1978) are given later in this paper and were explored in the present study.

In a sociological perspective on wife beating, Straus (1977) examined cultural norms and the presence of violence in our society which may contribute to spousal assault. He sees the marriage license

of the sample were cohabitators. The findings revealed, contrary to their hypothesis, that cohabitators are appreciably more violent than married couples. However, cohabitators who are over 30, divorced women, those who had been living together over 10 years, and those individuals with high incomes, have very low rates of violence. In fact, they are less violent than married individuals with similar characteristics.

The authors speculated that one explanation for the high level of violence among cohabitators may be that violence may be viewed as a symbol of love. The use of physical violence may serve as "a symbol of closeness and ownership" for the cohabitators in the absence of the marriage license. This hypothesis suggests also that attitudes toward the use of violence are related to its use. They feel that the factors that explain spousal violence also explain violence among cohabitators. That is, levels of violence are higher among the young and the poor. The young married couples may have the social support and integration in the kin network that the young cohabitators do not have, which may explain the lower level of violence for this group. This explanation is related to the social structure theory of violence which is the theoretical base for the present study.

Gelles and Straus (1977) have undertaken to explain the causes of conjugal violence and examined the following factors which they feel contribute to spousal violence: 1) Time at risk, i.e., in many societies, family members spend a good deal of time together. Most likely, they will engage in more disputes and conflicts with each other than with other individuals with whom they spend less time. 2) Family members are likely to share a wider range of activities and

by Adorno's "F" scale which indicates the propensity of individuals to use physical violence for socially desirable ends. Individuals with a high "F" scale tend to favor the death penalty and physical punishment. Adorno et al (1950) found that these individuals received relatively less warmth and affection from their parents than did those low on the "F" scale which suggests that possibly they were exposed to violence as children.

It has been suggested that individuals who are exposed to violence do in fact use physical aggression (Adorno, et al., 1950; Prescott, 1975; and Carlson, 1977). One purpose of the present study is to test that relationship.

Prescott (1975) has found, according to Straus, both neuro-physiological and cross-cultural evidence that the more a person is deprived of "somato-sensory gratification" such as love, affection, and warm physical contact, the greater that individual will manifest aggression, including physical aggression. He found that in 49 societies studied, those that do not provide physical affection for their children, have a high level of violence between adults. Thus, Straus concludes that a loving and affectionate childhood would insulate both individuals and societies against violence, particularly in the family.

Carlson (1977) interviewed 101 victims of wife abuse who appealed for assistance from a volunteer non-professional woman's organization. She found that approximately one-half of the assailants and one-third of the victims had observed violence between their parents as children. Carlson theorizes that exposure to violence as children desensitizes women to its affects and causes them to expect violence in their marital relationships.

Gelles (1975) interviewed both abused women who stayed with their spouses and those who sought outside help. He found that three major factors were influential in whether or not a woman remained with her violent husband. The less severe and less frequent the assault, the more likely the wife was to remain with her spouse. Also, if an abused wife was struck as a child, the more likely she was to remain with her husband. Finally, a woman was more likely to stay with an abusive husband if she had few resources, such as education, a job, and a little power. Other factors, such as the amount of spousal violence in the community, constraint imposed by other individuals living in the home, and the woman's own subjective meaning of violence influence the action that abused wives do or do not take. This seems to suggest that the wife's level of violence approval is a factor in whether or not she seeks outside intervention.

Parent to Child Violence

Straus (1974) says that family violence is not uncommon in the typical American home and is seen most often in the use of corporal punishment by parents. According to Steinmetz and Straus (1974), between 84 and 97 percent of all parents use physical punishment at some point in their child's life. The use of physical punishment frequently extends beyond early childhood. Steinmetz and Straus found that half of the parents they studied used, or threatened to use, physical punishment on their children during their senior year in high school (Steinmetz, 1971; Straus, 1971; and Steinmetz, 1974). The use of parental violence, according to Straus (1974), probably increases rather than decreases aggressive tendencies in children.

Straus (1971) looking at certain social-psychological antecendants of parental use of physical punishment, examined parental use of physical punishment on 229 unversity students during their last year in high school. He found no significant differences in the frequency with which middle and working class parents used physical punishment. The use of physical punishment did, however, vary with both the sex of the child and with the traits that the parents valued in their children. More specifically, the parent's conception of the roles the child is to play as an adult is significant in the parent's use of physical punishment. Straus found that parents who felt that obedience was the most desired trait in their child, used physical punishment more than parents who held other traits as being most important. Physical punishment was used least often by parents who valued "self-control" in their child, and those who wanted their child to think for himself. Straus feels that these findings supported what he called a "linkage theory" of the use of physical punishment, i.e., "socialization practices will tend to be congruent with the type of personality needed to cope with the typical life circumstances which the child will face as an adult" (p. 662).

Addressing the issue that someone who beats or injures a child must be mentally ill, Gelles (1976) feels that this is a myth that hampers the understanding of child abuse. He says that the research that has been used to substantiate this idea was based on weak case data and that the data was inconsistent and contradictory. Furthermore, the authors have difficulty specifying which traits are associated with abuse. Of the 19 traits noted by the various researchers, agreement was found on only 4 traits. Fifteen of the traits were unique to the

particular investigator. Exporation of possible personality traits that may characterize individuals who use physical force on their spouse and/or children was one of the issues of the present study.

Green, Gaines and Sandergrund (1974) observed patterns of family interaction frequently encountered in 60 cases of child abuse. The sample consisted of 60 mothers or maternal caretakers who were interviewed by a child psychiatric staff member. The data from the structured 1-1/2 hour interview were augmented by agency records. There was an in-depth exploration of the personality structure of these women during psychotherapy. The focus of the interviews and treatment was patterns of family interaction spanning three generations. The mothers reported difficulties with their own parents and the physical brutality of their spouses. Among other personality characteristics, the women were said to "manifest impaired impulse control based on childhood experience with harsh punishment and identification with violent adult models" (p. 883). In addition, the women were said to have fragile self-esteem and poor self-concepts. These findings, however, were not based on psychological measurement techniques, but on the clinical opinions of the researchers.

Blumberg (1977) describes child abusers as individuals who were never adequately nurtured or parented themselves and who, as a consequence, never learned to love or nurture others. They lack ego-strength and have a poor self-image, and in addition, use such defenses as repression, denial, and projection. As in the above study, Blumberg does not use measurement, but clinical judgment in assessing the personalities of these women.

Murray Straus (1978) examined child abuse information on a randomely selected child, age 3 through 17, in 1,146 families.

He concluded that each year, over 14 out of every 100 American children, ages 3 through 17, are subjected to abuse by a parent. He compared families in which violence against children occurred with other families and concluded that the nature of society and its family system bring about child abuse. Although there are multiple factors which increase the probability of violence toward a child, Straus found that no one of these factors accounts for a very large proportion of the cases of child assault. In addition, these factors do not appear or operate in isolation from one another. Thus, he concluded that certain combinations of factors are much more potent than any one factor in isolation, and that these combinations may be more potent than just adding together the effects of the two factors. For example, Straus feels that a history of wife abuse combined with unemployment, which is also associated with child abuse, may be an "explosive combination", and may increase the probability of child abuse considerably.

In this study, Straus focuses on social characteristics which contribute to child abuse, but does not deal with the psychological characteristics of the parents and children which he feels may be part of the explanation of child abuse. The first of these sociological factors is the structure of the American family in which the burden of child care is placed on the mother. He feels that this factor is the main reason why women have a higher rate of violence against children than do men, despite lower rates of female violence outside the home. Secondly, the higher incidence of child abuse among manual workers and the unemployed indicates that the economic and psychological stresses created by poverty and an unstable economic system contribute

to child abuse. The third factor is isolation from the help and social control which is available when a family has a network of relatives and relationships within a community. An example of this is the high incidence of child abuse in short term residents of a community as compared to the long term residents. Another sociological factor contributing to the incidence of child abuse is training in the use of violence to resolve conflict. Straus states that parents who were physically punished abuse their children more often, as do parents who physically fight with one another. In addition, parents who observed their own parents hitting each other have a higher rate of child abuse than do those who did not witness their parents' physically fighting. Straus recommends a fundamental approach to the prevention and treatment of child abuse, although he concedes that psychotherapy may be needed in some cases. For the purpose of the present research, it should be noted that Straus found a positive relationship between exposure to violence in the parental home and the use of physical force as adults.

In a nationally representative sample, Straus (1978) found that those individuals whose mothers used physical punishment twice a year or more when they were 13 or older, had a child abuse rate of 18.5, which is 5 perceng greater than rates for parents who had experienced less violent discipline (11.8). The use of physical punishment by the father of these individuals made less difference, as the child abuse rate for those whose fathers physically punished them 2 or more times was 16.7 percent as compared to 13.2 percent for other parents. Another interesting finding was that the sex of the parent doing the physical punishment had different effects on the parents Straus

interviewed. It seemed that there was greater effect if the physical punishment was carried out by the parent of the opposite sex. For women who were punished by their mothers, the child abuse rate is only 52 percent greater than those of other women (23.0 versus 15.1), while for men punished by their mothers, the child abuse rate is double that of other men (14.2 versus 7.4). Men who were punished by their fathers have a child abuse rate which is 31 percent greater than other men (11.8 versus 9.0); and women punished by their fathers have a child abuse rate 53 percent greater than other women (24.2 versus 15.1).

In a longitudinal study, Lefkowitz, Huesmann, and Eron (1978) investigated the relationship between parental reports of punishment administered to their 8 year old children, and reports of these children 10 years later concerning their hypothetical use of punishment on their own children. The identical instrument to which the parents responded was used to collect data on the young adults punishment proclivities. Peer and self-ratings of aggressive behavior and other data were obtained. It was found that punishment appears to have inter-generational effects and is also related to aggressive behavior of males 10 years later. The authors note that socio-cultural variables and IQ play an overriding role in the long term analysis. They hypothesize that direct behavior such as punishment and aggression, are perhaps more easily learned than the more subtle and wider social behaviors that the brighter children can comprehend. For purposes of the present research, it is important to note the effects of parental punishment on the attitudes of the children. More specifically, individuals who received physical punishment approved of the use of

physical punishment themselves. This is related to the findings of Dibble and Straus (1978) regarding attitudes and violent behavior in marriage.

Owens and Straus (1975) propose that the experience of violence in childhood is one of the factors that leads to the approval of violence in adulthood. Using the Exposure to Violence Indexes, they found that those individuals who experience violence as a child tended to favor the use of violence to achieve both political and personal goals. There was no correlation, however, between the experience of childhood violence and the approval of the use of violence to settle international disputes. Thus, they concluded that the amount of violence experienced in childhood is one of the factors contributing to the development and maintenance of a society's norms which supports violence in face-to-face situations. The authors found that the correlation of experienced childhood violence and approval of violence as adults was slightly higher for males than females, and essentially the same for different socio-economic groups.

The authors looked at three measures of violence approval: 1) National violence approval; 2) Political violence approval; and 3) Interpersonal violence approval. They expected that the three aspects of violence would be correlated based on the research of Adorno et al., (1950) of the "authoritarian personality". This research suggests that there is a personality type that approves of violence of all types, including spanking children and dropping atomic bombs. On the other hand, they were aware of the Viet Nam War "doves" who favored domestic political violence, which would suggest no correlation of the three measures of violence approval.

Their findings, however, were consistent with both the authoritarian personality theory and the behavior of the "militant doves". They found that there was essentially zero correlation between the approval of national violence (pro-war attitudes), and approval of political violence. However, interpersonal violence approval was correlated with the approval of both national violence approval and political violence approval. They concluded that the correlations show that each of the aspects of violence approval is independent enough that it is necessary to treat each other as a separate dependent variable.

The authors also found that there was a correlation between the experience of violence as a child and the approval of both interpersonal and political violence or the use of violence in face-to-face situations. On the basis of the above research, investigating exposure to violence as a child and the use of violence as an adult as suggested above, would seem warranted.

