NARCISSISM AND TYPE OF VIOLENT RELATIONSHIPS FOR PERPETRATORS

OF INTIMATE PARTNER VIOLENCE

A Dissertation

by

LEE SCOTT RINKER

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

May 2009

Major Subject: Counseling Psychology

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Approved by:

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ABSTRACT

Narcissism and Type of Violent Relationships for Perpetrators

of Intimate Partner Violence. (May 2009)

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The study proposed to distinguish differences in perpetrators of Intimate Partner Violence (i.e., Common Couple Violence and Patriarchal Terrorism) due to the mediating effect of their presentations of narcissism (covert and overt). Distinguishing perpetrators of Intimate Partner Violence by their narcissistic presentations should assist clinicians in batterer treatment programs to create specific lessons/interventions for perpetrators of Intimate Partner Violence based on their narcissistic quality.

The study of a cross-section of men in a Batterer Intervention Program included measures on self-perception, views of partner, and history of violent, aggressive, controlling, and psychologically abusive interactions with their partner. Structural Equation Modeling with Analysis of Moment Structures was used to determine the structure and function of narcissism and interpersonal violence.

Intimate Partner Violence was distinguishable as Common Couple Violence or Patriarchal Terrorism, but the results were not sufficiently conclusive to warrant an absolute classification system. Overt Narcissism was somewhat useful in distinguishing

Patriarchal Terrorism from Common Couple Violence by mediating the effects of violent behaviors, controlling behaviors, and psychological abuse when mediated by type of narcissism. That information is useful for clinicians interested in creating targeted interventions to participants in Batterer Intervention Programs to reduce Intimate Partner Violence and violent recidivism. Specifically, Common Couple Violence was described by the number of times the participant physically injured the partner over the past year, the total number of conflict tactics used, and whether their partner needed medical attention following physical injury. Patriarchal Terrorism was described by psychological abuse and controlling behaviors.

Overt Narcissism increased Patriarchal Terrorism, whereas, Covert Narcissism did not assist in distinguishing Common Couple Violence from Patriarchal Terrorism. The mediating effect that Covert Narcissism had on violent behaviors, controlling behaviors, and psychological abuse was weak. Overt Narcissism is a more useful construct when identifying potential Patriarchal Terrorists, while Covert Narcissism was not found to provide additional detail to either Patriarchal Terrorism or Common Couple Violence. Knowing the differing and similar impacts of those constructs can potentially grant greater clinical effectiveness with perpetrators of Intimate Partner Violence.

DEDICATION

This dissertation is dedicated to my sister, Jennifer Rebecca Rinker. I want to give her something that is all her own.

ACKNOWLEDGEMENTS

NOMENCLATURE

AIC	Akaike Information Criterion
AMOS	Analysis of Moment Structures
ANOVA	Analysis of Variance
ASPD	Antisocial Personality Disorder
BIP's	Batterer Intervention Program
BPD	Borderline Personality Disorder
CBS	Controlling Behaviors Scale
CCV	Common Couple Violence
CFI	Comparative Fit Index
CR	Critical Ratios
CT Scale	Conflict Tactics Scale
HNS	Hypersensitivity Narcissism Scale
HoeltN	Hoelter's N
IFI	Incremental Fit Index
IPV	Intimate Partner Violence
MCMI-II	Millon Clinical Multi-axial Inventory - II
MCSD	Marlowe-Crowne Social Desirability Scale
MDD	Major Depressive Disorder
MMPI	Minnesota Multiphasic Personality Inventory
NPD	Narcissistic Personality Disorder

NPI   Narcissism Personality Inventory

Patterror   Patriarchal Terrorism

PD   Personality Disorder

PTSD   Post-Traumatic Stress Disorder

RMSEA   Root Mean Square Error of Approximation

SEM   Structural Equation Modeling

TLI   Tucker Lewis Index

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CHAPTER I

INTRODUCTION: NARCISSISM AND TYPE OF VIOLENT

RELATIONSHIPS FOR PERPETRATORS OF INTIMATE PARTNER VIOLENCE

Research into Intimate Partner Violence (IPV) has increased over the past 20 years, but gaps in the etiology of IPV still remain (Tjaden & Thoennes, 1999). One of the basic questions is why some men are violent in relationships while others are not (Dutton, Bodnarchuk, Kropp, Hart, & Ogloff, 2005). One reason for gaps in the causes of IPV may be that studies into the personality characteristics of perpetrators of IPV do not account for different levels of IPV, and research into different levels of IPV has not yet included information on personality characteristics of perpetrators of IPV. Combining research into personality characteristics with types of IPV relationship may help answer the question of why are some men violent and others are not. Paul Johnson suggests that future IPV research should consider the levels of *and* underlying motivations for violence against intimates (Johnson, 1995).

The research proposed in this paper intends to identify the underlying motivations of variations in IPV from the perspective that personality helps distinguish and motivate violence against a partner. The intent of this research is: a) to test a theory that IPV can be divided into groupings where the perpetrators of IPV are distinguishable by severity of violence/aggression and control within the relationship (i.e. common couple violence or Patriarchal Terrorism respectively) (Johnson, 1995); b) to test a theory that IPV can be predicted by narcissism (Baumeister, Smart, & Boden, 1996); and then c) to test whether variations in narcissism (i.e. overt and covert narcissism) can distinguish the typologies

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This dissertation follows the style of *Journal of Family Psychology*.

of IPV. Batterers may be more responsive to different types of treatment based on a match between their type of violence and their personality. Such treatment specific approaches should further reduce violent assaults toward women (Babcock, 1998).

The different types of narcissism as related to different types of domestic violence will provide clinicians with an understanding of their populations. A greater understanding of the typical batterer's personality and typical aggressive/violent actions should help the clinician create pertinent examples and scenarios for all of the batterers, thereby guiding group members toward self-understanding with increased personal investment in the group process and outcome.

Preventative educational curricula for High schools and Universities should also be created in order to reduce, *a priori*, IPV. Knowledge that narcissism leads to aggression, that narcissism takes different forms, and that the different forms of narcissism relate to different types of IPV may be most beneficial for educating students who have just begun dating and who are at a developmental age when finding an intimate partner is most salient. The information can educate both women and men in these settings that even situation specific violence can be an unhealthy form of narcissism that may worsen into more severe violence over timer. Educational intervention could initiate a larger systemic shift of power if these institutions inform women and men about the presentation of abnormal personality within different types of violent relationships. With education, men may be more proactive in changing their prototypes of desirable partner behaviors, and women certainly will be more informed in identifying unhealthy relationship patterns. Such a systemic shift can formalize equality in relationships and

de-legitimize the historically patriarchal ideas toward mate selection and male ownership of their partners.

Hypotheses

A) Intimate Partner Violence can be classified into Common Couple Violence and Patriarchal Terrorism based on the controlling behaviors, violent conflicts with partner, and psychological abuse.

B) Controlling behaviors, violent conflict with partner, and psychological abuse are mediated by two types of narcissistic presentation.

    i. Overt Narcissism

    ii. Covert Narcissism

C) Covert Narcissism mediates Common Couple Violence.

D) Overt Narcissism mediates Patriarchal Terrorism.

By understanding intrapersonal dynamics within the categories of IPV and highlighting the functional quality (i.e. intrapersonal motivation) of narcissism, therapists will have a vantage point for working individually, in groups, or with couples suffering from Intimate Partner Violence. Mindfulness-based behavioral treatments might be more transferable to community-based treatment than other approaches. At a social intervention level, an increased understanding of IPV will provide IPV victims' advocates (i.e. police, legal and judicial processes, community advocates, friends and relatives) another marker for predicting violence.

CHAPTER II

LITERATURE REVIEW

Intimate Partner Violence

Studies on violence against women started in the 1970's following the Feminist movement (Gelles & Straus, 1988). The Feminist perspective on social issues, as simply as it can be stated, centers on "the powerful" engaging in behaviors or policies that aim at maintaining control over "the less powerful." Feminist thought proposes that violence against women in a society is the result of the powerful (male) subjugating those deemed less powerful (female) by exerting force to maintain the established power structure. As Hooks (1984) stated, that "The western notion of hierarchical rule and coercive authority [is] the root cause of violence against women" (p. 118).

Coercive authority can be maintained through the economy, access to resources, or the sheer physical force of violence. On average, men are physically stronger than women. Men can, and often do, cause severe harm to women. There is no other readily available opportunity like that of an intimate relationship for one to exert control over another and gain power or feelings of power. But why do people (in this case men) feel the need to exert power and control over others? Interestingly, Dutton, Starzomski, and Ryan (1996) argues that the use of controlling behaviors and verbal abuse seems to be bidirectional in intimate relationships. He cited a study by Kasian & Painter (as cited in Dutton, Starzomski, & Ryan 1996) showing that in a sample of 1625 undergraduate students, women tended to be more controlling & more verbally abusive. Although there is evidence for gender symmetry in intimate violence, the violence perpetrated by women

may be retaliatory. Violence against women could also be extended to physical aggression against women.

Violence is defined as an "act carried out with the intention, or perceived intention, of causing physical pain or injury to another person" (Gelles & Straus, 1988). Additionally, there is a component to violence of physical and/or psychological aggression. Arias, Samois, & O'Leary (1987) also found that a substantial number of women (26%) experienced some type of physical aggression from their dating partners, and that previous partner aggression is a strong predictor of later partner aggression. In IPV the target of the violence is a current or former spouse, cohabitating partner, boyfriend / girlfriend, or date. IPV is a horrendous social problem that has been linked to intergenerational transmission of acts of violence (Gelles & Straus, 1988), not to mention the obvious impact on the targets themselves.

The physical outcomes of IPV are obvious, from black eyes and bruises to broken bones. The psychological pain, however, is less obvious (Gelles & Straus, 1988) and oftentimes more insidious. The volume of research on the health outcomes of battered women has increased over the years. Physical IPV was found to be associated with increased risk of current poor health, including depressive symptoms, substance use, chronic disease or mental illness, and injury (Coker, Davis, Arias, Desai, Sanderson, et al., 2002). Psychological IPV, however, has proven to be a stronger predictor than physical IPV for those outcomes. Post-Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD) have also been associated with victims of IPV (Cascardi, O'Leary, & Schlee, 1999). In a sample of 92 women, 29.8% met criteria for PTSD and 32% for MDD.

A recent study measured the prevalence of violence in the United States through telephonic surveys of 8000 U.S. women and men. Results indicated that violence against women is primarily IPV, or violence perpetrated by someone intimately familiar with the victim (Tjaden & Thoennes, 1999). Twenty-two percent of women reported they had been physically assaulted by a current or former spouse, cohabitating partner, boyfriend, or date in their lifetimes. Most physical assaults involved pushing, grabbing, shoving, slapping, and hitting, while a smaller number reported having something thrown at them, or that a knife or a gun was used (Tjaden & Thoennes, 1999).

In a separate study, 28% of women reported some form of physical, sexual, or psychological IPV in their lifetime (Coker et al., 2002). Although men reported similar rates of violence, it was less intense than the violence experienced by women and unlikely to come from only an intimate partner. Straus, Gelles, & Steinmetz (1980) reported that men were just as likely to be the victims of IPV. Debate on the need for a battered men's movement followed the report but has since gained little support, primarily because violence against women by men commonly results in much more severe and destructive injuries than violence perpetrated by women toward men.

Tjaden & Thoennes (1999) found that differences between women and men existed as the seriousness of the assault increased. Women were 2-3 times more likely than men to report that an intimate partner threw something at them or pushed, shoved, or grabbed them. Their study found that women were 7-14 times more likely than men to report that an intimate partner beat them up, choked or tried to drown them, or threatened them with a gun. The need to understand violence against women is important. The

National Research Council stated that domestic violence research as well as intervention

research is critically needed (Crowell, Burgess, & National Research Council 1996).

    Interestingly, the Tjaden & Theonnes (2000) study showed that men reported

higher rates of childhood assault by a caretaker: 53.8% compared to 40% for women.

Those results may provide interesting insight into the childhood development of

narcissism. One researcher went so far as to say that IPV is a man's "socialized

androcentric need for power" (Walker, 1989 p. 695), a phrase that seems to equate one's

masculine self-worth with one's ability to be powerful through socially sanctioned

activity.

Treatment for Perpetrators of IPV

    Treatment programs for domestic abuse first worked toward assisting *women* who

were in abusive relationships (Sullivan, 2006). Interventions directly related to the

victim's immediate needs, e.g. safety, relocation, shelter, and counseling, and that

practice continues to be the primary IPV intervention to date. The first treatment program

for *assailants* began in Boston, Massachusetts, with EMERGE (Crowell, Burgess, &

National Research Council, 1996). Similar "batterer intervention programs" (BIP's) had

the intent of reeducating and rehabilitating perpetrators (Sullivan, 2006). With

institutional changes like the National Violence Against Women Act of 1994 and

increased police involvement to protect women, the terminology changed from assailant

to perpetrator.

    Perpetrator treatment programs utilize an array of intervention strategies,

including group therapy/education, anger management, empathy training, insight-

oriented, cognitive behavioral, behavioral modification, and pharmacological therapies,

with no one treatment orientation showing more efficacy than another (Crowell, Burgess, & National Research Council 1996; Gondolf, 1997; Sullivan, 2006). Group therapy, combined with empirically validated cognitive behavioral therapy and education, has emerged as the treatment of choice. In addition to the economic value of group therapy, groups also provide members with 1) an arena for mutual understanding of the issues facing men, 2) opportunities to model appropriate behavior, and 3) an avenue for the creation of a culture wherein negative views of women are dissuaded (Edleson & Tolman, 1992).

Socio-cultural Patriarchy

There have been promising findings into the relative effectiveness of treatment programs for perpetrators of IPV. However, the "successfulness" of treatment is a debatable term. The outcomes have been based on police reports, perpetrator reports, and victim reports of relapse of violence (Edleson & Tolman, 1992; Gondolf, 1997; Bennett & Williams, 2001; Sullivan, 2006). Edleson and Tolman (1992) looked at the results of 24 studies to determine success rates of treatment programs for male batterers. Their analysis showed that from 46% to 96% of the men in the various treatment programs were considered successfully treated (Edleson & Tolman, 1992). However, there is indication that one should use caution when interpreting success rates (Edleson & Tolman, 1992; Gondolf, 1997) because the success rates may not be an accurate reflection of reality.

Low percentages of success tended to occur in programs whose follow-up was further from the completion of the program and when the success rate was based on partner reports rather than police or self-reporting. The treatment success rates for men

when the partner was interviewed ranged from 46% to 84%, with the majority falling well below 84%. The outcomes for police or self-report ranged from 59% to 96%. Gondolf (1997) suggested that even more considerations should be taken into view. Forty to sixty percent of the participants dropped-out of programs after 3 months and as few as 10% of the participants actually complete the treatment program (Gondolf, 1997). The dropouts were more likely to have committed more severe forms of violence and they were more likely to re-offend.

Several interesting questions were posed in order to address the issues of recidivism and retention. When looking at the effectiveness of BIP's, the better question to ask is what kind of men are likely to change their abusive behaviors and under what circumstances (Gondolf, 1997). If we better understand the types of men that are mandated to treatment programs, we can then gear interventions specifically to them. Sullivan (2006) noted, "It is imperative that the BIP's be relevant and meaningful to the men participating in them if success is to be achieved" (p.205). Results show that no consistent treatment approach is better than another (Gondolf, 1997), further bolstering the notion that specificity in intervention approaches is warranted and needed for BIP's and other treatment programs for perpetrators of IPV.

One avenue of research into batterers who re-offend or dropout of programs is the consideration of possible personality pathology. When compared with non-violent men, perpetrators of IPV are labile and overly concerned with themselves (Hamberger, 1993). Hamberger and Hastings (1991) found that alcohol abuse and narcissistic traits were useful in predicting violent recidivism following treatment. Personality pathology among

batterers exists, and research into such dynamics has important implications for BIP's and could yield insight into violence against women generally (Hamberger, 1993).

Narcissism

Some theories of personality focus on the dynamic quality of self and other relationships, and how the self and other relationships, from childhood, relate to ones ability to develop one's identity and view of others in their world. Therefore research into dysfunctional interpersonal relationships should include a focus on the dysfunctional relationship that one might have with oneself. The outcome can range from highly negative view of oneself (i.e. all bad), to an appropriate view of oneself (i.e. healthy), or to an extremely inflated perception of ones value comparable to others (i.e. all good, or narcissistic).

Narcissism is the central area of focus in intimate relationships because exaggerated self love should interfere with ones ability to interact with another selflessly, that is, to give priority to the other person's needs. It can be argued that narcissism should be a central focus of intimate partner violence rather than other personality disorders like antisocial personality disorder because narcissism is the common underlying factor for all cluster B personality disorders, and the fuel for rage when "needs" are unmet.

The DSM-IV states that Narcissistic Personality Disorder (NPD), the unhealthy version of narcissism, is a pervasive pattern of grandiosity, need for admiration and a lack of empathy (American Psychological Association, 2000). Associated features include vulnerable self-esteem, sensitivity, intense reactions to humiliation, emptiness or disdain to criticism or defeat, vocational irregularities owing to difficulties tolerating criticism or competition. Feelings of shame, intense self-criticism, and social withdrawal are also

common (APA, 2000). NPD can also manifest in antisocial tendencies, and low functioning individuals resemble Borderline Personality Disorder (BPD) (APA, 2000). This is a very interesting notion since previous research has looked conjointly at BPD and Antisocial Personality Disorder (ASPD) (Holtzworth-Monroe & Stuart, 1994). Additional features of NPD are high achievement and success, masochism, promiscuity, excessive rage, and suicidal behavior.

People are social creatures. We use the feedback from others for greater self-understanding and self-appraisal. Therefore, one's first relationship, with her/his caregiver, is the earliest opportunity for self-understanding/self-appraisal. The initial relationship with one's caregiver is the foundation of future self-understanding in relationships. Kernberg (1985) stated that the developmental process during the first three years of life, culminating in separation-individuation, is the fundamental process whereby one develops an understanding of themselves and the world around them.

Object relations theorists posit that infants are unable, either physically or psychologically, to recognize that they are different from their caregivers – a term called symbiosis (Kernberg, 1985). Their physical helplessness in infancy and constant close *physical* proximity to a caregiver is cause enough for speculation into the infant's inability to differentiate. An infant does not have the psychological sophistication needed to understand that external events influence their emotions (pleasure or displeasure), so when they experience a distressing or pleasurable event, they have the tendency to attribute the cause to themselves (i.e. introjection) (Kernberg, 1985). Additionally, because of limited psychological sophistication, the self-appraisal associated with the introjection of pleasure of distress is that the infant is all-good or all-bad (i.e. a defensive

strategy called splitting). Splitting enables the infant to maintain positive self-esteem in the face of distressing feelings.

As the infant matures, he becomes aware that he is a unique entity unto himself (i.e. separation-individuation) and that some of his distress or pleasure comes from outside. However, the process of self/other appraisal often continues as dichotomous and "all-good or all-bad". With that new awareness of other the infant engages in new defensive mechanisms that project the origin of pleasure or distress onto the other (i.e. the caregiver). Often, a child will project negative emotions as originating from the other (i.e. caregiver; the child introjects pleasurable events to themselves and labels themselves as all-good). Thus the basis of narcissism has been created, but as Peck (1983) noted, normal childhood narcissism can become abnormal in adulthood.

In the abnormal adult narcissist, the defensive mechanisms of introjection, projection and splitting continue to dominate their intrapsychic landscape and inform their perceptions of themselves and the world around them. Alfred Adler postulated that severe abuse or extreme pampering in childhood may be a causal factor for dysfunctional relationships (or perhaps narcissism) later in life (Dreikurs, 1950). Interestingly, experiencing abuse or witnessing interparental abuse in childhood has been linked to perpetrators of IPV (Arias et al., 1987; Coker et al., 2002; Tjaden & Thoennes, 1999). Such violent environments may have perpetuated the defensive mechanisms of splitting and projection for a period of time beyond childhood so that the narcissistic self understanding becomes firmly established as part of the person's identity and protects them from the external world.

Narcissism takes many forms. Some are normal and some abnormal. Normal narcissism is the degree of healthy self-confidence and one's realistic sense of self-worth. Peck stated that narcissism is something that we "grow out of," but is present in all of us as children (1983, p. 80). Kernberg (1985) stated that normal narcissism "increases self-regard and strengthens relationships with others through love, appreciation, and gratitude" (p. 136). The opposite is possible of unhealthy narcissism. An unhealthy level of narcissism is understood as "Being in love with one's perfect image" (Havens, 1993, p. 190). Basically, it is one's "love affair" with an unrealistic self-image while rejecting all other possibilities. The inability/unwillingness to take alternative perspectives on oneself reduces self-reflection and the ability to take another's perspective, or empathize.

Kernberg (1985) remarked that a pathological sense of self detracts from relationships because one's partner is *never* able to "fuel" the admiration to a sufficient degree (p. 136). Admiration reaffirms the grandiose sense of self, and the other person is seen as valueless when unable to provide sufficient future admiration. "The devalued person is seen as mediocre, inferior, or useless to the narcissist" (Kernberg, 1985, p. 136) (i.e. unless the person fills a need as a projection for feelings of inadequacy or inferiority). Pearlstein (1984) mirrored Kernberg's statements by adding that a narcissistic individual relates to the external world by the world's capacity to provide that individual with sufficient ego or narcissistic reinforcement, satisfaction, or compensation. He added, narcissism "shall be regarded as a restorative or reparative psychological device" (Pearlstein, 1984, p. 15-16). His account of narcissism postulates that narcissism not only has an intrapsychic structure but an external function.

No matter how large or intimate the group, conflict will occur and people will always seek "to live out their lives in accordance with personal agenda [that] inevitably differs" (Straus, 1979, p. 76). Challenges to one's "personal agenda" may, on an individual level, equate to a threat to one's self-concept. The topic of narcissism easily relates to IPV because of the relational origin of narcissistic threats. It is with the primer of "personal agenda", and the functional quality narcissism, that we move to discussion of aggression and narcissism. Aggression is the behavioral and functional expression of narcissism. It is the attempt of the narcissistic person to mold the external world to match his self-appraisals. Also, it echoes the behavior seen in young children and babies who are narcissistic in believing that the world was created for their pleasure and need.

Aggression

Geens (1990) tripartite definition of aggression says that aggression consists of the "delivery of noxious stimuli by one organism to another. The noxious stimuli are delivered with the specific intent to do harm to the victim, and can take the form of psychological or physical pain. The aggressor expects that the noxious stimuli will have [its] intended effect" upon the target (Geen, 1990, p.3). The intended effect depends on the aggressor and the specific situation in which the aggression is enacted. For example, in IPV aggression may reduce opposing remarks, lessen intrapersonal tension, limit talking, effectuate submission to sexual activity, or cause acquiescence to a viewpoint, etc.

Several areas including social learning theory, biological perspectives, biochemical perspectives, and a tension reduction model provide a general framework for understanding the motivational nature of aggression (Geen, 1990). Bandura's social

learning theory (as cited in Geen, 1990) describes aggressive behaviors as learned. They are passed from models to observers, which are then shaped, rehearsed, and perfected over time. The biological perspective holds that humans, as animals, have certain genetic tendencies toward aggressive behavior. The biochemical model proposes that sex hormones are explanatory of male aggressive behavior. The tension reduction theory states that aggression is predictable when preceded by a frustrating event or feeling, and that frustration creates a drive for catharsis (Geen, 1990).

Threatened egotism, as a fifth and alternative model for understanding the motivational nature of aggression, conceptualizes ego threats as a primary motivator for certain individuals to exhibit aggression against another (Baumeister, et al., 1996). Threatened egotism likely includes components of other theories of aggression, and aggressing against someone who prompts an ego threat provides an interesting perspective that incorporates the often neglected domain of personality effects on behavioral outcomes. In this case narcissism is hypothesized to be a key variable.