Intrafamilial Violence

Growing evidence suggests the possibility of a relationship between child abuse, husband-wife violence, and violent behavior of the children in the home. In studies of murders, several authors noted evidence of extreme parental abuse as well as physical violence between parents (Satten, Meninger, and Rosen, 1960; Duncan, Frazier, Litin, Johnson and Barron, 1958). Easson and Steinhilber (1961) and Duncan and Duncan (1971) also found patterns of parental brutality and evidence of wife beating in the family environment of adolescents who murder family members. In a three generational study (Silver, Dublin, and Lourie, 1969) considerable support was found for the

thesis that abusive parents were abused as children. Additionally, the abusive parents were engaged in spouse beating and their children were at the same time committing acts of violence. These findings are addressed in the present research regarding individuals' exposure to violence as children and their use of violence as adults.

Straus (1977) views the family as a training ground for violence. He concludes that not only does the level of violence in the family reflect the level of violence in the various aspects of society, violence in society reflects what goes on in the family - what is learned from infancy. The family, according to Straus, may play the most crucial role in determining the degree of violence in society, for it is in the family setting that most people first experience physical aggression. In addition, the emotional context in which the aggression is experienced is significant, as the use of violence may become associated with love. Children learn that they are hit by those who love them and that they have the right to hit. In addition, it is learned that the use of physical aggression must be justified if the reason for its use is important. Straus further suggests that not only do children who were physically punished learn to discipline their own children with physical force, but that the use of physical force is generalized to other close relationships, particularly in marriage. Therefore, Straus concludes that alternate means of child rearing are necessary and that physical punishment should be eliminated.

Sibling rivalry, according to Straus, is almost as universal as the use of physical punishment in the family. Even though fighting may be inevitable in early childhood, Straus suggests that it is dealt with in a way that "symbolizes and reinforces the legitimacy of violence between family members". That is, fighting among siblings is seen as

less serious than the fighting with non-related children and physical aggression among siblings continues long after it has ceased among peers. As a result, children learn that there is nothing particularly reprehensible about the use of violence among family members and Straus advocates that parents take steps to reduce and define as impermissable, acts of physical force between their children. He further suggests providing both parents and children techniques for coping with intrafamily conflicts other than physical force and violence.

In 1973, Straus looked at violence between family members from a general systems theory viewpoint. This theory suggests that violence among family members is a systematic product rather than the result of individual behavior pathology. He used three concepts, namely 1) "Positive Feedback Process" which seems to increase violence in the home; 2) "Negative Feedback" which is a dampening process which is said to maintain the level of violence within tolerable limits; and 3) "The Morphogenic Process" which changes the role structure of the family. Straus used Thomas Scheff's (1966) propositions of the social causes of mental illness as a model of his propositions for his systems theory. The following are Straus's propositions based on Scheff's:

1) Violence between family members arises from diverse causes. This includes normative expectations, personality traits, frustrations due to role-blockage, and conflicts.

2) Relative to the rate of publicly known or treated violence between family members, the actual occurrence is extremely high.

3) Most violence is either denied or not labeled as deviance. For example, parental use of physical punishment is not considered intrafamily violence by laymen.

4) Stereotyped imagery of family violence is learned in early childhood from parents, siblings and other children. The use of physical punishment by parents is an especially strong role model.

5) The stereotypes of family violence are continually reaffirmed. This is done through social interaction, that is the high value on the rough male and as seen in the mass media.

6) Violent persons may be rewarded for violent acts if these acts produce the desired results. The reinforcement seems to insure the probability that the individual will use violence again.

7) Use of violence when it is contrary to family norms, creates conflict over the use of violence to settle the original conflict. The secondary produces further violence.

8) Persons labeled as violent may be encouraged to play out the role. For example, a wife who has been previously hit by her husband may provide a cue which provokes the expected behavior from her husband by the wife's flinching or crouching.

Violence comes to be a mode of relating, according to Straus (1978), and as stated above, he hypothesizes that violence in one sphere is related to violence in another sphere of life. The teaching of violence, with its beginnings with the first slap on a child's hand, establishes the fact that those who love you, hit you and that it is morally right to use violence within the family. If the use of non-physical forms of punishment replace the physical, the child may learn other modes of dealing with others, although earlier patterns may emerge in times of extreme stress. However, according to the author, if the use of physical punishment continues and the children observe parental violence, there is a strong chance

that the use of physical force will become a means of interacting with others. This is substantiated by the findings of Owens and Straus (1975) and Gelles and Straus (1975, 1978).

Straus (1978) found that men who hit their wives are more likely than other men to abuse a child. However, he concluded that most of these men do not attack a child severely enough for it to be considered what is called child abuse. This information reinforced his thesis that violence may become a model of relating, as one of the clearest findings that has emerged from the Family Violence Research Program at the University of New Hampshire, is that violence in one sphere of life is related to the use of violence in another. He found that in a nationally representative sample, one out of ten parents (11.5 percent) remembered seeing their parents hitting each other at least one time. The findings indicated that observing the father hit the mother has a greater affect on the child than the observation of the mother hitting the father. However, the statistics suggest that violence by a parent of the same sex provides the strongest role model for the child. Men who saw their fathers hit his wife had a 39 percent greater rate of child abuse than did men whose fathers did not hit their wives (13.3 versus 9.7). The effect of the fathers' hitting their wives had less effect on their daughters: only a slightly greater rate of child abuse (19.7 versus 17.4). Being the daughter of a mother who hit her husband, however, results in a greater rate of child abuse than other women (24.4 versus 17.2).

Steinmetz (1974, 1977) speculates that the methods spouses use for resolution of conflict may be similar to the manner in which they discipline their children. She administered a questionnaire to a

broad base, non-representative sample of 78 individuals between the ages of 18 and 30 years with a focus on the intrafamilial patterns of conflict resolution. For this, she used the Conflict Tactics Scale. The subjects responded to the manner in which conflict was resolved between their mother and father, each parent and self, and self and each sibling. She found that verbal aggression was utilized for conflict resolution in almost all the families. Physical aggression occurred in approximately 70 percent of the families to resolve parent-child and sibling conflict and in 30 percent to resolve spousal conflict. She concluded that there is support for the premise that intrafamilial patterns of conflict resolution exists.

With regard to husband-wife violence and child abuse, Straus (1978) found that there is a relationship between couples hitting each other and abusing their children. In families where the husband was violent toward his wife during the year of the survey, the incidence of child abuse was 129 percent greater than in other families (28.0 versus 12.2). When there was a case of wife-beating, one-third of the couples abused a child. A wife hitting the husband was associated with 120 percent greater incidence of child abuse. The wife being very violent, however, did not increase the frequency of child abuse as did the husband's use of extreme violence.

From a theoretical viewpoint, Steinmetz hypothesizes that these respondents might use similar methods to resolve their own marital conflict and to discipline their children. She points out that by studying the conflict patterns used by families not labeled as abusive, insight might be gained with regard to coping mechanisms which might be adapted by family members using abusive techniques.

Steinmetz, based on earlier studies, concluded that considerable amounts of force is used in so called normal families to resolve conflict. The current study will examine the conflict resolution techniques in families not identified as abusive.

Normal versus Psychiatric Populations

The following is a review of the literature on normal versus psychiatric populations with regard to aggression and associated use of the MMPI which is felt to be relevant to the present study.

Differentiating subjects of a normal population from that of a pathological population is a proabilistic one. For example, using the MMPI, the higher the clinical score, the greater the probability that the individual will be defined as a member of the pathological group (Dahlstrom, et al, 1975, p. 19). With regard to the specific area of aggression, MacDougald has developed a violence scale that is given by Dahlstrom, et al (1975, p. 288). The authors also list hostility scales derived by MacDougald (1970), Watson, Vestre, and Klett (1972), Wiggins (1966) and Schultz (1974). A 1974 study by Cohler, Weiss, and Grunbaum revealed that the hostility scale by Wiggins (1966) as well as other scales, differentiated between a discharged psychiatric group of women and non-psychiatric controls at the beginning of an aftercare study and again 20 months later.

According to Dahlstrom and Welsh (1960) a high scale 4 (psychopathic deviancy) on the MMPI for men is often associated with aggressive behavior especially if paired with a high scale 9 (hypomania) or with scale 2 (depression) coded low. When scale 4 is coded high with scale 0 (social introversion) coded low, both aggression and father conflict are indicated. When scale 4 is

coded high with scale 7 (psychoasthenia) coded high as well it suggests home conflict. The authors conclude that scale 4 is associated with aggression, if not belligerent attitudes toward authority and may be reflected in the home.

For women, scale 4 coded high in combination with a high scale 2 or scale 9 suggests rebelliousness and aggressiveness according to the authors. High scale 5's (masculinity-femininity) and high scale 7's are present in patterns of women with home conflicts.

The results of a study by Hawk and Peterson (1974) which examined the MMPI scores of three criterion groups, adolescent delinquents, college students, and individuals belonging to a therapy collective indicated that the Pd or scale 4 on the MMPI measure a general deviancy from societal norms rather than psychopathic deviancy per se. If this is the case, these findings are relevant for studies on violence as the psychopath is the individual most commonly associated with violence (Storr, 1968).

The concern of the present study, however, will be patterns that may emerge in both the psychiatric and normal groups of individuals who use violence in conflict resolution in the family setting.

No studies were found that dealt specifically with MMPI patterns of those who use violence in conflict resolution of an interpersonal nature. Dahlstrom, et al (1975) states that from out of the research using MMPI measures will come a better understanding of the "complicated network of relationships between personality attributes of each member of the family constellation, and the ways in which family members form coalitions and alliances, to otherwise cope with strains within the group" (p. 114).

According to Storr (1968) one of the most interesting facts emerging form the criminological research based on the reports of Rycroft (1966) is that crimes of violence, sexual crimes, and dangerous driving offenses are often committed by the same type of person. These individuals are classified psychiatrically as psychopathic and are characterized by a combination of "certain paranoid characteristics with a habitual lack of ability to control their immediate impulses" (p. 100). Storr further states that the depressives turn their hostility inward; schizoids withdraw from human contact and the paranoids deny their hostility and attribute it to others. The psychopaths, on the other hand, have a strong propensity to act out their hostility. Based on this it can be concluded that the expression of overt aggression is not evenly distributed within the general psychiatric population.

With regard to violence in the mentally ill, a study conducted over two time periods (1963-1969 and 1970-175) suggests that a previously held notion, according to the authors, that the mentally ill are less violence prone than the general population is not supported (Grunberg, Klinger, and Grumet, 1977). The authors state that the investigations of mental illness and violent behavior conducted in the 1920's-1940's were conducted when hospital admission policies were more lenient, the discharge policies more stringent, and treatment more prolonged. The earlier studies found that released psychiatric patients had low arrest rates. The authors conclude that the trend toward community based care has reversed the findings. They reviewed the files of persons convicted or acquitted of homicide for reasons of insanity in the two time periods stated above to arrive at their conclusions.

A study conducted by Cochrane and Neilson (1977) on 200 psychiatric patients revealed that three groups of depressed patients showed significantly higher undischarged drive levels than did the nondepressed subjects. The endogenous depressives also showed significantly more inhibition of aggression than did the reactive depressives. These findings are contrary to the aggressive theory of Lourie (1977) mentioned earlier in this paper).

The above findings suggest that certain psychiatric groups may manifest more aggression than normals yet as Gelles (1974) so aptly states "it is difficult to conceive of violent acts between family members as arising out of a single causal factor such as psychopathic or genetic condition because of the various social and psychological elements that are associated with occurrences and patterns of family violence" (p. 185).

Summary

It appears from the studies reviewed, that exposure to violence as children may be related not only to attitudes toward physical force as adults, but to its use in the family setting as well. This is particularly true with regard to the use of parental punishment. It may be, however, that just as many individuals are subjected to violence as children who do not use physical aggression as adults. Most of the studies reviewed examined the issues addressed from a sociological perspective and there were no studies that examined the personality characteristics of individuals who use physical aggression on their spouses utilizing psychological measurement.

Studies of the personalities of child abusers indicate that these parents are so called normal individuals and it has been speculated

that this is also true of spouse abusers. It is wondered if there are personality characteristics in common of individuals who use physical force. The present study has attempted to examine exposure to violence as a child, the use of physical force in the family, and the personality characteristics of individuals who use force.

Another issue examined in the present study, is the amount of physical force present in two diverse groups, a normal and a psychiatric population.

Chapter 3

Methodology

The present study was undertaken to ascertain if there is a relationship between an individual's method of conflict resolution in the family and exposure to violence as a child. Also two populations were studied to determine if the conflict resolution methods used by psychiatric populations differ from those used by normal populations. A further issue explored was to determine if there are personality characteristics common to those individuals exposed to violence as a child and/or those who use physical force as adults in the family setting.

A detailed description of the research procedures and methods utilized in the present investigation are presented in this chapter. Included are descriptions of the following: (a) populations and their particular settings, (b) measurement instruments used, (c) procedures, and (d) statistical methods.

Populations

The present study was undertaken at Peninsula Psychiatric Hospital in Hampton, Virginia and at Walsingham Academy Lower School, Williamsburg, Virginia. None of the subjects in the present study were previously labeled as abusive.

Peninsula Psychiatric Hospital is a 125 bed private psychiatric hospital accredited by the Joint Commission on Accreditation for Hospitals. The hospital population consists of both voluntary and involuntary patients, with most being voluntary admissions. The

services of the hospital are covered in whole or in part by most national or local health insurance plans or by private pay. The patient population is divided into three distinct treatment programs: 1) the chemical dependent program, 2) the adolescent program, and 3) the adult program. The severity of the illnesses range from reactive conditions to major psychotic reactions. The patients included in this study included those labeled as neurotics and those diagnosed as psychotic upon admission. However, patients who were not able to respond appropriately were not used in the study. Patients diagnosed as alcoholics were not used as subjects.

The subjects in the psychiatric group consisted of 13 males and 13 females who were married and who had children at home. The 13 females, 11 caucasian and 2 black, ranged in age from 25 to 45 years with a mean age of 33. Their educational level ranged from 10 to 15 years with a mean of 12.62 years. The 13 males, 11 caucasian and 2 black, ranged in age from 26 to 56 years with an educational level from 7 to 18 years. The mean age for the men was 37.62 and the mean educational level was 13.69. The mean age for the entire population was 36.92 and the mean educational level was 13.15.

The normal population was taken from parents who had signed up for a parenting workshop at Walsingham Academy Lower School. This sample also consisted of 26 individuals, 13 men and 13 women who were married with children.

Walsingham Academy is a parochial school divided into lower and upper schools. The lower school is comprised of 314 students who make up grades kindergarten through seven. The students are admitted

following a placement test which determines if they are functioning academically on grade level. The Walsingham families are primarily upper middle class but a few students from lower socioeconomic groups are able to attend through scholarships available through the local parish.

The normal population consisted of 12 caucasian females and 12 caucasian males and 1 black female and 1 black male. The females ranged in age from 28 to 49 with a mean age of 36.85 and an educational level that ranged from 12 to 19 years with a mean educational level of 15 years. The males ranged from 32 to 50 years with a mean age of 39 years. Their educational level ranged from 13 years to 20 years with a mean educational level of 16.62. The mean age for the entire group was 37.92 and the mean educational level for the group was 15.81.

Sampling

The subjects for the normal population were obtained from the first 13 males and the first 13 females who signed up for a parenting workshop at Walsingham Lower School who consented to participate in the study.

The psychiatric population was obtained as the subjects were routinely referred for a psychological evaluation either on an out-patient or inpatient basis.

Measurement Instruments

The area under investigation is a relatively new field and few devices have been designed to assess conflict resolution and exposure to violence. Therefore, the reliability and validity of the measures

are not fully established. There are many devices developed to assess personality factors, however, and the instrument chosen to measure personality characteristics in this study was chosen because it was felt to yield optimum information. The measurement devices selected will be discussed as follows:

1) Conflict Tactics Scale, Form N

2) Exposure to Violence Indexes

3) Minnesota Multiphasic Personality Inventory

The Conflict Tactics Scale

The Conflict Tactics Scale, first called the Conflict Resolution Technique, was developed at the University of New Hampshire in 1971 and has been used extensively over the past years in studies by Allen and Straus, 1975; Bulcroft and Straus, 1975; Straus, 1974 (Gelles, 1977). The CTS was designed to measure intrafamily conflict based on the means used to resolve conflicts of interest and has three groups of conflict resolution items: 1) reasoning - the use of rational decision and argument; 2) verbal aggression - the use of verbal and non-verbal expressions of hostility -- acts which symbolically hurt the other or threats to hurt the other; 3) the use of physical force or violence as a means of resolving conflict. The scales consist of 18 items, the last 8 of which involves the use of force or violence.

The CTS is administered by presenting the subject with the list and asking them to indicate what they did when they had a disagreement with their spouse or child in the course of their relationship or in a specific time span.

The reliability and validity of the CTS have been assessed over the period of its development and modification (Gelles, 1977). An analysis by Straus (1974) indicates that the indexes of the CTS have an adequate level of reliability as indicated by an average item - total correlation of .77. A study was undertaken by Bulcroft and Straus (1975) to determine validity of husband, wife, and child reports of conjugal violence. They found that by using the CTS, the correlation between child-report and self-report of violence was $r = .64$ for students with husband data and $r = .33$ for student with wife data. They found that there was a tendency for students to report more violence by the husbands than the husbands reported and for wives to report more violence by themselves than the student-child reported. It was felt, however, due to the nature of the subject under investigation, the probability of achieving accurate reporting is slim. The reliability of the CTS is satisfactory for research purposes.

Exposure to Violence Indexes

The Exposure to Violence Indexes were originally developed by Owens (1973). Owens and Straus (1975) used a revised version of this scale in their study of exposure to violence in childhood and approval of violence as an adult. The resulting indexes were subjected to item analysis and those that did not show a correlation with a total score of 0.20 or higher were dropped from the index.

The three aspects of exposure to violence are shown in Appendix I. As discussed elsewhere in this paper, after correlation of item analysis of these indexes, the authors computed the intercorrelation of the three indexes measuring different aspects of exposure to

violence. The results indicated that the three aspects of exposure to violence are closely related and were considered part of a pattern called "the social structure of violence in childhood".

As a result, it was felt that these scales would be a relatively valid instrument for determining exposure to violence as a child. The actual test used appears in Appendix II. The form was based on Straus's Conflict Tactics Scale and scored similarly (Straus, 1979).

The Minnesota Multiphasic Personality Inventory

The Minnesota Multiphasic Personality Inventory (MMPI), first copyrighted in 1943, was empirically derived. The original data was obtained by contrasting normal groups with "carefully studied clinical cases" (McKinley and Hathaway, 1967). It was designed, according to the authors, to "provide an objective assessment of some of the major personality characteristics that affect personal and social adjustment" and is probably the most ubiquitious of the personality inventories. Reliability and validity data are also given by McKinley and Hathaway (1967). There were originally nine scales developed for clinical use and they were named for the abnormal conditions on which their construction was based. They are: 1) Hs - hypochondriasis; 2) D - depression; 3) Hy - hysteria; 4) Pd - psychopathic deviate; 5) Mf - masculinity-feminity; 6) Pa - paranoia; 7) Pt - psychasthenia; 8) Sc - schizophrenia; and 9) Ma - hypomania. Other scales have been developed, one of which, Si - social interversion, is commonly scored. There are also three validating scales: L - lie, F - validity, and K - correction. The original instrument contained 550 statements to which the subject was asked to respond; true, false or cannot say.

In 1966, a revised version of the inventory, Form R, was published and the fourteen basic scores are obtained from the first 399 items. On this form, the subject has to respond "true" or "false" to the items.

Since the development of the inventory, the scales have been shown to have meaning within the normal range of behavior, according to the authors, so as to avoid misleading connotations, the scales are referred to by their abbrevfations or code numbers.

Drake and Oetting (1959) designed a manual on the MMPI to aid counselors in dealing with their clients. The interpretations are derived from studies of profiles of relatively normal individuals, but were felt by the authors to be useful in dealing with more deviant individuals as well. The MMPI is used with normal as well as disturbed groups (Sutter and Domino, 1975; Littlejohn, 1967; Hawk and Peterson, 1974) and is sensitive to deviant behavior, aggressive behavior and home conflict (Dahlstrom and Welsh, 1960).

In a study of murders, Pothast (1956) compared murders whose killings were carried out in the course of robbery or burglary (murder for profit) as opposed to those homicides which involved killing a spouse in the course of an argument (murder for passfon). Both groups had elevations on scale 4 but different configurations on the other basic scales. The professional criminals who killed while committing a crime had primary elevations on the psychotic tetrad, primarily on Scale 8. The "passion" group had elevations on the neurotic triad. Pothast's passion group displayed little evidence of poor emotional control prior to the murder. On the contrary, they were over controlled in expression of emotfonal impulses (Dahlstrom, et al, 1975).

Dahlstrom, Welsh and Dahlstrom (1975) report that pairwise, analysis of MMPI profile congruity hold much promise for evaluating interpersonal relationships in the family setting. For example, P. D. Arnold (1970) has devised a number of indices to evaluate the likelihood of marital discord in a couple from their MMPI patterns considered conjointly. He refers to the measure as the Arnold Sign Indicator or ASI. In addition, MMPI has been used by several researchers to assess marital relationships (Rogers, et al, 1970; Osborne, 1971; Reusell and Edwards, 1971; Newmark and Toomeey, 1972). Because of its widespread use and the wide range of personality characteristics it assesses, the MMPI was chosen as the measure of personality characteristics for this study.

Procedures

The following procedures were used to collect and process the data involved in this investigation.

Design

The model for this study was a co-relational design. The subjects for the psychiatric group were obtained as they were admitted to Peninsula Psychiatric Hospital or as they were referred for a psychological evaluation on an outpatient basis. The subjects for the normal population were obtained from a group of parents who had expressed an interest in a workshop on parenting at the parochial school. The independent variable for the study was the manner of conflict resolution used to handle a child and/or spousal conflict by the subject as described earlier in the paper. The dependent variables were:

1. Exposure to violence as a child.
2. Scores on the Minnesota Multiphasic Personality Inventory.

Data Collection

The purpose of this study and the procedures to be undertaken were explained to the medical director of the psychiatric hospital and to the principal of the school. The inventories were administered to the psychiatric patients as they were admitted to the hospital during the routine administration of a battery of psychological tests or as they were referred for a psychological evaluation on an outpatient basis. The patients were told that this portion of the testing was for research purposes. These tests were administered individually and in most instances, were completed in one setting. Each individual completed the Exposure to Violence Indexes, the Conflict Tactic Scale for spousal interaction, the Conflict Resolution Technique for parent-child interaction and the R Form of the Minnesota Multiphasic Personality Inventory.

The testing for the normal population was also administered individually. The subjects were obtained from a group of parents who indicated an interest in a parenting workshop. These individuals were contacted and a convenient time for testing was arranged. They were told that the study was concerned with conflict resolution and all the information collected was for research purposes. The subjects took the test material home to complete and returned it to the school office. Coded numbers were substituted for names to assure confidentiality. The researcher arranged to meet with the subjects at the conclusion of the study to explain the results and given indepth feedback to those individuals who were interested.

Processing the Data

The first procedure in processing the data in this study was to score the Conflict Tactics Scales. These, like all the inventories, were hand-scored by the researcher. The next step taken in the data collection was the scoring of the Exposure to Violence Indexes. The scores on the three inventories were then coded as follows:

Overall Exposure to Violence	=	V10
Observing Violence	=	V101
Experiencing Violence	=	V102
Committing Violence	=	V103
Overall Conflict with Spouse	=	CONS
Reasoning with Spouse	=	CONS1
Verbal Aggression with Spouse	=	CONS2
Violence with Spouse	=	CONS3
Overall Conflict with Child	=	CONC
Reasoning with Child	=	CONC1
Verbal Aggression with Child	=	CONC2
Violence with Child	=	CONC3

The V10 score was obtained by computing V10 = ((V101/5) + (V102/6) + (V103/2))/3. The CONS score was computed as follows: CONS = ((CONS1/3) + (CONS2/6) + (CONS3/8))/3.

The CONC score was computed similarly to the CONS score. The next step in the data collection was the scoring of the MMPI profiles. The final procedure in processing the data was the preparation for statistics.

Statistical Hypotheses

1. There will be no relationship between exposure to violence as children and the use of physical aggression to solve family conflicts with the subjects' children.

    1a. There will be no relationship between exposure to violence as children and the use of physical aggression to solve family conflicts with the subjects' children for the psychiatric population.

    1b. There will be no relationship between exposure to violence as children and the use of physical aggression to solve family conflicts with the subjects' children for the normal population.