Threatened Egotism (Narcissistic Injury) and Aggression

The bigger the tree, the harder it falls. Stated another way, the more unrealistic and grandiose someone's self-concept, the more detrimental the effect of a contradictory viewpoint. For anyone, the loss of self-esteem is viewed negatively. For people with unrealistically inflated self-appraisals, however, the detrimental effect may be more severe, especially if self awareness of failure or loss never reaches a conscious level. Baumeister et al., (1996) proposed that an inflated or unstable belief in one's self superiority might be a major motivating factor in the interpersonal use of anger/aggression toward others. For a narcissistic individual, aggression functions to

assist in the avoidance of less favorable – and probably more accurate – self-appraisals (Baumeister, et al., 1996).

Theorists of threatened egotism aggression propose that people with inflated, grandiose, or unjustifiably favorable views of themselves would be most prone to aggression, because they meet the most threats to self-concept and will be continually intolerant of them. Therefore, narcissists want to punish or defeat someone who has threatened their highly favorable views of themselves – sometimes through aggression.

Bushman & Baumeister's (1998; 2002) studies of threatened egotism found levels of narcissism to be related to aggression. They compared narcissism and aggression rates. Participants were given an opportunity to aggress against someone who praised them, insulted them, or an innocent third person. Two experiments were conducted, the second study being a replication study.

Two-hundred-sixty participants in the first study and 280 in the replication study were given measures of narcissism (Narcissism Personality Inventory; Raskin & Novacek 1989) and were then asked to write an essay on a selected topic. Participants were evaluated on the quality of their essays (i.e. positive or negative evaluations). Following the evaluation of their essay, the participants engaged in a timed reaction task competing against another person (i.e. a computerized game). They were informed that the person they were competing against was either the person who evaluated them or an innocent third party. The aggressive opportunity involved increasing or decreasing decibels of sound that would interfere with the other person's ability to compete on the timed task. In the second study, they added a measure to understand how threatening the evaluation was for the participant.

Results indicated that the combination of narcissism with insult led to exceptionally high levels of aggression toward the source of the insult. Ego threats in the form of insulting, negative evaluations increased aggression for all types of individuals, regardless of their narcissism score (Bushman & Baumeister, 1998; 2002). However, aggression was strongest for people who scored high on narcissism, or stated another way, those who have an "emotional and motivational investment" in extremely favorable, grandiose self-images (Bushman & Baumeister, 1998, p. 228). Narcissists in the first study were also aggressive toward someone who had evaluated them favorably; however, this result was not duplicated in the second study.

When the second study added a measure for perceived threat, narcissists were more selective with their aggression. The more threatening the bad evaluation was perceived, for narcissistic individuals, the more aggressively he or she behaved. Also, people who scored low on narcissism were less likely to perceive the evaluation as threatening. The study indicated a connection between narcissism and perceived threats. Narcissistic individuals perceived threats more strongly than non-narcissistic individuals, and following such a threat engaged in much more aggression. Interestingly, men were found to have higher levels of narcissism overall. The present findings suggested that ego threat is a motivational component for aggression.

Barry, Chaplin, & Grafeman (2006) tested the relationship between narcissism and aggression following positive or negative feedback. The participants (120 students, 60 men and women) were evaluated on a writing task and then engaged in a "fishing contest" against another participant, who was actually a confederate. The participants were given opportunities to cut the opponents fishing line or cause a $100 fine to be

given to the confederate, which would cause them to lose the game. Additionally, they were notified that they were playing against his/her evaluator or another person. On some instances the participant was able to see their evaluator prior to playing the game against them.

Participants with higher narcissism tended to increase their aggression after feedback. Negative feedback considerably increased aggressive behavior (i.e. cutting the fishing line or causing a fine) for those scoring high in narcissism. Narcissism was associated with increased aggressiveness after negative feedback, and was specific to males (Barry et al., 2006). Women showed little change in aggression regardless of level of narcissism. Those who received positive feedback continued on the same level of aggression. The manner in which feedback was delivered also influenced aggression, indicating that aggression can be reduced when feedback is given in differing manners.

Comparisons of violent offenders to non-violent offenders on narcissism have also been conducted (Bushman & Baumeister, 2002). In a meta-analysis of violent offenders of murder, assault, forced rape, or armed robbery, most violent offenders had higher narcissism than the comparison groups of non-offenders, suggesting that most offenders can be distinguished on the basis of their level of narcissism. Cale & Lilienfeld (2006) studied aggressive differences between narcissists and psychopathic individuals, and found that psychopathic individuals (i.e. Antisocial Personality Disordered individuals) tended to respond aggressively when confronted with an ego threat, more so than narcissistic individuals. The results suggested that the difference between aggression for narcissists and psychopathic individuals may be attributed to different types of narcissism, overt and covert narcissism (Wink, 1991). Further, the research indicate that

overt narcissism may be associated with the expression of observable aggression to a greater degree than covert narcissism, and covert narcissism is probably linked with unexpressed anger (Cale & Lilienfeld, 2006), which may be more explosive and situation specific.

In summary, narcissism has been empirically linked to aggression (Barry et al., 2006; Baumeister et al., 1996; Britt & Garitty, 2006; Bushman & Baumeister, 1998; Bushman & Baumeister, 2002; Cale & Lilienfield, 2006). And, aggression is a key component in the operational definition of IPV (Arias et al., 1987; Coker, Smith, McKeown, & King, 2000; Graham-Kevan & Archer, 2003; Malamuth, Sockloskie, Koss, & Tanaka, 1991; O'Leary et al., 1989; O'Leary, Malone, & Tyree, 1994; Straus et al., 1980; Tjaden & Thoennes, 1999). Narcissism is a promising variable for predicting IPV.

Overt and Covert Narcissism

A number of recent studies of narcissism suggest the usefulness of differentiating between two ways (overt and covert) in which the underlying narcissistic personality is expressed in current behavior (Wink & Donahue, 1997). Overt narcissism is the stereotypical expression from Greek mythology – the person shares with others easily information about his/her views of themselves. Covert narcissism involves a person who may be more introverted and fearful of a disputation of a grandiose sense of self. As such, the narcissism is experienced primarily within the private psychological world of that person, expressed in subtle behaviors and interactions with others. Overt and covert narcissism may add a therapeutically workable context for the treatment of IPV perpetrators.

Studies of overt and covert narcissism have found results indicating that different forms of narcissism exist (Wink & Donahue, 1997). Wink (1991) found distinct forms of narcissism by comparing objective measures of narcissism, staff inventories, and spouse reported information for 350 participants. The two forms of narcissism correlated heavily on key features such as conceit, rebelliousness, craving for excitement, under-control of aggressive and erotic impulses, insistence on self-expression and self-indulgence, and disregard for others (Wink, 1991, Wink & Donahue, 1997). Using a principal components factor analysis, he found that there was an orthogonal relationship between overt and covert narcissism, initially labeled as vulnerability-hypersensitivity (covert) and grandiosity-exhibitionism (overt). They differed on certain aspects matching closely Kohut's descriptions (Wink, 1991).

Grandiosity-exhibitionism (overt) was associated with extraversion, self-assurance, exhibitionism, and aggression. Grandiosity-exhibitionism, openly expressed power orientation, manipulativeness, self-dramatization, independence and broad interests (Wink, 1991). Spouses rated Grandiosity-exhibitionists as aggressive, show-offs, egotistical, assertive, and self-centered. The participants (i.e. people measured on narcissism) reported feeling unfulfilled, un-integrated, and emotionally healthy. Spouses described the grandiosity-exhibitionist participants as more cruel, intolerant, immodest, and bossy than their vulnerability-sensitivity counterparts (Wink, 1991). Only Grandiosity-exhibitionism correlated with DSM ratings of narcissism that equate narcissism with a demonstrable display of self-admiration, grandiosity, entitlement.

Vulnerability-sensitivity (covert) narcissism was associated with introversion, defensiveness, anxiety, and vulnerability to life's trauma (Wink, 1991). Vulnerability-

sensitivity correlated with defensiveness, hostility, sensitivity to slight, and concern with one's own adequacy (Wink, 1991). They were worrisome and exhibited problems in effective functioning, reported a lack of fulfillment, vulnerability to life's problems, anxiety, emotionality, pessimism, and discontent.

Wink & Donahue (1997) conducted an analogue study which found that key features of narcissism were present in both types of narcissistic individuals. Thirty-nine measures of the Minnesota Multiphasic Personality Inventory (MMPI) narcissism scale and 18 from the Narcissistic Personality Disorder Scale were used. Because the measures did not correlate, their research supported the notion that two forms of narcissism exist. Additionally, they found that overt narcissists were more likely to report restlessness and impulsivity when their behaviors were constrained from an external source (Wink & Donahue, 1997). Whereas covert narcissists were more likely to report problems in keeping oneself interested and entertained in addition to increased feelings of meaningless and tedium. Three alternative explanations for the divergent and convergent validity between the measures were presented: a) One set of measures determine narcissism whereas the other set measures general pathology and maladjustment; b) the two composite scales – taken from the different measures - reflect two different manifestations of the construct; and c) that the two sets represent opposite ends of a narcissistic continuum (Wink, 1991). However, further evidence has shown that it is a legitimate assumption that distinct forms of narcissism exist and can be measured objectively.

Personality Pathology and IPV

Many researchers of intimate partner violence have focused on personality pathology, primarily antisocial personality and borderline personality, to describe and predict violence against a spouse/partner. Aggression is a key component of IPV has been linked to narcissistic traits which attempt to maintain ones psychological homeostasis. Given the notion that narcissism is the driving fuel for all Cluster B personality pathology, it is important to review what researchers believe regarding IPV and other personality pathologies. It is important to note that research on IPV frequently reports concomitant cluster B personality pathologies.

Studies on the nature of personality pathology and IPV (Dutton & Kerry, 1999; Gondolf, 1999; Hamberger & Hastings, 1991) have been conducted to understand the individual personality characteristics of perpetrators of IPV. These researchers have argued that the most common pathologies linked with IPV are borderline and antisocial typologies (Hamberger & Hastings, 1991; Holtzworth-Monroe & Stuart, 1994) and that an "abusive personality" seems to exist (Dutton, 1994). Such typologies seem overly pathological and may be more typical of individuals who engage in extreme acts violence like spousal homicide, what Dutton (1999) called Uxoricide.

Interestingly, ASPD and BPD have underlying narcissistic qualities, and people with ASPD and BPD can be conceptualized as high and low functioning manifestations of NPD (Ronningstam, 1999). Kernberg (1989) stated that essentially all people with ASPD have features in common with NPD (as cited in Ronningstam, 1999). These linkages are important considerations when one looks at the social stratification of power, positions of authority, and access to resources. Dutton's review of the literature on IPV

and PD found that as violence becomes more severe and chronic, the likelihood of psychopathology approaches a 100% prediction rate, typically with extreme scores on borderline personality, narcissism, antisocial behavior, and aggressive-sadistic personality (Dutton, 1999).

Gondolf (1999) conducted a multi-site MCMI-III study on 840 perpetrators of IPV. Fifty-five percent of the sample came from ethnic minority groups and 45% from the white majority. The results showed a complex diversity in the pathology of perpetrators. Thirty-nine percent of the sample indicated antisocial or narcissistic tendencies (BR scores $\geq$ 85), while other analyses of the same sample reported greater than 80% having some form of personality disorder (Dutton, 1994; Dutton, et al., 1996). The proportion of men in the study who were classified as narcissistic was roughly 10 times greater than that of the average population (Gondolf, 1999). Half of the men in the study had elevations of depression.

Depression relates to narcissism in that acute depression often follows failures, losses, other severe narcissistic injuries (Ronningstam, 1999). Dysthymia often occurs because of boredom (might be related to increased prevalence of substance use with perpetrators of IPV), emptiness, aloneness, dissatisfaction, and meaninglessness (Millon, 1985). Painful reactions to failure, criticism, and humiliation can make the narcissist vulnerable to suicide (Ronningstam, 1999). Gondolf (1999) noted that his research supported the idea that inflated ego is more indicative of violence than low-self esteem and depression.

Some (Beasely & Stoltenberg, 1992) used the MCMI-II and the Narcissistic Personality Inventory (Raskin & Terry, 1988) to look at PD in male batterers. They found

that batterers were more likely to have higher levels of narcissism than non-batterers. They also found that elevations on Antisocial, aggressive/sadistic, schizotypal, and borderline were common in perpetrators of IPV. Thus, perhaps differentiation on narcissism can better classify groups of men who engage in more severe forms of IPV and those who engage in common couple violence. Increased specificity is needed to properly categorize perpetrators of IPV to guard against over-pathologizing large groups of people with ASPD or BPD. For example, ethnic minorities have higher prevalence rates of IPV (Tjaden & Thoennes, 1999), but it is highly unlikely that minority groups are any more pathological than the rest of the population.