2. There will be no relationship between exposure to violence as children and the use of physical aggression to solve conflict with the subjects' spouses.

    2a. There will be no relationship between exposure to violence as children and the use of physical aggression to solve conflict with the subjects' spouses for the psychiatric population.

    2b. There will be no relationship between exposure to violence as children and the use of physical aggression to solve conflict with the subjects' spouses for the normal population.

3. There will be no relationship between the manner in which an individual handles conflict with his/her spouse and his/her children.

3a. There will be no relationship between the manner in which an individual handles conflict with his/her spouse and his/her children for the psychiatric population.

3b. There will be no relationship between the manner in which an individual handles conflict with his/her spouse and his/her children for the normal population.

4. There are no common personality traits that characterize individuals who were exposed to violence as children.

5. There are no common personality traits that characterize individuals who use physical force in family situations as adults.

6. There is no significant difference between the amount of force used in family settings in normal and psychiatric populations.

Statistical Analysis

There were several statistical methods used to analyze the data. The first three hypotheses were assessed by the Pearson Core program of the SPSS. MMPI scores were subjected to a t-test and an analysis of variance. The differences between the two populations were determined by a simple t-test.

Chapter 4

Analysis of Data and Findings

The purpose of this study was to determine: (1) if there is a relationship between an individual's method of conflict resolution in the family and exposure to violence as a child; (2) if there are personality characteristics common to individuals who were exposed to violence as children and/or those who use physical force as a means of conflict resolution in the home; (3) if the conflict resolution methods used by normal populations differ from those used by psychiatric populations.

Specifically, the investigation was concerned with the following major research questions:

1. Is there a relationship between exposure to violence as a child and the use of physical aggression to solve conflict with the subject's spouse?

2. Is there a relationship between exposure to violence as a child and the use of physical aggression to solve conflict with the subject's children?

3. Is there a relationship between the manner in which an individual handles conflict with his/her spouse and his/her children?

4. Are there common personality traits that characterize individuals who use physical force in family situations?

5. Are there common personality traits that characterize individuals who were exposed to violence as children?

6. Is there a significant difference between the amount of physical force used in family settings by normal and psychiatric populations?

To investigate the above questions, a normal and psychiatric group of 13 males and 13 females each were assessed using the MMPI, the Conflict Tactics Scale with spouse, the Conflict Tactics Scale with children, and the Exposure to Violence Indexes. Several specific statistical methods were applied to the data which will be presented later in this chapter.

With regard to the two populations, the variables age, race, and educational level were submitted to a T-test. Results are found in Table 1 which shows that race and age were not significantly different between the two groups. Educational level was significantly different with a t value of -4.00 ($p < .01$).

The next section of this chapter will deal with the findings related to the research hypotheses.

Hypothesis 1

Hypothesis 1 stated that there will be a significant relationship between exposure to violence as children and the use of physical aggression to solve family conflict with one's spouse. To test this hypothesis, a pearson correlation was conducted on the Exposure to Violence Indexes and the Conflict Tactics Scales with spouse scores. The results indicate that exposure to violence as a child was positively related to method of conflict resolution with one's spouse. Table 2 presents specific results. Viewing violence as a child was found to be related both to the use of verbal aggression with one's spouse ($p < .01$) and the use of physical aggression with one's spouse ($p < .05$). Experiencing violence as a child was significantly correlated with the use of reasoning with one's spouse ($p < .01$). The commission of violent acts as a child was correlated with the use

Table 1

T-test of Age, Race, and Educational

Level of the Psychiatric and Normal Groups*

Variable	Mean	Standard Deviation	Degrees of Freedom	T	2-tail Prob.
Age					
Group 1 (n=26)	36.9231	7.116	50	-0.56	0.577
Group 2 (n=26)	37.9231	5.635			
Education					
Group 1 (n=26)	13.1538	2.477	50	-4.00	0.000**
Group 2 (n=26)	15.8077	2.298			
Race					
Group 1 (n=26)	1.1538	0.368	50	1.41	0.164
Group 2 (n=26)	1.0385	0.196			

* Psychiatric population - Group 1
Normal population - Group 2

** $p < .01$

of verbal aggression with one's spouse ($p < .01$). The overall violence score was correlated with the use of verbal aggression with the spouse ($p < .01$).

The null hypothesis that exposure to violence as a child would not be related to use of aggression to solve conflict with one's spouse was rejected. However, these findings indicate that specific exposure to violence, viewing violence, was significant, not exposure to violence in general.

The investigator then looked at the correlation coefficients of the Exposure to Violence Indexes and the Conflict Tactics Scale with spouse scores for the two groups. Results are presented in Table 2. The findings indicate that for the psychiatric population, the overall exposure to violence as a child score was related to the use of verbal aggression with one's spouse ($p < .05$) as was the commission of violent acts as a child ($p < .01$).

For the normal population, it was found, as shown in Table 2, that reasoning with spouse was correlated with the overall exposure to violence score, with viewing violence ($p < .05$), and with experiencing violence ($p < .05$). The use of verbal aggression with spouse for the normal population was correlated with the commission of violent acts as a child ($p < .05$). The use of physical aggression with spouse was marginally correlated with viewing violence ($p = .051$).

Hypothesis 2

Hypothesis 2 stated that there will be no significant relationship between exposure to violence as a child and the use of physical aggression to solve family conflict with one's children. To test this hypothesis, a pearson correlation was conducted on the Exposure to

Table 2

Hypothesis 1--Pearson Correlation Coefficients of Exposure to Violence Indexes and Conflict Tactics Scale with Spouse Scores

	Reasoning	Verbal Aggression	Physical Aggression
Entire Population			
Viewing Violence	0.1812	0.3428**	0.2527*
Experiencing Violence	0.1748	0.1661	-0.0568
Commission of Violence	0.1901	0.5266	0.2178
Overall Violence Score	0.2213	0.4591**	0.1886
Psychiatric Population			
Viewing Violence	-0.1136	0.1948	0.1272
Experiencing Violence	-0.0949	0.0063	-0.2345
Commission of Violence	-0.0115	0.4625**	0.0782
Overall Violence Score	-0.0787	0.3543*	0.0153
Normal Population			
Viewing Violence	0.3549*	0.3224	0.3285*
Experiencing Violence	0.3760*	0.2690	0.2052
Commission of Violence	0.2991	0.3933*	0.2464
Overall Violence Score	0.3824*	0.3788*	0.2926

* $p < .05$
** $p < .01$

Violence Scores and the Conflict Tactics Scales with children scores. Scores indicate that there was only one measure of exposure to violence, that of the use of violence as a child, that was significantly correlated with the manner of conflict resolution used with one's children. See Table 3 for results. Table 3 shows that none of the four exposure to violence scores were significantly correlated with the use of reasoning or physical aggression with the subject's children. Actual commission of violent acts as a child was correlated with the use of verbal aggression with children ($p < .05$). Exposure to violence as a child was not related to use of physical aggression with one's children. Therefore the null hypothesis was not rejected.

The investigator then looked at exposure to violence as a child and the method of conflict resolution with one's children in the normal and psychiatric groups separated. The results for the psychiatric group are found in Table 3. The findings show that viewing violence is inversely related with the use of verbal aggression with the subject's children ($p < .05$).

For the normal population (see Table 3), verbal aggression was correlated with the commission of violent acts as a child ($p = .01$).

Hypothesis 3

The null hypothesis 3 stated that there will be no relationship between the manner in which an individual handles conflict with his/her spouse and his/her children. To test this hypothesis, the Conflict Tactics Scale scores with spouse and Conflict Tactics Scale scores with children were submitted to a pearson correlation. The results are presented in Table 4. Findings indicated that reasoning with spouse was significantly correlated with the use of reasoning with

Table 3

Hypothesis 2--Pearson Correlation Coefficients of Exposure to Violence Indexes and Conflict Tactics Scale with Children Scores

	Reasoning	Verbal Aggression	Physical Aggression
Entire Population			
Viewing Violence	-0.642	-0.1088	-0.0185
Experiencing Violence	-0.0101	0.0204	0.0429
Commission of Violence	0.0975	0.2877*	0.1967
Overall Violence Score	0.0285	0.0824	0.0950
Psychiatric Population			
Viewing Violence	-0.1546	-0.4058*	-0.0853
Experiencing Violence	-0.1054	-0.1317	0.0776
Commission of Violence	0.0857	0.1150	0.2768
Overall Violence Score	-0.0371	-0.1167	0.1650
Normal Population			
Viewing Violence	0.0896	0.1373	-0.0330
Experiencing Violence	0.1218	0.1567	-0.0665
Commission of Violence	0.2295	0.4549*	-0.0764
Overall Violence Score	0.1757	0.3064	-0.0682

* $p < .05$

one's children ($p = .001$). The use of verbal aggression with one's spouse was correlated with both the use of reasoning with one's children ($p < .001$) and the use of verbal aggression with one's children ($p < .05$). The use of verbal aggression with one's spouse was only marginally correlated with the use of physical aggression with one's children ($p = .051$). The hypothesis that there will be no relationship between the manner in which an individual handles conflict with his/her spouse and his/her children could only be partially rejected.

When the two groups were examined separately, the psychiatric group, as is shown in Table 4, had a reasoning score with children that was correlated with reasoning with one's spouse ($p < .05$), and with verbal aggression with one's spouse ($p < .05$).

The normal group as shown in Table 4, also had a reasoning with children's score that was correlated with both reasoning and verbal aggression with spouse ($p < .01$). Verbal aggression with one's children was also correlated with verbal aggression with spouse ($p < .01$) and physical aggression with spouse ($p < .05$).

Hypothesis 4

Null hypothesis 4 stated that there will be no common personality traits that characterize individuals who use physical force in family situations. This hypothesis was tested in two parts. First, the MMPI scores of individuals high in use of physical aggression with spouse were compared with those low in the use of physical aggression with spouse. Table 5 presents the results of the t-test. It was found that individuals high in physical aggression with their spouses have a lower MMPI K scale than do those low in physical aggression

Table 4

Hypothesis 4--Pearson Correlation Coefficients for Conflict Tactics Scale Scores with Spouse and Conflict Tactics Scale Scores with Children

	Reasoning with Spouse	Verbal Aggression With Spouse	Physical Aggression With Spouse
Entire Population			
Reasoning with Children	0.4425**	0.3755**	0.0769
Verbal Aggression with Children	0.0825	0.3103*	-0.0171
Physical Aggression with Children	0.0950	0.2295	-0.0533
Psychiatric Population			
Reasoning with Children	0.4407*	0.4457*	0.1201
Verbal Aggression with Children	0.0010	0.0982	-0.2110
Physical Aggression with Children	0.1639	0.2751	-0.1204
Normal Population			
Reasoning with Children	0.5036**	0.4840**	0.1532
Verbal Aggression with Children	0.0708	0.5380**	0.3307*
Physical Aggression with Children	-0.0385	0.0418	-0.0597

* $p < .05$
** $p < .01$

$t = 2.67$ ($p < .01$). A difference between the two groups was also significant in the clinical scale 9 (hypomania) with a t value of -2.36 ($p < .05$).

Table 6 presents the results of a t test performed in the MMPI score of individuals high in the use of physical aggression with children compared with the scores of individuals low in the use of physical aggression with children. The highly aggressive group had a lowered mean score in the F scale than did the low aggression group $t = -2.64$ ($p < .05$). A significant difference was also found for MMPI scale K, $t = 2.02$ ($p < .05$). The only clinical scale that was different for the two groups was 0 (social introversion) with a t value of -3.35 ($p < .01$).

The research hypothesis that there are no personality traits that characterize individuals who use physical force in family situations was partially rejected.

Hypothesis 5

Null hypothesis 5 stated that there will be no personality traits common to individuals who had been exposed to violence as children. To test this hypothesis, the MMPI scores of individuals high in exposure to violence were submitted to a t-test with those low in exposure to violence. The results indicated that exposure to violence was not a significant influence on the MMPI scores except for scale 9 (hypomania) ($p < .05$). It should be noted, however, that there was a good deal of variation on certain clinical scores of the MMPI for the high exposure to violence group, as seen in Table 7, more specifically on scales 1, 3 and 9.

Table 5

Hypothesis 5--T-test of MMPI Scores of Individuals High in Physical Aggression with Spouse and Individuals Low in Physical Aggression with Spouse*

Variable	Mean	Standard Deviation	Degrees of Freedom	T	2-tail Prob.
ML					
Group 1 (n=32)	50.7186	8.935	50	0.77	0.442
Group 2 (n=20)	48.7000	7.780			
MF					
Group 1 (n=32)	54.7188	10.869	50	-1.22	0.229
Group 2 (n=20)	58.7000	12.402			
MK					
Group 1 (n=32)	57.1250	8.813	50	2.67	0.010**
Group 2 (n=20)	50.1500	9.685			
MCL1					
Group 1 (n=32)	55.5313	12.498	50	-0.15	0.883
Group 2 (n=20)	56.0500	11.954			
MCL2					
Group 1 (n=32)	58.3750	16.164	50	-1.92	0.060
Group 2 (n=20)	67.2000	15.972			
MCL3					
Group 1 (n=32)	59.5938	12.210	50	-0.93	0.356
Group 2 (n=20)	62.8500	12.377			

Variable	Mean	Standard Deviation	Degrees of Freedom	T	2-tail Prob.
MCL4					
Group 1 (n=32)	58.1250	14.011			
Group 2 (n=20)	65.7500	14.524	50	-1.88	0.066
MCL5					
Group 1 (n=32)	53.4688	12.344			
Group 2 (n=20)	53.5000	13.774	50	-0.01	0.993
MCL6					
Group 1 (n=32)	54.8125	10.672			
Group 2 (n=20)	60.1500	9.659	50	-1.82	0.075
MCL7					
Group 1 (n=32)	56.7813	15.372			
Group 2 (n=20)	61.4500	14.166	50	-1.10	0.278
MCL8					
Group 1 (n=32)	58.1250	17.681			
Group 2 (n=20)	63.5500	15.511	50	-1.13	0.265
MCL9					
Group 1 (n=32)	51.7813	10.009			
Group 2 (n=20)	58.6500	10.535	50	-2.36	0.022
MCL0					
Group 1 (n=32)	53.3438	12.645			
Group 2 (n=20)	56.7000	13.507	50	-1.03	0.306

* Group 1 - Low in use of physical aggression
Group 2 - High in use of physical aggression

** $p < .05$

Table 6

Hypothesis 4--T-test of MMPI Scores of Individuals High in Physical Aggression with Children and Individuals Low in Physical Aggression with Children*

Variable	Mean	Standard Deviation	Degrees of Freedom	T	2-tail Prob.
ML					
Group 1 (n=30)	50.800	10.166	50	0.79	0.433
Group 2 (n=22)	48.7727	7.502			
MF					
Group 1 (n=30)	52.8333	8.326	50	-2.64	0.011**
Group 2 (n=22)	60.9091	13.701			
MK					
Group 1 (n=30)	56.7000	8.259	50	2.02	0.049**
Group 2 (n=22)	51.3636	10.799			
MCL1					
Group 1 (n=30)	54.3333	13.192	50	-1.07	0.288
Group 2 (n=22)	57.6364	10.635			
MCL2					
Group 1 (n=30)	59.6667	15.964	50	0.74	0.461
Group 2 (n=22)	64.6364	17.184			
MCL3					
Group 1 (n=30)	61.9333	13.613	50	0.74	0.461
Group 2 (n=22)	59.3636	10.247			

Variable	Mean	Standard Deviation	Degrees of Freedom	T	2-tail Prob.
MCL4					
Group 1 (n=30)	59.3000	14.235	50	-1.02	0.314
Group 2 (n=22)	63.4545	14.982			
MCL5					
Group 1 (n=30)	54.8000	12.968	50	0.87	0.390
Group 2 (n=22)	51.6818	12.590			
MCL6					
Group 1 (n=30)	55.3000	10.793	50	-1.26	0.214
Group 2 (n=22)	59.000	10.005			
MCL7					
Group 1 (n=30)	55.5000	14.132	50	-1.77	0.083
Group 2 (n=22)	62.7727	15.343			
MCL8					
Group 1 (n=30)	56.6333	16.016	50	-1.82	0.075
Group 2 (n=22)	65.0909	17.290			
MCL9					
Group 1 (n=30)	54.333	10.988	50	0.09	0.932
Group 2 (n=22)	54.2727	10.448			
MCL0					
Group 1 (n=30)	50.5000	8.448	50	-3.34	0.002**
Group 2 (n=22)	60.2727	12.627			

* Group 1 - High
Group 2 - Low

** $p < .01$

Table 7

Hypothesis 5--T-test of MMPI Scores of Individuals High in Exposure to Violence and Individuals Low in Exposure to Violence*

Variable	Mean	Standard Deviation	Degrees of Freedom	T	2-tail Prob.
ML					
Group 1 (n=13)	51.4615	7.699	26	0.73	0.471
Group 2 (n=15)	49.000	9.791			
MF					
Group 1 (n=13)	57.4615	12.115	26	1.05	0.305
Group 2 (n=15)	52.7333	11.744			
MK					
Group 1 (n=13)	51.7692	7.844	26	-1.60	0.121
Group 2 (n=15)	57.2667	9.953			
MCL1					
Group 1 (n=13)	56.6923	15.472	26	1.03	0.314
Group 2 (n=15)	52.2000	6.483			
MCL2					
Group 1 (n=13)	62.4615	16.551	26	1.14	0.265
Group 2 (n=15)	55.8667	14.111			
MCL3					
Group 1 (n=13)	61.9231	15.294	26	1.09	0.287
Group 2 (n=15)	57.2667	6.076			

Variable	Mean	Standard Deviation	Degrees of Freedom	T	2-tail Prob.
MCL4					
Group 1 (n=13)	65.000	16.897	26	1.69	0.103
Group 2 (n=15)	55.6000	12.546			
MCL5					
Group 1 (n=13)	58.7692	12.995	26	1.28	0.213
Group 2 (n=15)	52.7333	11.997			
MCL6					
Group 1 (n=13)	55.2308	10.608	26	0.50	0.620
Group 2 (n=15)	53.4667	7.981			
MCL7					
Group 1 (n=13)	57.6154	14.122	26	0.39	0.701
Group 2 (n=15)	55.6667	12.477			
MCL8					
Group 1 (n=13)	61.3077	17.745	26	1.23	0.229
Group 2 (n=15)	53.9333	13.895			
MCL9					
Group 1 (n=13)	57.9231	14.863	26	2.29	0.031**
Group 2 (N=15)	48.4000	5.926			
MCL0					
Group 1 (n=13)	56.2308	9.951	26	1.06	0.300
Group 2 (n=15)	52.000	11.065			

* Group 1 - High
Group 2 - Low

** $p < .05$

A second t-test was run on the MMPI scores of individuals high on exposure to violence and all other individual scores. This test failed to significantly discriminate between the high exposure to violence and the remaining individuals, as is presented in Table 8.

The research hypothesis that there will be common personality traits associated with exposure to violence as a child was partially supported.

Hypothesis 6

Null hypothesis 6 stated that the amount of physical force used by the psychiatric population will be the same as the amount of physical force used by the normal population. To test this hypothesis, the scores of the two groups on the Conflict Tactics Scale for spouse and the Conflict Tactics Scale with children were submitted to a t-test. The total conflict with spouse scores for the two groups were significantly different ($p < .01$), as shown in Table 9, but the total conflict with children scores for the two groups were not significantly different.

Results indicate that the psychiatric group did use significantly more physical force with their spouses than did the normal group ($p < .05$). However, there was no significant difference in the two groups' use of physical force with their children, as shown in Table 10. Findings also revealed that the psychiatric group used significantly more verbal aggression with their spouses than did the normal group ($p < .01$). There was a marginally higher use of verbal aggression with the children for the psychiatric population ($p = .09$).

The null hypothesis that the amount of physical force used by the two groups would be similar was rejected.

Table 8

T-test of MMPI Scores of

Individuals High in Exposure to Violence and

Scores of All Other Subjects*

Variable	Mean	Standard Deviation	Degrees of Freedom	T	2-tail Prob.
ML					
Group 1 (n=13)	51.4615	7.699	50	0.77	0.448
Group 2 (n=39)	49.4359	9.569			
MF					
Group 1 (n=13)	57.4615	12.115	50	0.43	0.666
Group 2 (n=39)	55.8462	11.463			
MK					
Group 1 (n=13)	51.7692	7.844	50	-1.15	0.255
Group 2 (n=39)	55.333	10.165			
MCL1					
Group 1 (n=13)	56.6923	15.472	50	0.33	0.746
Group 2 (n=39)	55.4103	11.087			
MCL2					
Group 1 (n=13)	62.4615	16.551	50	0.17	0.863
Group 2 (n=39)	61.5385	16.709			
MCL3					
Group 1 (n=13)	61.9231	15.294	50	0.36	0.718
Group 2 (n=39)	60.4872	11.281			

Variable	Mean	Standard Deviation	Degrees of Freedom	T	2-tail Prob.
MCL4					
Group 1 (n=13)	65.000	16.857	50	1.13	0.264
Group 2 (n=39)	59.7436	13.697			
MCL5					
Group 1 (n=13)	58.7692	12.995	50	1.76	0.085
Group 2 (n=39)	51.7179	12.373			
MCL6					
Group 1 (n=13)	55.2308	10.608	50	-0.64	0.523
Group 2 (n=39)	57.4103	10.585			
MCL7					
Group 1 (n=13)	57.6154	14.122	50	-0.27	0.792
Group 2 (n=39)	58.8974	15.388			
MCL8					
Group 1 (n=13)	61.3077	17.745	50	0.27	0.791
Group 2 (n=39)	59.8462	16.878			
MCL9					
Group 1 (n=13)	57.9231	14.863	50	1.38	0.174
Group 2 (n=39)	53.2564	8.783			
MCL0					
Group 1 (n=13)	56.2308	9.951	50	0.58	0.565
Group 2 (n=39)	54.1026	11.918			

* Group 1 - High Exposure
Group 2 - All Others

Table 9

Hypothesis 6--T-test of Conflict Tactics Scale Scores for the Psychiatric and Normal Groups*

Variable	Mean	Standard Deviation	Degrees of Freedom	T	2-tail Prob.
Overall Conflict with Spouse					
Group 1 (n=26)	1.6410	0.744	50	3.04	0.004***
Group 2 (n=26)	1.0556	0.643			
Overall Conflict with Children					
Group 1 (n=26)	0.4065	0.846	50	0.55	0.586
Group 2 (n=26)	1.2895	0.684			
Reasoning with Spouse					
Group 1 (n=26)	7.8077	3.073	50	1.63	0.110
Group 2 (n=26)	6.3077	3.564			
Verbal Aggression with Spouse					
Group 1 (n=26)	11.8462	7.867	50	3.16	0.003***
Group 2 (n=26)	5.9231	5.440			
Physical Aggression with Spouse					
Group 1 (n=26)	2.7692	4.131	50	2.53	0.015**
Group 2 (n=26)	0.6154	1.359			

Variable	Mean	Standard Deviation	Degrees of Freedom	T	2-tail Prob.
Reasoning with Children					
Group 1 (n=26)	7.6154	4.167	50	-0.61	0.547
Group 2 (n=26)	8.3462	4.507			
Verbal Aggression with Children					
Group 1 (n=26)	7.1154	7.218	50	1.72	0.092
Group 2 (n=26)	4.1538	5.033			
Physical Aggression with Children					
Group 1 (n=26)	3.9615	3.638	50	0.91	0.367
Group 2 (n=26)	3.1538	2.694			

* Group 1 - Psychiatric Group
Group 2 - Normal Group

** $p < .05$

*** $p < .01$

Table 10

T-test of Exposure to Violence Indexes

for Psychiatric and Normal Groups*

Variable	Mean	Standard Deviation	Degrees of Freedom	T	2-tail Prob.
Exposure to Violence					
Group 1 (n=26)	1.4987	0.839	50	2.87	0.006***
Group 2 (n=26)	0.8709	0.732			
Viewing Violence					
Group 1 (n=26)	6.4231	4.456	50	2.49	0.016**
Group 2 (n=26)	3.5769	3.744			
Experiencing Violence					
Group 1 (n=26)	8.3077	5.002	50	1.27	0.211
Group 2 (n=26)	6.6538	4.381			
Committing Violence					
Group 1 (n=26)	3.6538	3.085	50	2.88	0.006***
Group 2 (n=26)	1.5769	2.003			

* Group 1 - Psychiatric Group
Group 2 - Normal Group

** $p < .05$

*** p .01

Additional Analyses

The remainder of this chapter will be focused on discovered results not specific to the original research hypotheses. A finding that is reflective of the two groups was a higher overall exposure to violence score reported by the psychiatric group ($p < .01$) as seen in Table 11. When broken down into three scales, it was found that there was not a significant difference in the experience of violence as a child reported by the two groups. The psychiatric group reported observing more violence ($p < .05$) and of committing more violence as a child ($p < .01$).