Common Couple Violence and Patriarchal Terrorism

Different levels of IPV exist (Johnson, 1995). Some families suffer from occasional outbursts of violence, while others are "terrorized" by systemic male violence and controlling behaviors (Johnson, 1995, p. 283). The two labels Johnson used to distinguish violence in families (or relationships) are Common Couple Violence and Patriarchal Terrorism (or intimate terrorism). Common couple violence follows the Family Conflict paradigm of violence in relationships where conflict is a natural occurrence in any relationship, but is dysfunctional in that violence is seen as a viable tactic to reduce conflict (Johnson & Leone, 2005). The term Patriarchal Terrorism will be used here in order to conform with a feminist perspective on violence in relationships. One should not infer, however, that all men raised in the United States are violent in their relationships. But the feminist perspective acknowledges that male power and privilege exist in a systemic manner. It is helpful to utilize Johnson's typologies because each has

unique psychological and social roots, interpersonal dynamics, and consequences for the victim (Johnson & Leone, 2005).

Common couple violence (CCV) is the couple dynamic in which conflict occasionally gets "out of hand", motivated by a need to control a specific situation, leading usually to "minor" forms of violence, and rarely escalating into serious forms of violence (Johnson, 1999). Patriarchal terrorism is an intentional and systematic form of violence intended to maintain control in a relationship. Therefore, the primary difference between the two forms of IPV is the use of systematic controlling behaviors in an intimate relationship.

Reanalysis of the data from the National Violence Against Women (Tjaden & Theonnes, 2000) survey into classifications of CCV and Patriarchal Terrorism (or Intimate Terrorism) found that there were different consequences for women who are the victims of Patriarchal Terrorism versus CCV. Targets of Patriarchal Terrorism are attacked more frequently and the aggression is less likely to stop (Johnson & Leone, 2005). They were found to have higher rates of PTSD symptoms, use painkillers, and miss work. Interestingly, they were also found more likely to leave their husbands and/or leave them more often. The odds of being injured were double for couples in Patriarchal Terrorism than CCV. A study conducted by Graham-Kevan & Archer (2003) found similarities to those found later by Johnson & Leone (2005), including that patriarchal Terrorism resulted in greater injuries for the target and in greater escalation of violence than did CCV.

Much of the research on domestic violence has focused on overt physical aggression with measures like the Conflict Tactics Scale (CT Scale). The CT Scale

provides information on physical acts of violence (Straus, 1979) and the three subscales are designed to measure the use of reasoning, verbal aggression, and violence within the family. First, the reasoning subscale is based on the idea that a *rational* discussion or argument is a healthier resolution to any dispute. Second, the verbal aggression subscale identifies the verbal and nonverbal acts that symbolically hurt "the other," or threaten to hurt "the other." Third, the violence scale measures the use of physical force against another person as the means of resolving conflict. Additionally, the CT Scale asks, for example: "How frequently during ANY conflict did you use the following: throw something at the other; pushed, shoved, or grabbed; slapped; kicked, bit, or hit with a closed fist; beat up; threatened with a weapon; or used a weapon on the other?" (Straus, 1979).

While all perpetrators of violence engage in aggression at times of conflict, others do not engage in partner control as a general rule (Graham-Kevan & Archer, 2003; Johnson, 1995). The behavior included on the CT-Scale is useful in collecting data on aggression, but omits information on controlling behaviors within relationships. Controlling behaviors are suggested to be a major contributing factor, in addition to physical violence, to the understanding of IPV (Graham-Kevan & Archer, 2003; Johnson, 1995; Johnson & Leone, 2005).

Is the need to control merely to maintain a gender hierarchy, as a feminist perspective would assert, or is the control intended to prevent a grandiose self-appraisal from being challenged? Basically, these questions point to the need to look at the motivation for control in a relationship. Johnson (1995) recommended that additional research into one's motivation and inclination to use violence could be instructive. The

motivation and inclination for violence behind the classifications of CCV and Patriarchal Terrorism might best be understood through examining different types of narcissism, namely covert and overt narcissism.

The differences between overt and covert narcissism might follow the Johnson's (1995) conceptualizations that distinct forms of IPV exist – Common Couple Violence and Patriarchal Terrorism. Both overt and covert narcissists were found to posses the key features of narcissism, such as conceit, rebelliousness, craving for excitement, under-control of aggressive and erotic impulses, insistence on self-expression and self-indulgence, and disregard for others (Wink, 1991). Overt narcissists were reported to be more cruel, intolerant, immodest, and bossy than their counterparts, while covert narcissists were reported to be more introverted, defensive, anxious, and vulnerable to life's traumas. The differentiations in narcissism seem to fit with the reported differential behavioral and motivational manifestations of CCV and Patriarchal Terrorism.

Conclusions

This study proposes to distinguish differences in perpetrators of IPV (i.e. Common Couple Violence and Patriarchal Terrorism) by their presentations of narcissism (Covert and Overt). The distinctions between perpetrators of IPV by their narcissistic presentation and battering behavior should be helpful for clinicians in batterer treatment programs as well as university counseling centers' community based intervention programs (i.e. outreach and education).

CHAPTER III

METHOD

Participants

One hundred-four men aged 18-50 who were court mandated or voluntarily enrolled (voluntary, 5.2%, court mandated, 94.5%) in a 52 week Batterer Intervention Program in southern New Mexico because of their history of violence/aggression toward a wife/spouse/intimate partner. BIP intervention group leaders administered the measures, collecting the responses in sealed envelopes which the primary investigator collected immediately following the completion of the surveys. Inclusion in the study was strictly voluntary without coercion or compensation. The BIP was chosen for the convenience of location to the primary investigator. The area was classified as "borderland", close to the Mexico and United States border. A large number of the participants were of Latino decent.

Texas A&M University Institutional Review was conducted for an initial year and then extended for an additional year to complete analysis. The human subject approval is set to expire in May 2009. The study was determined to be of minimal or no harm to participants. Disclosure of results will occur following the completion of the analytical process.

Measures

Demographic Questionnaire

The demographic questionnaire gathered information on the participant's race/ethnicity, age, relationship status (i.e. married, single, dating, not dating), length of relationship, number of current relationships, number of relationships over the past year, monthly income, education level, and employment status. (See appendix A).

The participant ages ranged from 18 – 63, with the median age at 30. That corresponded to the median number of years the participants had lived in the country. Participants self-identified as Mexican American (n= 56, 54.9%), Hispanic (n=16, 15.7%), White-Caucasian (n=13, 12.7%) Other Latin American (n=4, 3.9%), Bi-racial (n=4, 3.9%), "American" (n=3, 2.9%), Black/African American (n=3, 2.9%), Native American (n=2, 2.0%), and Other Hispanic (n=1, 1%). Most of the participants identified with their culture ("a great deal" n=26, 25%, "somewhat" n= 30, 28.8%) while the remaining did not ("none" n=11, 34.6%) (see Table 1).

Table 1
Demographic Information

	Frequency		Age		US Residence years		Income per Month		Education in Years		Length of current relationship		Number of current relationships		Number of partners last year	
	n	%	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Sample Total	102	100	33.48	10.78	32.65	10.91	$1536.97	$1041.01	11.85	2.67	58.70	83.18	.77	.69	2.15	3.22
Hispanic	16	15.7	32.38	11.15	33.00	11.25	$1434.82	$1051.65	11.19	1.16	85.13	95.20	.71	.64	1.54	2.10
Mexican American	56	54.9	33.11	10.38	32.40	11.33	$1575.81	$1081.35	11.64	2.57	51.11	72.83	.70	.575	2.07	2.40
Other Latin American	4	3.9	30.00	5.41	29.33	6.43	$908.67	$80.00	12.25	.500	172.0	197.30	2.00	1.15	7.50	11.09
Other Specified	1	1.0	25.00		25.00		$1000.00		10.00		84	84.00	1.00		1.00	
Black/ African American	3	2.9	34.67	16.77	40.00	19.80	$2750.00	$1060.66	8.5	7.78	54.00	42.42	.50	.70	.50	.70
Native American	2	2.0	22.00	.000	22.00	.000	$800.00	$565.68	13.00	4.23	18.00	25.45	.50	.70	.50	.70
White/ Caucasian	13	12.7	39.31	11.97	37.09	10.71	$1531.82	$1030.11	13.35	2.54	56.23	90.17	.54	.519	1.73	1.55
Bi-racial	4	3.9	37.00	13.14	29.67	4.50	$1233.50	$613.06	12.33	6.51	23.33	32.14	2.0	1.0	1.33	1.52
American	3	2.9	30.33	8.08	30.33	8.08	$2350.00	$1626.35	13.33	1.15	11.67	19.35	.67	.577	4.00	2.64

Most participants worked in blue collar industry, earning on average $1500 per month (min = 0, max = $5000) with a median education of 12 years. Information was gathered on their status of their relationships over the past year, ("currently in at least one relationship" n= 69, 66.3%, "not currently in a relationship" n= 32, 30.8%, "unaware of the status of relationship" n=2, 1.9%) the number of current relationships (Median= 1), and the number of partners in the past year (Mean= 2.14, Mdn=1, Skew=4.39), ranging from 0 to 24 relationships. Almost all of the men were court mandated for treatment (n=95, 93.1%).

Narcissism Personality Inventory (NPI)

 NPI is a 40-item forced choice measure of overtly narcissistic thoughts and behaviors (Raskin & Terry, 1988). It is intended for normal individuals to measure narcissistic personality traits, and has been correlated with MCMI-I narcissism scale ($r=.66$). However, the two scales do not match identically, indicating that the two measures might identify different representations of narcissism. The NPI can be broken into seven subscales corresponding to Authority, Self-sufficiency, Superiority, Exhibitionism, Exploitativeness, Vanity, and Entitlement (Raskin & Terry, 1988). The measure is a forced choice response set, requiring the participant to choose one item that is more like them. It asks, "Pick one: I have a natural talent for influencing people; or I am not good at influencing people. Modesty doesn't become me; or I am essentially a modest person. The thought of ruling the world frightens the hell out of me; or if I ruled the world, it would be a better place." The sum of the scores measured overt narcissism.

Hypersensitivity Narcissism Scale (HNS)

The HNS is a 10-item scale taken from the analysis of H. A. Murray's (1938) narcissism scale and the composite MMPI measure of covert narcissism (Henden & Cheek, 1997). A factor analysis of the 10 items on the HSNS from three samples found that there was only one factor and all of the 10 items loaded on one scale. The HNS is derived from Murray's Narcissism scale and has psychometric qualities useful for an alternative to the MMPI-based covert narcissism scale α=.72, .62, .75. The measure is uncorrelated with the NPI – overt narcissism. It asks, for example: "I can become entirely absorbed in thinking about my personal affairs, my health, my cares or my relations to others"; "My feelings are easily hurt by ridicule or by the slighting remarks of others"; and "When I enter a room, I often become self-conscious and feel that the eyes of others are upon me". The sum of the scores measured covert narcissism.

Controlling Behaviors Scale (CBS)

The CBS is a 24-item Likert-type self-report measure intended to determine the use of control within a relationship. The CBS has 5 subscales of measurement that give depth to the most frequent type of controlling behavior (i.e. Economic control, Coercion and Threats, Intimidation, Emotional control, and Isolation). A total score can be derived to yield a continuous measure of controlling behavior. It asks, for example: "How often did you …disapprove of the other working or studying?; make or carry out threats to do something to harm the other?; use looks, actions, and/or gestures to change the other's behavior?; try to humiliate the other in front of others?; and, restrict the amount of time the other spent with friends and/or family?" The reliability data correspond to controlling behaviors on the various factors. The Alpha coefficients for men are .48, .61, .62, .87, and

.81 respectively. The reliability score overall is .89 for men (Graham-Kevan & Archer, 2003).