MMPI Scores

The investigator examined the differences between the two populations on MMPI scores (see Table 12). A t-test of MMPI scores by group was run. The psychiatric group had a significantly higher F scale ($p < .01$) and the normal population has a significantly higher K scale ($p < .05$). On the clinical scales, the psychiatric group scored higher on scales 1, 2, 3, 4, 6, 7, 8, 9 and 0 (at least $p < .05$). It should be noted, however, that the psychiatric group had significantly high standard deviations in clinical scales 1, 2, 3, 6, 7, 8 and 0.

An analysis of variance was then performed on the MMPI scores to determine if the source of variation was due to group effects or low/high exposure to violence. The results are found in Table 13. Findings show that in this case, the effects of group explains variation on the F scale of the MMPI ($p < .01$), and on the following clinical scales: 2 ($p = .001$), 4 ($p < .05$), 7 ($p = .001$), and 8 ($p < .01$). On scale 0, group effect was significant ($p < .01$), but an

Table 11

T-test of MMPI Scores

By Psychiatric and Normal Groups*

Variable	Mean	Standard Deviation	Degrees of Freedom	T	2-tail Prob.
ML					
Group 1 (n=26)	50.8846	9.365	50	0.74	0.461
Group 2 (n=26)	49.000	8.926			
MF					
Group 1 (n=26)	61.7692	12.526	50	3.90	0.000***
Group 2 (n=26)	50.7308	7.136			
MK					
Group 1 (n=26)	51.1154	9.848	50	-2.61	0.012**
Group 2 (n=26)	57.7692	8.458			
MCL1					
Group 1 (n=26)	60.0769	14.447	50	2.73	0.009***
Group 2 (n=26)	51.3846	7.376			
MCL2					
Group 1 (n=26)	72.1538	16.576	50	5.81	0.000**
Group 2 (n=26)	51.3846	7.558			
MCL3					
Group 1 (n=26)	65.1923	13.302	50	2.71	0.009***
Group 2 (n=26)	56.5000	5.750			

Variable	Mean	Standard Deviation	Degrees of Freedom	T	2-tail Prob.
MCL4					
Group 1 (n=26)	67.6154	14.428	50	3.61	0.001**
Group 2 (n=26)	54.5000	11.608			
MCL5					
Group 1 (n=26)	54.8846	13.423	50	0.79	0.434
Group 2 (n=26)	52.0769	12.201			
MCL6					
Group 1 (n=26)	60.8846	11.639	50	2.95	0.005***
Group 2 (n=26)	52.8462	7.556			
MCL7					
Group 1 (n=26)	66.1154	16.537	50	4.18	0.000***
Group 2 (n=26)	51.0385	8.037			
MCL8					
Group 1 (n=26)	68.9615	18.006	50	4.32	0.000***
Group 2 (n=26)	51.4615	10.077			
MCL9					
Group 1 (n=26)	57.4615	9.989	50	2.13	0.039**
Group 2 (n=26)	51.3846	10.621			
MCL0					
Group 1 (n=26)	60.2692	12.811	50	4.07	0.000***
Group 2 (n=26)	49.000	5.919			

* Group 1 - Psychiatric Group
Group 2 - Normal Group

** $p < .05$

*** $p < .01$

Table 12

Two-Way Analysis of Variance of MMPI Scores

by Group and Exposure to Violence

Source of Variation	Sum of Squares	DF	Mean Square	F	Signif. of F
ML					
Main Effects	63.729	2	31.865	0.376	0.690
Group	21.531	1	21.531	0.254	0.619
Violence	7.210	1	7.210	0.085	0.773
2-Way Interactions	0.041	1	0.041	0.251	0.860
MF					
Main Effects	886.922	2	443.461	5.393	0.012
Group	731.229	1	731.229	8.892	0.006**
Violence	26.937	1	26.937	0.328	0.572
2-Way Interactions	987.400	1	987.400	12.008	0.002**
MK					
Main Effects	343.312	2	171.656	2.555	0.099
Group	132.839	1	132.839	1.977	0.173
Violence	28.443	1	28.443	0.423	0.521
2-Way Interactions	379.671	1	379.672	5.650	0.026
MCL1					
Main Effects	319.291	2	159.645	1.174	0.326
Group	178.746	1	178.746	1.314	0.263
Violence	4.421	1	7.421	0.032	0.723
2-Way Interactions	17.516	1	17.516	0.129	0.493
MCL2					
Main Effects	2397.455	2	1198.727	7.522	0.003
Group	2094.562	1	2094.562	13.143	0.001**
Violence	140.036	1	140.036	0.879	0.358
2-Way Interactions	155.652	1	155.652	0.977	0.333
MCL3					
Main Effects	353.011	2	176.505	1.357	0.276
Group	202.010	1	202.010	1.553	0.225
Violence	3.908	1	3.908	0.030	0.864
2-Way Interactions	0.019	1	0.019	0.000	0.990

Source of Variation	Sum of Squares	DF	Mean Square	F	Signif. of F
MCL4					
Main Effects	1547.953	2	773.976	4.127	0.029
Group	932.588	1	932.588	4.973	0.035*
Violence	8.625	1	8.625	0.046	0.832
2-Way Interactions	180.046	1	180.046	0.960	0.337
MCL5					
Main Effects	346.058	2	173.029	1.306	0.290
Group	92.334	1	92.334	0.697	0.412
Violence	344.612	1	344.612	2.600	0.120
2-Way Interactions	768.205	1	768.205	5.797	0.024*
MCL6					
Main Effects	160.369	2	80.85	0.995	0.384
Group	138.696	1	138.696	1.721	0.202
Violence	8.409	1	8.409	0.104	0.749
2-Way Interactions	169.604	1	169.604	2.105	0.277
MCL7					
Main Effects	1561.194	2	780.597	6.673	0.005
Group	1534.747	1	1534.747	13.120	0.001**
Violence	392.032	1	392.032	2.813	0.106
2-Way Interactions	230.191	1	230.191	1.968	0.173
MCL8					
Main Effects	1885.388	2	942.694	5.237	0.013
Group	1506.663	1	1506.663	8.370	0.008*
Violence	38.158	1	38.158	0.212	0.649
2-Way Interactions	655.060	1	655.060	3.639	0.068
MCL9					
Main Effects	871.870	2	435.935	3.690	0.040
Group	240.286	1	240.286	2.034	0.167
Violence	138.929	1	138.929	1.176	0.289
2-Way Interactions	67.175	1	67.175	0.569	0.458
MCL0					
Main Effects	895.757	2	447.878	7.026	0.004
Group	771.100	1	771.100	12.096	0.002**
Violence	44.664	1	44.664	0.701	0.411
2-Way Interactions	601.216	1	601.216	9.431	0.005**

* p .05

** p .01

Table 13

Two-Way Analysis of Variance of MMPI Scores

by Group and High Physical Force with Spouse

Source of Variation	Sum of Squares	DF	Mean Square	F	Signif. of F
ML					
Main Effects	140.853	2	70.427	0.963	0.389
Group	90.695	1	90.695	1.240	0.271
High Force	94.680	1	94.680	1.295	0.261
2-Way Interactions	579.333	1	579.333	7.921	0.007**
MF					
Main Effects	1586.139	2	793.070	7.330	0.002
Group	1391.058	1	1391.058	12.857	0.001**
High Force	2.120	1	2.120	0.020	0.889
2-Way Interactions	0.132	1	0.132	0.001	0.972
MK					
Main Effects	892.278	2	446.139	5.561	0.007
Group	293.501	1	293.501	3.658	0.062
High Force	316.720	1	316.720	3.948	0.053
2-Way Interactions	45.468	1	45.468	0.567	0.455
MCL1					
Main Effects	1054.966	2	527.483	3.893	0.027
Group	1051.654	1	1051.654	7.761	0.008**
High Force	72.736	1	72.736	0.537	0.467
2-Way Interactions	0.814	1	0.814	0.006	0.939
MCL2					
Main Effects	5666.570	2	2833.285	16.727	0.000
Group	4708.039	1	4708.039	27.795	0.000**
High Force	58.880	1	58.880	0.348	0.558
2-Way Interactions	107.992	1	107.992	0.638	0.429
MCL3					
Main Effects	984.774	2	492.387	3.603	0.035
Group	854.273	1	874.273	6.250	0.016
High Force	2.543	1	2.543	0.019	0.892
2-Way Interactions	117.531	1	117.531	0.860	0.358

Source of Variation	Sum of Squares	DF	Mean Square	F	Signif. of F
MCL4					
Main Effects	2390.791	2	1195.395	6.816	0.002
Group	1675.214	1	1675.214	9.552	0.003**
High Force	154.618	1	154.618	0.882	0.352
2-Way Interactions	0.022	1	0.022	0.000	0.991
MCL5					
Main Effects	113.101	2	56.550	0.333	0.718
Group	113.089	1	113.089	0.666	0.419
High Force	10.620	1	10.620	0.063	0.804
2-Way Interactions	63.330	1	63.330	0.373	0.544
MCL6					
Main Effects	941.566	2	470.783	4.850	0.012
Group	590.933	1	590.933	6.088	0.017*
High Force	101.547	1	101.547	0.546	0.312
2-Way Interactions	53.030	1	53.030	3.415	0.463
MCL7					
Main Effects	2955.808	2	1477.904	8.467	0.001
Group	2687.535	1	2687.535	15.397	0.000**
High Force	0.731	1	0.731	0.004	0.949
2-Way Interactions	72.334	1	72.334	0.414	0.523
MCL8					
Main Effects	3982.192	2	1991.096	9.057	0.000
Group	3619.969	1	3619.969	16.466	0.000**
High Force	0.942	1	0.942	0.004	0.948
2-Way Interactions	90.124	1	90.124	0.410	0.525
MCL9					
Main Effects	807.582	2	403.791	3.933	0.026
Group	226.908	1	226.908	2.210	0.144
High Force	327.505	1	327.505	3.190	0.080
2-Way Interactions	58.932	1	58.932	0.574	0.452
MCL0					
Main Effects	1652.225	2	826.112	7.991	0.001
Group	1513.586	1	1513.586	14.640	0.000**
High Force	1.283	1	1.283	0.012	0.912
2-Way Interactions	15.354	1	15.354	0.149	0.702

* p .05

** p .01

interaction effect between group and high/low exposure to violence was indicated ($p < .01$). An interaction effect was found for scale 5 ($p < .05$).

An analysis of variance was run on the MMPI scores to determine effects of group and high/low use of physical aggression with spouse. The results of this analysis are found in Table 14. An interaction effect was found to influence the L scale in this case ($p < .01$). Group effect was also found for the F scale ($p < .01$). On the clinical scales, group effect was indicated on scale 1, 2, 3, 4, 6, 7, 8, and 0 (p at least $< .05$).

A third analysis of variance was run to determine effects of group and high/low use of physical force with one's children. Table 15 presents the information relevant to this analysis. Findings show that both group and use of physical aggression effect the F scalw ($p < .01$), and K scale ($p < .05$). Group effect was noted for clinical scales 1, 2, 3, 4 and 6 ($p < .01$) and scale 9 ($p < .05$). Scale 8 was effected by group ($p < .01$) and use of physical aggression with children ($p < .05$). Scale 0 had both group and use of physical aggression effect ($p = .000$) and interaction effect ($p < .05$). An interaction effect between group and use of high/low force was indicated for the L scale ($p < .05$). Both group and high/low physical aggression effects were indicated for the F scale ($p < .01$). For the K scale, group effect was noted ($p < .01$), as were both amount of physical aggression ($p < .05$) and interaction effect. On the clinical scales, group effect was found for scales 1, 2, 3, 4, and 6 ($p < .01$) and for 9 ($p < .05$). Both group ($p < .01$) and high/low physical aggression ($p < .05$) effects were found for scales 7 and 8.

Table 14

Two-Way Analysis of Variance of MMPI Scores

by Group and High Physical Force with Children

Source of Variation	Sum of Squares	DF	Mean Square	F	Signif. of F
ML					
Main Effects	98.336	2	49.168	0.633	0.535
Group	46.173	1	46.173	0.595	0.444
High Force	52.163	1	52.163	0.672	0.416
2-Way Interactions	405.387	1	405.387	5.221	0.027**
MF					
Main Effects	2411.784	2	1205.892	14.330	0.000
Group	1584.019	1	1584.019	18.823	0.000**
High Force	827.765	1	827.765	9.836	0.003**
2-Way Interactions	328.560	1	328.560	3.904	0.054
MK					
Main Effects	936.994	2	468.497	6.791	0.003
Group	575.558	1	575.558	8.343	0.006**
High Force	361.436	1	361.436	5.239	0.027*
2-Way Interactions	540.257	1	540.257	7.831	0.007**
MCL1					
Main Effects	1120.704	2	560.352	4.250	0.020
Group	982.231	1	982.231	7.451	0.009**
High Force	138.231	1	138.473	1.050	0.311
2-Way Interactions	111.478	1	111.478	0.846	0.362
MCL2					
Main Effects	5921.164	2	2960.582	17.976	0.000
Group	5607.691	1	5607.691	34.048	0.000**
High Force	313.473	1	313.473	1.903	0.494
2-Way Interactions	78.367	1	78.367	0.476	0.494
MCL3					
Main Effects	1066.042	2	533.021	3.969	0.025
Group	982.231	1	982.231	7.313	0.009**
High Force	83.812	1	83.812	0.624	0.433
2-Way Interactions	149.878	1	149.878	1.116	0.296

Source of Variation	Sum of Squares	DF	Mean Square	F	Signif. of F
MCL4					
Main Effects	2455.245	2	1227.623	7.086	0.002
Group	2236.173	1	2236.173	12.907	0.001**
High Force	219.072	1	219.072	1.264	0.266
2-Way Interactions	37.206	1	37.206	0.215	0.645
MCL5					
Main Effects	225.889	2	112.944	0.687	0.508
Group	102.481	1	102.481	0.623	0.434
High Force	123.408	1	123.408	0.751	0.391
2-Way Interactions	212.098	1	212.098	1.290	0.262
MCL6					
Main Effects	1013.777	2	506.888	5.244	0.009
Group	840.019	1	840.019	8.690	0.005**
High Force	173.758	1	173.758	1.797	0.186
2-Way Interactions	0.196	1	0.196	0.002	0.964
MCL7					
Main Effects	3626.406	2	1813.203	11.363	0.000
Group	2955.077	1	2955.077	18.519	0.000**
High Force	671.329	1	671.329	4.207	0.046*
2-Way Interactions	120.784	1	120.784	0.757	0.389
MCL8					
Main Effects	4889.137	2	2444.568	12.297	0.000
Group	3981.250	1	3981.250	20.026	0.000**
High Force	907.888	1	907.888	4.567	0.038*
2-Way Interactions	193.051	1	193.051	0.971	0.329
MCL9					
Main Effects	480.939	2	240.469	2.178	0.124
Group	480.077	1	480.077	4.348	0.042*
High Force	0.862	1	0.862	0.008	0.930
2-Way Interactions	13.632	1	13.632	0.123	0.727
MCL0					
Main Effects	2863.136	2	1431.568	20.328	0.000
Group	1650.942	1	1650.942	23.443	0.000**
High Force	1212.194	1	1212.194	17.213	0.000**
2-Way Interactions	386.485	1	386.485	5.488	0.023*

* p .05

** p .01

On scale 0, group effect and high/low physical force effect were found ($p < .01$), as was interaction effect ($p < .05$).

A graph depicting the MMPI scores of the psychiatric and normal groups is presented in Appendix V.

Chapter 5

Summary, Conclusions, Implications and Recommendations

The purpose of this final chapter is to present an evaluation of the results reported in Chapter 4 as well as the implications of the findings and recommendations for further research.

Summary

The use of violence in the family setting has received increasingly more attention during the past decade. There is a good deal of controversy surrounding this issue, however, and many questions left unanswered. In order to prevent the use of violence in the family and the toll that it takes on the parties concerned and society in general, these questions need to be answered. The present investigator chose to focus on: the relationship between exposure to violence as a child and the subsequent use of physical aggression in the home; the use of physical force in a psychiatric and normal population; and personality factors associated with exposure to violence as a child and/or use of physical force in the home.

The normal population consisted of 26 individuals whose children attended a parochial school and who had signed up for a parenting workshop. The first 13 females and 13 males to sign up were asked to participate in the study. The psychiatric population, also consisting of 13 males and 13 females, were tested as they were routinely referred for a psychological evaluation.

The instruments used included the R form of the MMPI, the Conflict Tactics Scale with children, the Conflict Tactics Scale

with spouse, and the Exposure to Violence Indexes.

This was a correlational study in which all subjects were requested to complete the inventories chosen to measure the criteria under investigation.

Several statistical measures were performed on the data. A pearson correlation was conducted on the Exposure to Violence Indexes and the Conflict Tactics Scales with Spouse and Children for all the subjects, and then for each group individually. A pearson correlation was conducted on all the subjects' Conflict Tactics Scale scores with children and the Conflict Tactics Scale scores with spouse, and for the two groups individually. The MMPI scores of individuals high and low in use of physical aggression with children and with spouse were submitted to a t-test. The MMPI scores of individuals high and low in exposure to violence were evaluated with a t-test. The Conflict Tactics Scale scores for the psychiatric group and normal group were evaluated with a t-test. A pearson correlation was run on the amount of exposure to violence of the two groups. The MMPI scores were submitted to an analysis of variance to determine if source of variation was due to group effect, exposure to violence, or use of physical aggression.

Conclusions

Hypothesis 1

A relationship between exposure to violence as a child and the use of physical aggression to solve conflict with the subject's spouse was found. It was indicated, however, that viewing the

use of aggression was related to aggression with spouse but not experiencing or committing violence. Those subjects who viewed aggression and who committed aggressive acts were more verbally aggressive with their spouses.

When looked at by group, findings indicate for the normal group that viewing aggression is related to the use of physical aggression with spouse but not for the psychiatric group. In view of the suggested socioeconomic differences between the two groups, perhaps other variables are related to the psychiatric group's use of violence with their spouses. Experiencing more structural as well as intrapersonal stress may be contributing to the psychiatric population's use of force.

Hypothesis 2

No relationship between exposure to violence as a child and the use of physical aggression to solve conflict with the subject's children was found. The use of physical aggression with children as reported by the subjects, and exposure to violence were not related. The use of verbal aggression was related to commission of violence as a child for the entire research population and for the normal group. Viewing violence was inversely related to the use of verbal aggression with children for the psychiatric population.

Hypothesis 3

A qualified relationship between the manner in which an individual handles conflict with his/her spouse and his/her children was obtained. It was found that individuals who use reasoning with their spouses also use reasoning with their children. Verbal

aggressors with spouses use both reasoning and verbal aggression with children. Verbal aggressors with spouses had a tendency to use physical aggression with children, but not significantly so ($p = .051$). The results of this study did not support the findings of previous studies that physical aggression with the spouse would be significantly related to physical aggression with children. An explanation for what may happen could be that these individuals when focusing on conflict with either spouse or child leave the other family member out of the conflict situation.

When the populations were examined separately, the psychiatric group had reasoning with children scores that were correlated with both reasoning and verbal aggression with spouse, as did the normal group. The normal population, however, were also verbal aggressors with children who used both verbal and physical aggression with spouse.

Hypothesis 4

The research hypothesis that there will be common personality traits that characterize individuals who use physical force in family situations was only partially supported. It was found that individuals who are high in the use of physical aggression with their spouses have a higher MMPI scale 9 or the hypomania scale. This is similar to the findings reported by Dahlstrom and Welsh (1960) that a high scale 9 is associated with aggressive behavior, especially if coded with a high scale 4 (psychopathic deviancy).

The highly aggressive with children individuals had a significantly higher scale 0 (social introversion). This is contrary to the MMPI patterns presented by Dahlstrom and Welsh (1960) who suggest that a high scale 4 and low scale 0 is indicative of

aggression. The current findings are related to the findings of Straus (1978), who says that individuals who abuse children tend to be somewhat socially isolated.

Hypothesis 5

The research hypothesis that there will be personality traits common to individuals who had been exposed to violence as children was partially supported. Individuals high in exposure to violence had a significantly higher scale 9 (hypomania) on the MMPI. The high exposure group also had a good deal of variation on the clinical scores which suggested that this was not a very homogenous group. It would be helpful to determine the factors which make the high exposure to violence group such a heterogeneous one. Nonetheless, there appears to be a relationship between the presence of violence in the home and personality factors associated with an acting our nature.

Hypothesis 6

It was found that the psychiatric population used significantly more physical force with their spouses than did the normal group. There was no significant difference between the use of physical force for the two groups with regard to use of physical aggression with their children, however.

There could be several hypotheses proposed to explain these differences. The psychiatric population may have been more willing to disclose use of physical force with their spouses. The normal population may have felt more comfortable admitting to use of physical aggression with their children, as physically punishing children

is culturally acceptable. On the other hand, the significant difference between the educational levels of the two populations may be reflective of a better overall "lot in life" for the normal group. This is related to the social structure theory (Gelles, 1972; Owens and Straus, 1975; Dibble and Straus, 1978; Straus, 1978) which proposes that stress is differently distributed in social structures (Gelles, 1972). However, by virtue of being in the psychiatric group, would suggest that these individuals may be encountering more stress than the normal group.

Limitations

The generalizability of the results of this investigation is limited because of certain logistic concerns inherent within the framework of the current study. The most serious of these limitations are presented briefly.

1. A limitation inherent in the methodology is using psychiatric patients and parents of children in a private, parochial school as the subject populations. The psychiatric population consisted of individuals who were under treatment in a private psychiatric hospital as either inpatients or outpatients, and this may not be representative of psychiatric patients in general. The normal population, for the most part, consisted of upper middle class individuals and were not representative of the normal population.

2. The external validity of the study was restricted by the nonrandomness and the relatively small size of the samples.

3. One weakness of the present investigation was the use of self report inventories. There is always the danger of subjects responding with "socially desirable" answers and because of the

nature of the area under investigation, the subjects may have been reluctant to admit exposure to violence or the use of physical force in the family.

4. Both the Exposure to Violence Indexes and Conflict Tactics Scale rely on recall as well as self report. For various reasons, subjects' ability to recall accurately may be hampered.

5. Finally, the difference between the two groups in educational attainment suggests possible differences in the socioeconomic status which may have effected the findings of this study.

Recommendations

The limitations of the present study suggests some recommendations for future research.

The generalizability of the results regarding the difference in use of force by the psychiatric population and normal populations would be increased by using a larger, more representative sample of the normal population.

Also, conducting a study similar to the present one with just a large and representative sample of "normals" would give a clearer indication of what is going on in our society with regard to conflict resolution in the typical American family.

Another interesting study would be to study the variables investigated in this research, in subject's from various socio-economic levels. This would determine if "structural stress" or stress related to environmental stimuli was a key factor in the use of physical force in the family.

With regard to exposure to violence, results of the present study indicated that specific exposure to violence, viewing violence, was related to use of physical aggression. This is an area that should be subject to investigation.

In order to more clearly determine if there are personality characteristics common to individuals who use force in family relations, individuals labeled as abusive and those labeled as non-abusive could be tested with various personality inventories.

The findings of the study suggest that exposure to violence results in learning inappropriate ways of relating, particularly within the family setting. It is recommended that intervention take place for high risk children in order to prevent these individuals from subsequently passing this inappropriate behavior on to their children. This perhaps could be accomplished by using films modeling appropriate behavior in conflict situations, peer counseling, teaching listening and communication skills and stress management. In order for this to be effective, however, discipline procedures would need to be changed in the school and physical punishment alleviated. Parents and teachers need to continue, perhaps through the P.T.A. and other organizations, to protest the use of violence in the media and thus reduce this inappropriate modeling.