Conflict Tactics Scale (CTS)

An 18-item version of the CTS was used to determine the presence and severity of physical violence in a relationship. Each of the 18 items was measured as a continuous variable. The measure asks, for example: "How often: Threw something at the other one; Pushed, grabbed, or shoved the other one." The dichotomies of violence correspond to no-violence, violence less-frequent, and violence-frequent. The measure has been used extensively in batterer research and has reliability information ranging from .90 to .86.

Severity of Violence

The severity of violence was assessed by asking two questions about the perpetrators current or most recent dating or intimate partner. It asks: "During the past year, or the last year you were with your partner, please answer the following questions: How many times did you physically injure your partner (and by physically injure I mean: knock down, bruise, scratch, cut, choke, broken bones, blacken the eye) ?In how many of these fights did your partner go to a medical doctor or nurse, a clinic or a hospital for medical treatment?" (Johnson, 1999).

Psychological Abuse

Psychological Abuse was measured with the Subtle-Overt psychological abuse Scale created by Linda Marshall (1999). Out of the original 65 items, this study utilized only 35 items to increase the reliability of the measure (Marshall, 2008 personal communication). The measure asks, for example: "How often do you… play games with your partner's head, Act like you know what your partner did when you weren't around"

answered on a scale from "never" to "almost daily" (0 to 9 respectively). It is believed

that the measure captures both obvious and subtle forms of abuse that undermine a

woman's sense of self (Marshall, 1994). The measure does not classify abuse as overt or

subtle, rather the measure has one general factor, psychological abuse (Jones, Davidson,

Bogat, Levendosky, and von Eye, 2005). The same concept was tested in this sample and

found to also be true. The sum of scores of each item is hypothesized to measure the

presence of psychological abuse.

Marlowe and Crowne Social Desirability Scale (MCSD)

A social desirability scale was used to assess frequency and degree of

underreporting in the population. The MCSD is a 33-item True/False measure, looking at

the presence of positive presentations to others. It has been shown that men who know

they are being measured on aggression directly become defensive and underreport the

actual occurrences of violence/aggression. The MCSD identifies those who are

purposefully trying to present themselves positively instead of honestly and assists in the

interpretation of data. The test-retest reliability is .89 (Dutton et al., 1997).

Design

The research is a descriptive field study. Participants were given paper and pencil measures when they began the treatment program. By giving the measures at the beginning, the researcher guarded against reductions in narcissism if the treatment program utilizes empathy training. The measure consisted of 190 questions, took approximately 30-45 minutes to complete, and should have no effect on BIP treatment.

Procedure

BIP group leaders administered the surveys. The group leaders were given a script to read aloud to the participants, containing explicit instructions. Each participant was given a copy of the informed consent. Responses were immediately sealed in an envelope and given to the researcher the same day.

CHAPTER IV

RESULTS

Data Cleaning and Imputation

The sample was checked for missing data, multicollinearity, outliers, and

nonormality. SEM is particularly susceptible to the problem of missing data, therefore, it

was vital to check and correct for problematic cases. Participants were excluded from the

sample if they had greater than 50% of the responses missing from any subscale or 80%

of the responses missing from a single measure. These practices resulted in the removal

of 10 participants. Subjects missing less than 50% of data from a subscale or less than

80% of data from a scale had the missing data corrected with imputation from averages

for continuous measures and by linear trends for categorical measures.

Data which may be statistical outliers in small samples may not be outliers in

larger samples. Therefore, while data might occur with enough frequency that it may not

significantly deviate from a larger sample, in smaller samples like that used in the current

research, it makes more sense to exclude outliers. An analysis of outliers here showed

that two cases significantly deviated on multiple variables and were therefore excluded

from the analysis (N=102). A mathematical correction was not advisable in these two

cases because of the small sample size. Following the removal of outliers, the assumption

of normality was met and no additional mathematical corrections were necessary.

Analysis Of Variance (ANOVA) was conducted to determine if group differences

existed on the various indicator variables. It is important to note that when broken into

categories, the results become less representative and tenuous because of the increasingly

smaller sample size. ANOVA were tested for homogeneity of variance with $p \leq .05$ as the

cutoff, and a number of the groups were found to lack homoscedacity. Brown-Forsythe analysis was conducted to re-analyze departures of group means due to heteroscedacity with Tamhene's T2 post-hoc. Five categories were removed from the analyses for both ethnicity and income by the dependent variable "In how many of these fights did your partner go to a medical doctor or nurse, a clinic or a hospital for medical treatment?" because they had variances equaling 0. The resulting analyses following corrections indicated no significant variances. No statistically significant variance was indicated when covert narcissism and ethnicity were analyzed.

No statistically significant differences existed between groups on any of the variables other than overt narcissism. (See Table 2). Overt narcissism differed when ethnicity and marital status were taken into account. For racial/ethnic differences, the primary groups to differ were Other Latin Americans and Caucasians, $F(7, 101) = 2.412$, $p=.026$, $\eta^2=.154$ (see Table 2). Other Latin American participants scored higher on the measure of Overt Narcissism than did their Caucasian counterparts (95% CI=8.211, $p=.090$). Marital status and overt narcissism were found in this sample to distinguish groups from one another, $F(4, 101) =3.507$, $p=.010$, $\eta^2=.128$. The unique variations were found between single and divorced men (95% CI=5.00, $p=.060$) and Divorced Men and the "Other" category (95% CI=7.666, $p=.035$). Despite the overall differences, the analysis lacks sufficient generalizability. As such, the resulting group differences are most useful for describing this unique data set.

Table 2
Analysis of Variance: Overt Narcissism, Ethnicity, Marital Status

	95 % Confidence Intervals		df	F	η²	p	Mean Difference	Std. Error
	Lower Bound	Upper Bound						
Overt Narcissism * Ethnicity	14.631	17.895	7	2.412	.154	.026		
Other Latin American * Caucasian	-.655	17.078				.090	8.211	2.85
Overt Narcissism * Marital Status	13.017	15.620	4	3.507	.128	.010		
Single * Divorced	-.1385	10.138				.060	5.000	1.484
Other * Divorce	.343	14.990				.035	7.666	2.634

Reliability of Instruments in the Present Sample

Cronbach's alpha estimates were computed to measure reliability in the present sample. (See Table 3). All scales showed moderate to high reliability for the present sample.

Table 3
Reliability Analyses for Indicator Variables (Cronbach's Alpha) (N=102)

Measure	Coefficient Alpha	N of Items
Overt Narcissism	.739	40
Conflict Tactics	.870	18
Controlling Behavior	.853	24
Psychological Abuse	.965	35
Covert Narcissism	.732	10
Social Desirability	.773	33

Means, Standard Deviations, Intercorrelations, Kurtosis, and Skew were computed for all of the variables in the analysis. (See Table 4). Skewness indices with values greater than 3 are considered extreme, (Chou and Bentler, 1995), and a Kurtosis index over 10 is a problem, while a Kurtosis index greater than 20 is indicative of

extreme case lumping (Kline, 1998). Multicollinearity suggests that the data are very

similar or redundant, and if there is redundancy ($r \geq .85$ at $\alpha=.05$) one of the measures

should be dropped from the model (Kline, 1998). The data from the current sample were

checked for multicolinearity, kurtosis, and skew, and were found to be within reasonable

limits. (See Table 4).

Table 4
Means, Standard Deviations, Intercorrelation, Skewness, and Kurtosis

	M	SD	Skew	Kurtosis	1	2	3	4	5	6	7
1. Overt Narcissism	14.23	5.21	.123	.119	-	.071	.209*	.169	.095	-.067	-.001
2. Conflict Tactics	32.11	4.27	1.165	3.239		-	.257**	.348**	.063	-.195*	.496**
3. Controlling Behaviors	15.22	11.63	1.354	2.248			-	.728**	.001	-.257**	.273**
4. Psychological abuse	38.14	42.53	2.030	5.111				-	.033	-.340**	.340**
5. Covert Narcissism	24.25	7.33	.404	.328					-	-.283**	.073
6. Social Desirability	18.46	5.38	-.229	-.221						-	-.063
7. Physically Injure Partner											-

* Correlation is significant at the 0.05 level (1-tailed).
** Correlation is significant at the 0.01 level (1-tailed)

The strongest bivariate correlation in the analysis was on Controlling Behaviors Scale and Psychological Abuse Scale (r=.728, p <.01), with the next strongest intercorrelation between Psychological Abuse Scale and Conflict Tactics Scale (r=.348, p < .01). The correlations were not as large as the suggested cut point and did not warrant removal from the proposed analyses; however, the strength of correlation, especially controlling behaviors and psychological abuse, and probability of infrequency of the result should be noted as a potential problem in the analysis.

Structural equation modeling (SEM) was used to test the hypothesized causal paths from theory to the sample collected. SEM is a "collection of statistical techniques" which allows a researcher to schematically evaluate causal connections and relationships between the measured and latent independent or dependent variables (Ullman, pg. 35, 2006). Violations of normality are problematic for SEM analyses and should be corrected when indicated (Chen, 2001). Maximum Likelihood Confirmatory Factory Analysis was used, followed by model-trimming Exploratory Factor Analysis.

Confirmatory Factor Analysis

A SEM model is a schematic of the hypothesized relationships. The initial model used in the analysis was created to fit to the data, focusing on:

- The relationships between the measured variables (violence, controlling behaviors, and psychological abuse) to the latent constructs of Common Couple Violence and Patriarchal Terrorism. The goal was to determine whether the two constructs were distinguishable (hypothesis A);

- The mediating effects of the constructs Covert and Overt Narcissism on the latent constructs Common Couple Violence and Patriarchal Terrorism. The goal was to determine whether controlling behaviors, violent conflict with partner, and psychological abuse are mediated by two types of narcissistic presentation (hypothesis B); and

- The mediating effects of the construct of Covert Narcissism on the latent constructs of Common Couple Violence and the mediating effects of the construction of Overt Narcissism on the latent construct of Patriarchal Terrorism. The goal was to determine if the narcissism improved the ability to differentiate between Patriarchal Terrorism and Common Couple Violence (Hypotheses C and D).

Figure 1 is the schematic representation of the proposed effects of the exogenous and endogenous variables in the study.
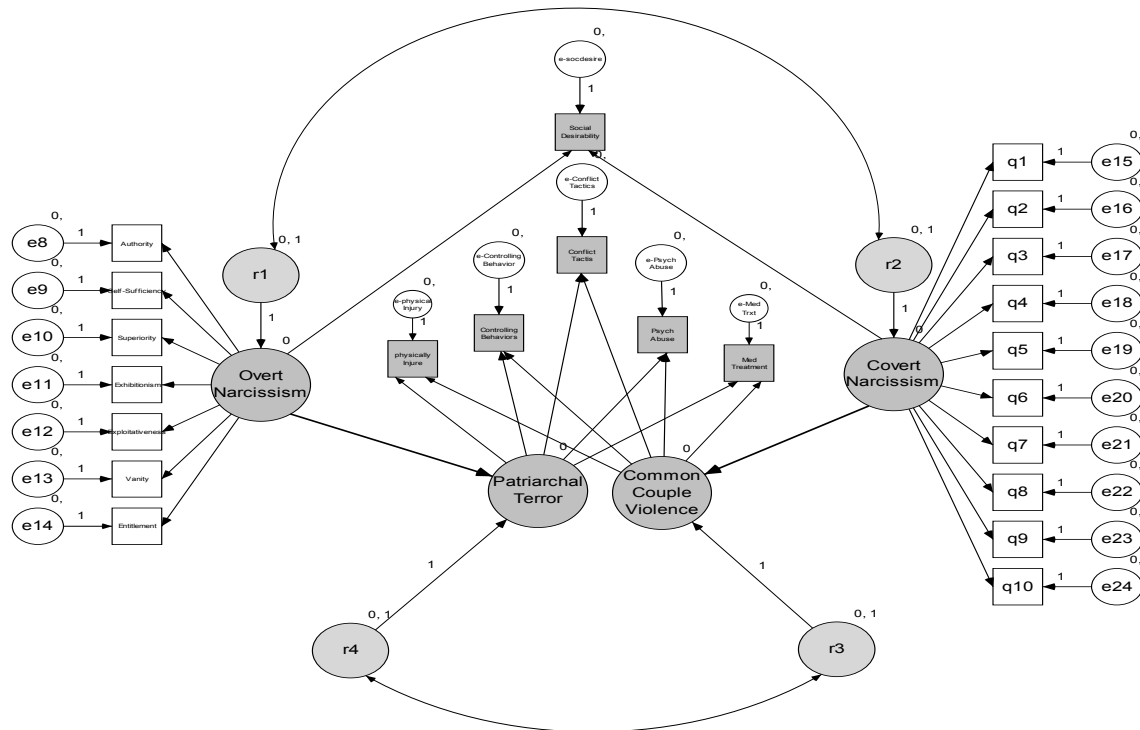
Figure 1. Hypothesized Model of Partner Violence, Conflict, Controlling Behaviors, Psychological Abuse, Covert, and Overt Narcissism.