For adults, education as to the detrimental effects of the presence of physical aggression in the home is needed. And for those individuals who use physical aggression, social skill, communication and stress management workshops should be available. The target population could be reached through the courts, hospitals and physicians.

The helping professions are in need of information pertaining to family violence for it is from this knowledge that they can be more successful in dealing with and assisting the abusive client.

Research on family violence is growing, but still limited. The present research attempted to determine if exposure to violence as a child was related to subsequent use of violence in the family, if personality traits are common to those who use violence in the family, and if psychiatric populations use force more than normal populations. Findings were, to a degree, inconclusive and indicate that there are many questions that still need to be answered in order to understand violence in the family. Nonetheless, enough information is available for educators and those in the helping professions to begin to take some steps to assist abusive individuals in developing alternate methods of relating.

Implications

Implications drawn from the present research are concerned with the effectiveness of the methodology and the, at times, contradictory findings.

It was not felt that the limitations inherent in the methodology negated the research findings. When considering the significant educational difference between the two research populations and it's implications, it is not surprising, from a social structural point of view, that the amount of force used by the psychiatric population was significantly higher. Thus, the psychiatric population's greater use of force may have been related to a lower socioeconomic level rather than to their psychiatric status.

Also supporting a social structural theory is the significant relationship between exposure to violence and the use of physical aggression with one's spouse. These findings suggest that individuals have learned from models inappropriate behavior and intervention must take place to combat this and prevent the cycle from reoccurring. Contrary to existing research, however, was the finding that exposure to violence was not related to aggression with children.

The area of research which dealt with personality factors associated with the use of force with children suggested that these individuals have a tendency to be more socially withdrawn, which also supports a social structure viewpoint. According to Straus (1978), isolation from the help and social control available from friends and relatives is a social characteristic which contributes to child abuse.

Examined separately, it was found that exposure to violence and use of physical aggression with spouse were both significantly related to a higher scale 9 on the MMPI. In addition, exposure to violence was related to use of physical aggression with spouse. This suggests that individuals who were exposed to violence saw, learned, and incorporated acting out behavior as measured by scale 9 on the MMPI, and that acting out became a mode of relating. One would wonder what other variables entered into this relationship.

The findings lead the present investigator to imply the following:

1. Further research is needed in the area of personality factors and use of force and exposure to violence as a child.

2. At the present time, the social structure theory of family violence is the best theoretical explanation of the use of physical force in the family.

Appendix I

Item-Total Correlations for Exposure to Interpersonal Violence

Question Number	Name of item	Correlation (r) with index
A. Interpersonal violence observed as a child		
	Ever seen anyone slapped	0.80
	Ever seen anyone punched	0.81
	Ever seen anyone choked	0.68
	Ever seen anyone knifed	0.76
	Ever seen anyone shot	0.75
B. Interpersonal violence received as a child		
	Ever been spanked	0.34
	Ever been slapped	0.72
	Ever been punched	0.76
	Ever been choked	0.55
	Ever been knifed	0.67
	Ever been shot	0.63
C. Interpersonal violence committed as a child		
	Slapped/kicked	0.87
	Beat	0.83

The following are things that may have happened when you were a child. Circle the number which tells how often it happened to you.

	NEVER	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	DON'T KNOW
a. Did you ever see anyone slapped	0	1	2	3	4	5	6	X
b. Did you ever see anyone punched	0	1	2	3	4	5	6	X
c. Did you ever see anyone choked	0	1	2	3	4	5	6	X
d. Did you ever see anyone knifed	0	1	2	3	4	5	6	X
e. Did you ever see anyone shot	0	1	2	3	4	5	6	X
f. Were you ever spanked	0	1	2	3	4	5	6	X
g. Were you ever slapped	0	1	2	3	4	5	6	X
h. Were you ever punched	0	1	2	3	4	5	6	X
i. Were you ever choked	0	1	2	3	4	5	6	X
j. Were you ever knifed	0	1	2	3	4	5	6	X
k. Were you ever shot	0	1	2	3	4	5	6	X
l. Did you ever slap or kick	0	1	2	3	4	5	6	X
m. Did you ever beat someone	0	1	2	3	4	5	6	X

Husbands and wives use many different ways of trying to settle differences between them. The following is a list of some things you and your spouse might have done when you had a dispute. Circle the number which tells how often you did it with your spouse in the last year.

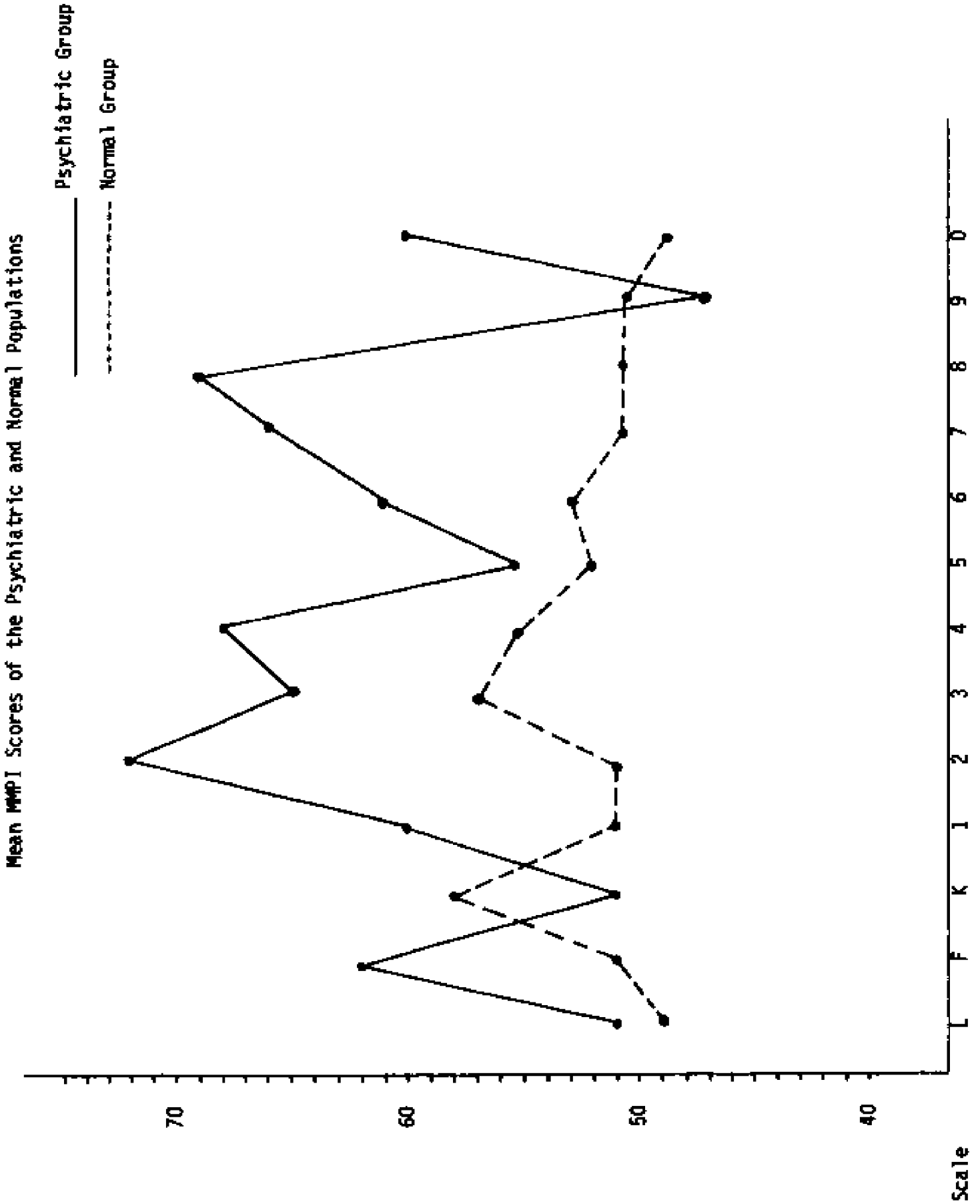
	RESPONDENT								EVER HAPPENED			SPOUSE							
	NEVER	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	DON'T KNOW	YES	NO	DON'T KNOW	NEVER	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	DON'T KNOW
a. Discussed the issue calmly	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
b. Got information to back up (your/ his or her) side of things	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
c. Brought in or tried to bring in someone to help settle things	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
d. Insulted or swore at the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
e. Sulked and/or refused to talk about it	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
f. Stomped out of the room or house (or yard)	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
g. Cried	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
h. Did or said something to spite the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X

	RESPONDENT								EVER HAPPENED			SPOUSE							
	NEVER	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	DON'T KNOW	YES	NO	DON'T KNOW	NEVER	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	DON'T KNOW
i. Threatened to hit or throw something at the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
j. Threw or smashed or hit or kicked something	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
k. Threw something at the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
l. Pushed, grabbed, or shoved the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
m. Slapped or spanked the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
n. Kicked, bit or hit with a fist	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
o. Hit or tried to hit with something	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
p. Beat up the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
q. Threatened with a knife or gun	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
r. Used a knife or gun	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
s. Other _____	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X

Parents and children use many different ways of trying to settle differences between them. The following is a list of some things you and your child might have done when you had a dispute. Circle the number which tells how often you did it with your children in the last year.

	RESPONDENT								EVER HAPPENED			CHILD							
	NEVER	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	DON'T KNOW	YES	NO	DON'T KNOW	NEVER	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	DON'T KNOW
a. Discussed the issue calmly	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
b. Got information to back up (your/ his or her) side of things	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
c. Brought in or tried to bring in someone to help settle things	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
d. Insulted or swore at the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
e. Sulked and/or refused to talk about it	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
f. Stomped out of the room or house (or yard)	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
g. Cried	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
h. Did or said something to spite the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X

	RESPONDENT								EVER HAPPENED			CHILD							
	NEVER	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	DON'T KNOW	YES	NO	DON'T KNOW	NEVER	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	DON'T KNOW
i. Threatened to hit or throw something at the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
j. Threw or smashed or hit or kicked something	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
k. Threw something at the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
l. Pushed, grabbed, or shoved the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
m. Slapped or spanked the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
n. Kicked, bit, or hit with a fist	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
o. Hit or tried to hit with something	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
p. Beat up the other one	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
q. Threatened with a knife or gun	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
r. Used a knife or gun	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X
s. Other _____	0	1	2	3	4	5	6	X	1	2	X	0	1	2	3	4	5	6	X


Mean MMPI Scores of the Psychiatric and Normal Populations
Psychiatric Group
Normal Group
70
60
50
40
L
F
K
1
2
3
4
5
6
7
8
9
0
Scale

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Abstract

This was a correlational study which examined the relationship between exposure to violence as a child and the subsequent use of physical aggression in the home, the use of physical force in a psychiatric and normal population, and personality factors associated with exposure to violence as a child and/or use of physical force in the home.

The normal population consisted of 26 individuals whose children attended a parochial school and who had signed up for a parenting workshop. The first 13 males and 13 females to sign up were asked to participate in the study. The psychiatric population, also consisting of 13 males and 13 females, were tested as they were routinely referred for a psychological evaluation.

Instrumentation included the Exposure to Violence Indexes, the Conflict Tactics Scale with children and the Conflict Tactics Scale with spouse and the MMPI. The inventories were completed by each subject.

A pearson correlation was conducted on the Exposure to Violence Indexes and the Conflict Tactics Scale with Spouse and Children for all the subjects. A pearson correlation was also conducted on the subjects' Conflict Tactics Scale scores with children and the Conflict Tactics Scale scores with spouse. The MMPI scores of individuals high and low in use of physical aggression with children and with spouse were submitted to a t-test. The MMPI scores of individuals high and low in exposure to violence were evaluated with a t-test. The Conflict Tactics Scale scores for the psychiatric group and normal group were evaluated with a t-test.

Results indicated that there was a relationship between exposure to violence as a child and the use of aggression to solve conflict with the subject's spouse, specifically viewing violence. A relationship between exposure to violence as a child and the use of physical aggression to solve conflict with one's children was not found nor did the subjects who used aggression with their spouse use aggression with their children. The psychiatric group reported more physical force with their spouses than did the normal group but not with their children.

Individuals high in exposure to violence had a significantly higher scale 9 (hypomania) on the MMPI as did those who reported the use of physical force with their spouse. Individuals high in physical force with their children had a significantly higher scale 0 (social introversion) on the MMPI.

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