The initial model fit the data moderately well, χ^2 (220, N=102) = 303.243, p=.00015. (see Table 5). The Chi square statistic in Structural Equation Modeling compares the hypothesized model to a theoretically perfect model and a theoretically imperfect model (Ullman, 2006). However, additional fit indices were needed to evaluate the model fit. "Fit indices" are estimations of how the hypothesized model matches to the theoretically perfect or imperfect models. It does not equate to "importance" nor indicate the strength of the relationships. Additional fit indices to the Chi square fit are the Comparative Fit Index (CFI) and Root Mean Square Error of Approximation (RMSEA), which are generally used with maximum likelihood estimations, such as in the current research, to evaluate the hypothesized model (Ullman, 2006). The CFI is a "goodness of fit" measure, or how closely correlated the hypothesized model is to the theoretically

perfect model for the data at hand. The RMSEA is a "badness of fit measure." A model that correlates strongly with the absolutely imperfect theoretical model will result in a higher RMSEA (Kenney and Judd, 1984, Kline, 1998, Ullman, 2006). Generally, good indicators of model fit are a CFI $\geq$ .95 and an RMSEA $\leq$ .05. In the current research, the CFI (.801) and RMSEA (.061) of the initial model suggested that the fit to the data was moderate. (See Table 5). The results further suggest a need for re-specification of the model.

Because the primary fit indices (CFI and RMSEA) did not fully support the hypothesized model, Incremental Fit Index (IFI), Tucker Lewis Index (TLI), and Hoelter's N (HoeltN) indices were used to create a detailed picture of the model fit. IFI and TLI are also "goodness of fit" indices, with scores closer to 1 preferable. IFI and TLI are less affected by sample size, which was important to the current research (n=102). TLI cutoff scores should range from .80 - .95 at least with an IFI cut score of .90 and above to have good fit. The TLI and IFI for the current research were not within the suggested ranges (.749 and .824), respectively.

Hoelter's N is a measure of power of the model at p=.05 and p=.01 statistical significance levels, and scores at either significance level below 75 indicate a lack of sufficient power to interpret the results in the model. Increasingly larger scores are more desirable. The model had HoeltN scores of 86 and 91. Figures 2 and Table 5 below contain the structure coefficients, or standardized estimates for the hypothesized model.

Importantly, results show that Overt Narcissism resulted in a statistically significant estimation of influence on the construct patriarchal terrorism (R^2 = .286, p=.036) while Covert Narcissism did not affect Common Couple Violence (R^2 = .097,

p=.403) at a rate greater than chance. Common Couple Violence was correlated with Physical injury to partner ($R^2 = .993$, p=.001), Medical treatment for the partner ($R^2 = .307$, p=.026), and a greater number conflict tactics used ($R^2 = .511$, p=.015). The construct Patriarchal Terrorism related to psychological abuse ($R^2 = .759$, p=.002) and controlling behaviors ($R^2 = .742$, p<.0001). People who scored highly on Covert Narcissism were also likely to respond in socially desirable ways ($R^2 = -.321$, p=.003). Because a number of items did not result in statistically significant results, re-specification through model trimming was undertaking to identify alternative model paths that might yield better model fit comparisons and allow for greater confidence in model results.
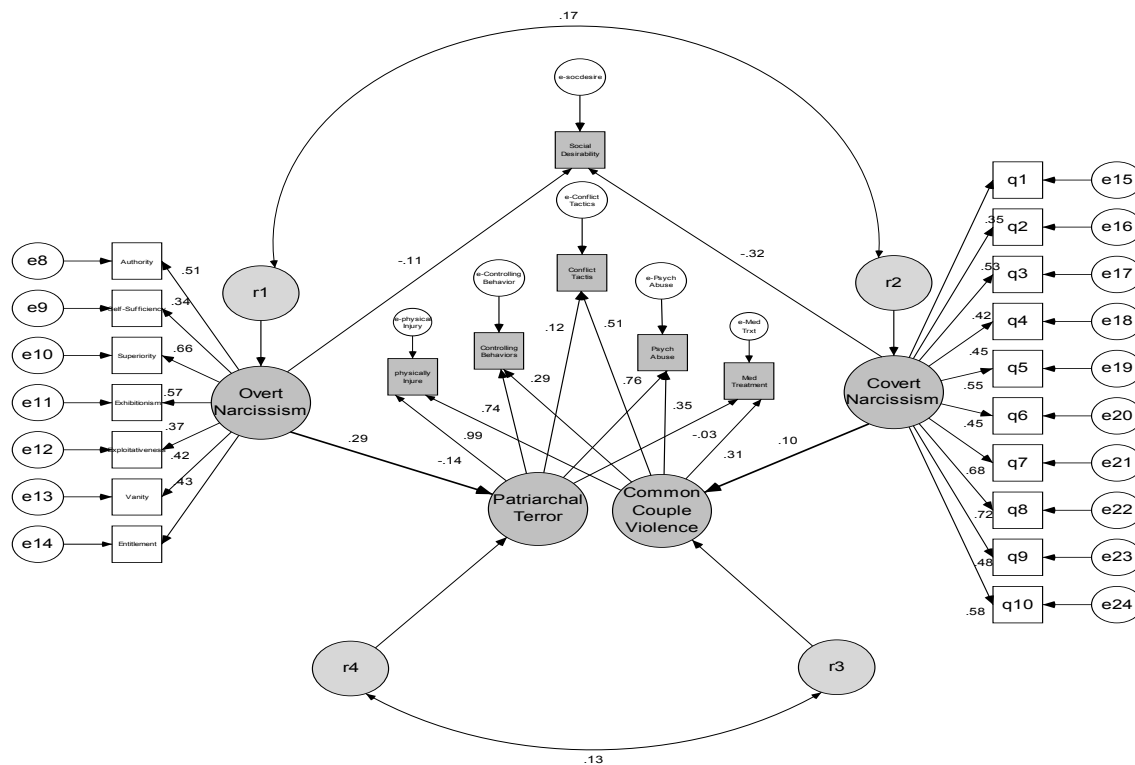
Figure 2. Path Coefficients Of The Structural Model Of The Hypothetical Relationships Of Partner Violence, Conflict, Controlling Behaviors, Psychological Abuse, Covert, And Overt Narcissism ($\chi^2 = 303.243$, *df* = 220, p=.00015, CFI = .801, and RMSEA = .061)

Table 5
Fit indices, Un-standardized and Standardized Structure coefficients with statistical significance for the CFA model

	χ^2	df	CFI	IFI	TLI	RMSEA	HoeltN				
Sample	303.243	220	.801	.824	.749	.061	.05	.01			
							86	91	Estimat	p =	R²
Patriarchal_Terror ← Overt_Narcissism									.299	.036	.286
Common_Couple_Violence ← Covert_Narcissism									.097	.403	.097
Physically Injure Partner ← Common_Couple_Violence									.969	.001	.993
Med Trxt for Injuries ← Patriarchal_Terror									-.007	.887	-.027
Med Trxt for Injuries ← Common Couple Violence									.082	.026	.307
Physically Injure Partner ← Patriarchal_Terror									-.129	.748	-.138
Conflict Tactics ← Common_Couple_Violence									9.195	.015	.511
Conflict Tactics ← Patriarchal_Terror									2.051	.662	.118
Psychological Abuse ← Common_Couple_Violence									14.890	.713	.353
Psychological Abuse ← Patriarchal_Terror									30.774	.002	.759
Controlling Behaviors ← Patriarchal_Terror									8.232	***	.742
Controlling Behaviors ← Common_Couple_Violence									3.290	.761	.285
Social Desirability ← Overt_Narcissism									-.600	.330	-.112
Social Desirability ← Covert_Narcissism									-1.718	.003	-.321

***p < .001

Model Re-specification

Model-Trimming within SEM is the subtraction of paths until one or more of the fit indices dictate that model re-specification has reached the point of diminishing returns. The goal is to create a model that comes as close to the "perfect" model as can be created with a given data set. When the model closely matches the "perfect" or saturated model, then the resulting regression weights estimates are as accurate as possible for that data set.

Akaike Information Criterion (AIC), IFI, TLI, and HoeltN were used to evaluate the fit of the default model to the independent and saturated models. The AIC takes complexity of model into account, but is also used to evaluate models to models. The score is relative with a smaller result indicating a more parsimonious model. AIC was used to evaluate the newer model to see if it was nearer to the independent model, and

with each path removal, AIC continued to shrink. χ^2, CFI, RMSEA, IFI and TLI were also used to determine fit.

Critical Ratios (CR) and the un-standardized regression weight statistical significance were used to determine which paths should be removed from the analysis. CR's allow the researcher to remain free from choosing the removal of paths that confirmed hypotheses. The paths, and the order in which they were removed in the current research. are: Patriarchal Terrorism→ Medical Attention needed from injury; Common Couple Violence → Controlling Behaviors; Overt Narcissism → Social Desirability; Patriarchal Terrorism → Medical Attention needed from injury; and Patriarchal Terrorism → Conflict Tactics Total. Ultimately, model trimming was stopped because additional path removal would have lessened theoretical congruence. Figure 3 contains the re-specified model and shows the path coefficients of the changed model. The fit indices improved, χ^2 (226, N=104) = 306.5, p=.030, CFI = .807, and RMSEA = .0593), but were still outside the range of accepted model fit. (See Table 6). Nevertheless, these date remain important and reportable.

Table 6

Fit Indices, Un-Standardized and Standardized Structure Coefficients with Statistical Significance for the Model Re-Specification

|	χ^2	*df*	CFI	IFI	TLI	RMSEA	HoeltN				
							.05	.01			
Sample	306.5	226	.807	.827	.764	.0593	87	92	Estimate	p =	R²
Patriarchal_Terror	←					Overt_Narcissism			.237	.055	.231
Common_Couple_Violence	←					Covert_Narcissism			.092	.450	.092
Physically Injure Partner	←					Common_Couple_Violence			.773	***	.793
Med Trxt for Injuries	←					Common_Couple_Violence			.089	.003	.332
Conflict Tactics	←					Common_Couple_Violence			11.388	***	.633
Psychological Abuse	←					Patriarchal_Terror			37.1609	***	.902
Controlling Behaviors	←					Patriarchal_Terror			9.092	***	.807
Social Desirability	←					Covert_Narcissism			-1.826	.001	-.341

***p < .001
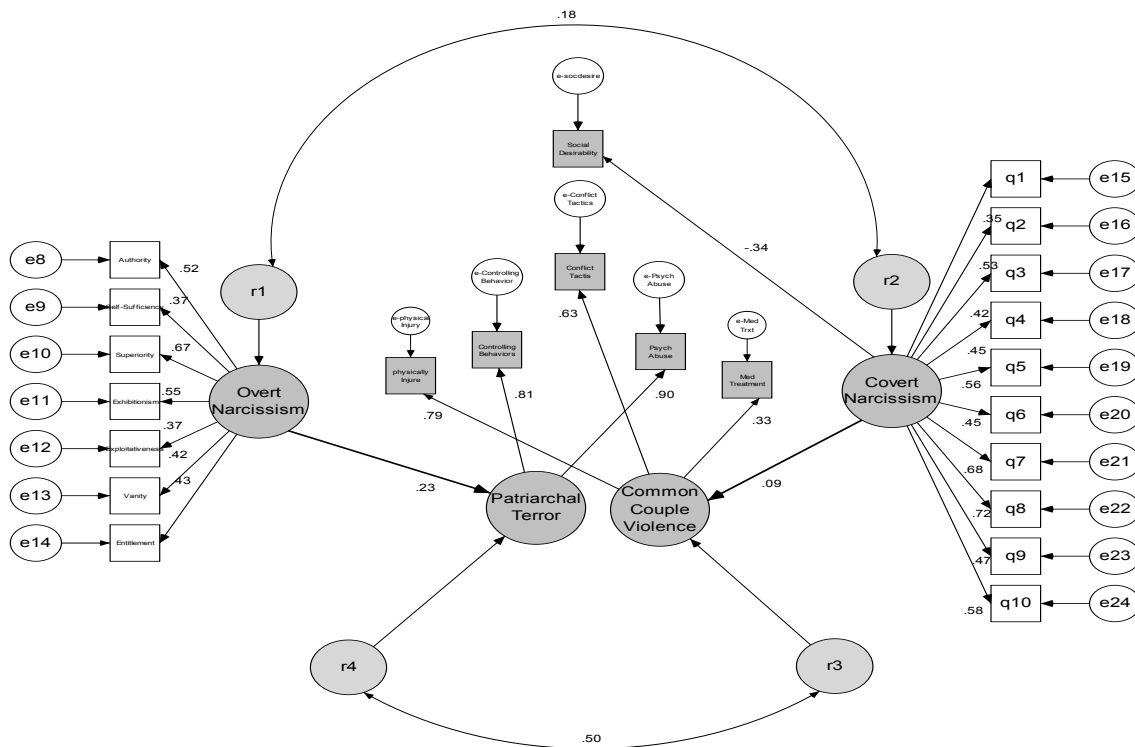
Figure 3. The Trimmed Model of Conflict Tactics, Physical Injury to Spouse, Controlling Behavior, Psychological Abuse, and Medical Treatment. (χ^2 = 306.5, *df* = 226, p=.024., CFI = .887, and RMSEA = .0593.)

Model Interpretation

Previous research created classifications of Common Couple Violence and Patriarchal Terrorism through the combination of arbitrary cut points for controlling behaviors, physical violence, and psychological abuse. The problem with cut points is that they may not be empirically supported and provide an unnatural dichotomy in the data. The current research hypothesized that narcissism is a mediating construct to measure the distinctions between Common Couple Violence and Patriarchal Terrorism without creating *a priori* distinctions. Thereby, the data are relied upon to determine the classifications of IPV.

The model used in the current research yielded information on controlling behaviors, violent conflicts with partner, and psychological abuse. These types of information were used to create distinctions between Common Couple Violence and Patriarchal Terrorism. The results indicate that Common Couple Violence is distinguishable from Patriarchal Terrorism by the number of times the participant physically injured the partner over the past year ($R^2 = .793$, $p < .0001$), the total number of conflict tactics used ($R^2 = .663$, $p<=.0001$), and whether their partner needed medical attention following physical injury ($R^2 = .332$, $p=.003$). Patriarchal Terrorism is distinguished from Common Couple Violence by Psychological Abuse ($R^2 = .902$, $p <.0001$) and Controlling Behaviors ($R^2 = .807$, $p < .0001$). It appeared that physical violence also required medical attention ($R^2 = .300$, $p=.002$), indicating that injury was likely when physical violence was used. The residual error terms for Common Couple Violence and Patriarchal Terrorism co-varied ($R^2 = .497$, $p <.0001$), marking construct overlap of Common Couple Violence and Patriarchal Terrorism.

The model yielded information for this sample on the mediating effects of Narcissism on Common Couple Violence and Patriarchal Terrorism. Narcissism contributes to variations between Common Couple Violence and Patriarchal Terrorism, but lacks statistical significance to fully explain the phenomenon. The re-specification of the model resulted in less statistical significance for Overt Narcissism effect on Patriarchal Terrorism. Overt Narcissism had a positive mediating effect on Patriarchal Terrorism ($R^2 = .231$) and was not very likely to occur by chance (p=.056), but was still outside of acceptable range of probability. The limits for a 95% confidence interval for Overt Narcissism on Patriarchal Terrorism had a lower limit of -.214 and an upper limit of .272. Greater than seventy percent of the affect on Patriarchal Terrorism unaccounted for.

The mediating effect of Covert Narcissism on Common Couple Violence was likely to occur more frequently than chance (p=.450) and with some positive mediating effect ($R^2 = .092$). The 95% confidence intervals for Covert Narcissism on Common Couple Violence was lower limit = -.226 and the upper limit = .248. Ninety percent of the affect on Common Couple Violent is not attributable to Covert Narcissism. Participants who were classified as Common Couple Violent answered in socially approving ways, meaning that they were likely to misrepresent themselves in order to look favorable (R^2 =-.341, p=.001). This may account for the lack of statistical significance and weak predictability of Covert Narcissism on Common Couple Violence.

Summary with Hypotheses

A) Intimate Partner Violence can be classified into Common Couple Violence and Patriarchal Terrorism based on controlling behaviors, violent conflicts with partner,

and psychological abuse. Intimate Partner Violence can be classified into Common Couple Violence and Patriarchal Terrorism based on controlling behaviors, violent conflict with partner, and psychological abuse, and the effect of Narcissism as a mediating variable was required. The distinguishing behaviors, however, did not follow the theoretically suggested path. Those classified as Common Couple Violent were more likely to physically injure their partner through physical violence that required medical attention. Participants classified as Patriarchal Terrorists were more likely to engage in psychological abuse and controlling behaviors.

B) Controlling behaviors, violent conflict with partner, and psychological abuse are mediated by two types of narcissistic presentation.

      iii. Overt Narcissism

      iv. Covert Narcissism

C) Covert Narcissism increases Common Couple Violence.

D) Overt Narcissism increases Patriarchal Terror.

Narcissism was helpful in mediating the behaviors associated with intimate partner violence, with a suggested increase in behavior given the addition of narcissism. The overall mediating influence of Overt Narcissism on Patriarchal Terrorism was adequate but could be due to chance. The resulting mediating influence of Covert Narcissism on Common Couple Violence was slight and very likely due to chance.

CHAPTER V

SUMMARY

Main Findings, Limitations and Future Directions

    Main Findings

Current literature in this area suggests that Intimate Partner Violence is classifiable into two forms, "some families suffer from occasional outbursts of violence (i.e. Common Couple Violence), while others are "terrorized" by systemic male violence and controlling behaviors (i.e. Patriarchal Terrorism) (Johnson, 1995, p. 283). The current study focused on verifying the existence of these two IPV classifications through the addition of narcissism as the mediator of dysfunctional interactions. Results of the current research show that Intimate Partner Violence can be classified by controlling behaviors, psychological abuse, and violence due to narcissism in the initial model, but the two constructs co-varied when the model was altered for increased accuracy. If the constructs were truly distinct entities in this data set, there should have been no co-variability between them.

Nevertheless, the results do support assertions in the literature to-date that Common Couple Violence and Patriarchal Terrorism are distinguishable by controlling behaviors, psychological abuse, and violence. However, the current results suggest an opposite account of the relationships than previous research (Johnson, 1995, Graham-Kevan and Archer, 2005).

For example, the current study found that Common Couple Violence, not Patriarchal Terrorism, was marked by violent behaviors which resulted in hospitalizations and an increased use of conflict tactics in the relationship. In contrast, previous studies

concluded that Common Couple Violence was to be marked by limited physical violence, not resulting in hospitalizations. While the current study confirmed previous conclusions that Patriarchal Terrorism behaviors aimed to control another individual through the use of psychological abuse, the current research result deviate from the previous literature by suggesting that violent behaviors were not enacted in Patriarchal Terrorism. Previous research suggested that people who were classified as patriarchal terrorists were likely to attack their partner more frequently and the aggression was likely to be consistent with the use of controlling behaviors (Johnson & Leone, 2005). That was not found to be the case in this sample.

While previous research suggested that psychopathology (antisocial PD or borderline PD) was the likely reason for violence in a relationship, that research did not provide a context for perpetrators' needs to aggress or control another. Narcissism, while still a diagnosable personality disorder, provides a broader rationale for a perpetrator's need to control. Although it is true that narcissism is present in everyone to some degree, the idea is to understand the self in relationships with others. To that end, the current research evaluated the strength and mediating effect that Narcissism had on the classifications of Intimate Partner Violence.

The current study shows that while narcissism has no mediating effect on Common Couple Violence *per se*, narcissism does have a moderate mediating effect on Patriarchal Terrorism. The two forms of Narcissism, Overt and Covert Narcissism, co-varied very little, indicating that the residual error did not change in any systematic way with the other.[1] Overt Narcissism had a positive mediating effect on Patriarchal Terrorism while Covert Narcissism had no distinguishable effect on Common Couple

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[1] The constructs are considered dissimilar if the error does not co-vary.

Violence. Men who scored higher on Covert Narcissism were also likely to present as socially desirable, thus reducing the accuracy of their reporting.

Limitations

This study had several limitations. First, there was covariance of error for Common Couple Violence and Patriarchal Terrorism, which may have resulted from imprecise measures in the study, or participants answering for social desirability. Increased error covariance indicates that the information that was unaccounted for by one construct (Common Couple Violence) changed systematically with the unaccounted for information from the other construct (Patriarchal Terrorism), indicating that although the information resulting from the model was useful in describing the idiographic nature of the data set, there was error that was unaccounted for and similar across the data set.

Second, the model supported the assertion that Overt Narcissism was a factor in the classification of Patriarchal Terrorism through controlling behaviors and psychological abuse. However, controlling behaviors and psychological abuse were strongly correlated in the original assessment of multicolinearity; they were not correlated more than was suggested by the cut point, but did possess a generous relationship. Psychological Abuse and Controlling Behaviors were components of Common Couple Violence and added a small amount of new information. Greater differentiation between psychological abuse and controlling behaviors may lead to clarity on how psychological abuse is utilized in Patriarchal Terrorism.

Third, social desirability also created the lack of clarity concerning the mediating effect of Covert Narcissism on Common Couple Violence. Intelligent participants (who may also have been overtly narcissistic) who wanted their progress in a 52 week BIP to

continue unmolested may have seen the transparency of the face valid and obvious Overt Narcissism questions and endorsed the measure with less obvious and more socially acceptable responses (Covert Narcissism). Thereby, creating tremendous variability in Covert Narcissism with residual error similar to people who endorsed Overt Narcissistic items and were not motivated by the evaluations of others. This was seen in the data but may be accounted for by other reasons. It is interesting to note that Common Couple Violence was characterized by violent behaviors while Overt Narcissism was not. It would have been fascinating to see if violence would have been included in Patriarchal Terrorism if social desirability could have been limited by methodology or factors attributable to the participants.

Fourth, gathering a larger sample of participants might have mitigated against possible anomalies particular to this sample, like social desirability. Also, an ANOVA of high and low scores on conflict tactics, controlling behaviors, violence, and psychological abuse by the measures of narcissism would have created a comparable data form to the previous studies. Splitting the participants into smaller groups in this sample would have greatly reduced the power of the study.

The location of the BIP, from which the participants were selected, was 30-45 minutes from the U.S. and Mexico border in a "borderland area", and the majority of the participants were of Hispanic, Latino, Spanish, and/or Native American descent. The study lacked a measure of acculturation that would have been tremendously useful in determining how acculturative stress contributed to rates of Intimate Partner Violence. Measuring Machismo with Narcissism would have been interesting in this study so that the Eurocentric ideas of narcissism could be expanded. The Eurocentric view of

Narcissism is often negative and cultural variation would not overpathologize groups of people. The Latino concept of machismo is often, "for the benefit of the family" (Silva, personal communication 2008), definitely not a pathological context. However, the affect of the acculturation process on Machismo may be affected by those in the acculturated (modeling) peer group. It is probable that the understanding of social desirability and the applicability of Narcissism to this sample would change if acculturation were taken into account.

Future Directions

Important components of the current research do suggest a distinction in perpetrators of IPV that could be useful for tailoring interventions geared toward people who engage in Common Couple Violence and separately geared toward those who engage in Patriarchal Terrorism. The current model of treatment in BIP's is educational. As a result, education on alternative methods of talking with one's partner about one's needs is vital for Patriarchal Terrorists. A behaviorally structured Interpersonal Process group, like Acceptance and Commitment Therapy, is a suggested intervention so that the perpetrator can experience from and give feedback to similar peers. Social desirability was found to affect the results of the study, and likely would have a large impact on the participant's willingness to talk candidly about their behaviors. Understanding the context (i.e. the need for control, increased self-worth, and power) will help the practitioner limit counter-transference and understand the function of the client's chosen behaviors. The practitioner is free to empathize with the perpetrator, join with them, and create a collaborative alliance to choose alternative behaviors.

Anger Management, which is often the title of court mandated BIP's, would be of benefit for perpetrators of Common Couple Violence. As was suggested in this research, perpetrators of CCV were more likely to engage in violent behaviors resulting in hospitalizations. Interventions geared toward reducing overt narcissism will help reduce controlling behaviors and psychological abuse.

A fascinating approach for further research would be to conduct a longitudinal study on the progression of abusive behaviors through the classification of Common Couple Violence to Patriarchal Terrorism, or vice versa. It is probable that IPV has a more dynamic quality and classification structure than the simple and stagnant Common Couple Violence or Patriarchal Terror. Determining the progression of IPV over time or throughout critical incidents in a relationship, would be beneficial in creating interventions for perpetrators utilizing the temporal context and predictions of what may happen if behaviors do not change. The longitudinal study may also inform the adjudication of perpetrators. The legal system may make more stringent requirements for rehabilitation than those which exist currently in order to decrease victimization.

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APPENDIX A

Demographic Questionnaire

Instructions: Please fill in the blanks provided if it applies to you.

Age: _____
Gender: _____
Ethnicity:
      Asian _____
          (Please specify family's country of origin) _____
Hispanic
          Mexican American   _____
          Other Latin American _____
(Please specify family's country of origin) _____
Black/ African American   _____
      Native American   _____
      Pacific Islander   _____
White/Caucasian   _____

What is your cultural heritage? _____

Do you identify with that culture?
None…..somewhat…..a great deal
How long have you lived in the United States? _____

Monthly Income: _____
Occupation/Job: _____

How many years of formal education have you completed? _____

Are you currently in a relationship? _____ (yes/no)
      How long have you been in that relationship? _____
      How many relationships are you currently in? _____

How many intimate/dating partners have you had in the past 12 months?
_____

Marital Status:
      Single   _____
      Married/Common Law _____
      Divorced   _____
      Separated   _____
      Other   _____
What is your reason for being in this program?
      Voluntary   _____   Court mandated _____   Other   _____

Hypersensitive Narcissism Scale

Instructions: On a scale of one to five please indicate which level best describes you with **1** representing "Very uncharacteristic of me", **3** representing "Neutral", and **5** "Very characteristic of me". Please circle your answer choice.

A. I can become entirely absorbed in thinking about my personal affairs, my health, my cares or my relations to others.　　1　2　3　4　5

B. My feelings are easily hurt by ridicule or by the slighting remarks of others.　　1　2　3　4　5

C. When I enter a room, I often become self-conscious and feel that the eyes of others are upon me.　　1　2　3　4　5

D. I dislike sharing the credit of an achievement with others.　　1　2　3　4　5

E. I dislike being with a group unless I know that I am appreciated by at least one of those present.　　1　2　3　4　5

F. I feel that I am temperamentally different from most people.　　1　2　3　4　5

G. I often interpret the remarks of others in a personal way.　　1　2　3　4　5

H. I easily become wrapped up in my own interests and forget the existence of others.　　1　2　3　4　5

I. I feel that I have enough on my hands without worrying about other people's troubles.　　1　2　3　4　5

J. I am secretly "put out" when other people come to me with their troubles, asking me for my time and sympathy.

Narcissistic Personality Inventory

Instructions: In each of the following pairs of attitudes, choose the one that you **MOST AGREE** with. Mark you answers by writing **EITHER A or B** in the space provided. Only mark **ONE ANSWER** for each attitude pair, and please **DO NOT** skip any items.

_____11. **A**   I have a natural talent for influencing people.
           B   I am not good at influencing people.

_____12. **A**   Modesty doesn't become me.
           B   I am essentially a modest person.

_____13. **A**   I would do almost anything on a dare.
           B   I tend to be fairly cautious person.

_____14. **A**   When people compliment me I sometimes get embarrassed.
           B   I know that I am good because everybody keeps telling me so.

_____15. **A**   The thought of ruling the world frightens the hell out of me.
           B   If I ruled the world, it would be a better place.

_____16. **A**   I usually talk my way out of anything.
           B   I try to accept the consequences of my behavior.

_____17. **A**   I prefer to blend in with the crowd.
           B   I like to be the center of attention.

_____18. **A**   I will be a success.
           B   I am not too concerned about success.

_____19. **A**   I am no better or worse than most people.
           B   I think I am a special person.

_____20. **A**   I am not sure if I would make a good leader.
           B   I see myself as a good leader.

_____21. **A**   I am assertive.
           B   I wish I were more assertive.

_____22. **A**   I like having authority over other people.
           B   I don't mind following orders.

_____23. **A**   I find it easy to manipulate other people.
           B   I don't like it when I find myself manipulating other people.

	24.	**A**	I insist upon getting the respect that is due me.
		B	I usually get the respect that I deserve.
	25.	**A**	I don't particularly like to show off my body.
		B	I like to show off my body.
	26.	**A**	I can read people like a book.
		B	People are sometimes hard to understand.
	27.	**A**	If I feel competent, I am willing to take responsibility for making decisions.
		B	I like to take responsibility for making decisions.
	28.	**A**	I just want to be reasonably happy.
		B	I want to amount to something in the eyes of the world.
	29.	**A**	My body is nothing special.
		B	I like to look at my body.
	30.	**A**	I try not to be a show off.
		B	I will usually show off if I get the chance.
	31.	**A**	I always know what I am doing.
		B	Sometimes I am not sure of what I am doing.
	32.	**A**	I sometimes depend on people to get things done.
		B	I rarely depend on other people to get things done.
	33.	**A**	Sometimes I tell good stories.
		B	Everybody likes to hear my stories.
	34.	**A**	I expect a great deal from other people.
		B	I like to do things for other people.
	35.	**A**	I will never be satisfied until I get all that I deserve.
		B	I take my satisfactions as they come.
	36.	**A**	Compliments embarrass me.
		B	I like to be complimented.
	37.	**A**	I have a strong will to power.
		B	Power for its own sake doesn't interest me.
	38.	**A**	I don't care about new fads and fashions.
		B	I like to start new fads and fashions.

_____39. **A** I like to look at myself in the mirror.
        B I am not particularly interested in looking at myself in the mirror.

_____40. **A** I really like to be the center of attention.
        B It makes me feel uncomfortable to be the center of attention.

_____41. **A** I can live my life in anyway that I want to.
        B People can't always live their lives in terms of what they want.

_____42. **A** Being an authority figure doesn't mean that much to me.
        B People always seem to recognize my authority.

_____43. **A** I would prefer to be a leader.
        B It makes little difference to me whether I am a leader or not.

_____44. **A** I am going to be a great person.
        B I hope I am going to be successful.

_____45. **A** People sometimes believe what I tell them.
        B I can make anybody believe anything I want them to.

_____46. **A** I am a born leader.
        B Leadership is a quality that takes a long time to develop.

_____47. **A** I wish someone would someday write my biography.
        B I don't like people to pry into my life for any reason.

_____48. **A** I get upset when people don't notice how I look when I go
        B out in public.
           I don't mind blending into the crowd when I go out in public.

_____49. **A**
        B I am more capable than other people.
           There is a lot that I can learn from other people.

_____50. **A**
        B I am much like everybody else.
           I am an extraordinary person.

Conflict Tactics Scale

Instructions: Here is a list of things you and your current/most recent spouse/partner might have done when you had a conflict. Taking all disagreements into account, not just the most serious ones, indicate how frequently (0 = never and 4= always) you did the following during the conflict. Please circle your answer choice.

51. Discuss the issue calmly	0 1 2 3 4
52. Got information to back up your side of the story	0 1 2 3 4
53. Brought in or tried to bring in someone to help settle things.	0 1 2 3 4
54. Insulted or swore at the other one.	0 1 2 3 4
55. Sulked and refused to talk about it.	0 1 2 3 4
56. Stomped out of the room, house, or yard.	0 1 2 3 4
57. Cried.	0 1 2 3 4
58. Did or said something to spite the other one.	0 1 2 3 4
59. Threw or smashed or hit or kicked something.	0 1 2 3 4
60. Threatened to hit or throw something at the other one.	0 1 2 3 4
61. Threw something at the other one	0 1 2 3 4
62. Pushed, grabbed, or shoved the other one	0 1 2 3 4
63. Slapped the other one	0 1 2 3 4
64. Kicked, bit, or hit with a fist	0 1 2 3 4
65. Hit or tried to hit the other with something	0 1 2 3 4
66. Beat up the other one	0 1 2 3 4
67. Threatened with a gun or a knife	0 1 2 3 4
68. Used a weapon of any kind (e.g. knife, gun, etc.)	0 1 2 3 4

Severity of Violence

Instructions: During the past year, or the last year you were with your partner, please answer the following questions:

a. How many times did you physically injure your partner (and by physically injure I mean: knock down, bruise, scratch, cut, choke, broken bones, blacken the eye)?

_____(# of times)

b. In how many of these fights did your partner go to a medical doctor or nurse, a clinic or a hospital for medical treatment?

_____(# of times)

Controlling Behaviors Scale (CBS)

Instructions: Please answer from 0 to 4 on each of the following questions (0 = never and 4 = always). Please circle your answer choice.

How often did you …

69.	disapprove of the other working or studying?	0	1	2	3	4
70.	(IF YES TO 57.) Did you try to prevent or make difficult the other working or studying?	0	1	2	3	4
71.	feel it was necessary to have control of the other's money (e.g., wages, benefit)	0	1	2	3	4
72.	(IF YES TO 59.) did you give the other an allowance or require the other to ask for money?	0	1	2	3	4
73.	Did your partner have knowledge of the family income?	0	1	2	3	4
74.	did you make or carry out threats to do something to harm the other?	0	1	2	3	4
75.	did you threaten to leave the other and/or commit suicide?	0	1	2	3	4
76.	did you threaten to report the other to welfare?	0	1	2	3	4
77.	did you encourage the other to do illegal things he/she would not have otherwise done?	0	1	2	3	4
78.	did you use looks, actions, and/or gestures to change the other's behavior?	0	1	2	3	4
79.	(IF YES TO 66.) did you make the other afraid when this was done?	0	1	2	3	4
80.	did you smash property when annoyed or angry?	0	1	2	3	4
81.	(IF YES TO 68.) was it the others property?	0	1	2	3	4
82.	when angry did you vent anger out on household pets?	0	1	2	3	4

83. did you put the other down when they felt that the other was getting "too big for their boots?" 0 1 2 3 4

84. (IF YES TO 71.) did you put the other down in front of others (friends, family, children)? 0 1 2 3 4

85. did you try to humiliate the other in front of others? 0 1 2 3 4

86. did you tell the other that he/she was going crazy? 0 1 2 3 4

87. did you call the other unpleasant names? 0 1 2 3 4

88. did you restrict the amount of time the other spent with friends and/or family? 0 1 2 3 4

89. if your partner went out, did you want to know where the other went and who the other spoke to? 0 1 2 3 4

90. did you limit the other's activities outside the relationship? 0 1 2 3 4

91. did you/your partner feel suspicious and jealous of the other? 0 1 2 3 4

92. (IF YES TO 79.) was this used as a reason to monitor and control the other's activities? 0 1 2 3 4

Subtle and Overt Psychological Abuse (SOPAS)

Instructions: Now please answer the following from the point of view of things that you have done to your partner.

NEVER   ALMOST
DAILY
0--------1--------2--------3--------4--------5--------6--------7--------8--------9

0 = never
1 = once
2 = only a couple of times
3 = every few months
4 = about every other month
5 = about once a month
6 = about twice a month
7 = about every week
8 = a few times a week
9 = almost daily

How often do you…..

93. Try to make your partner feel like she should be submissive, like she should yield or give in.
94. Accuse your partner of being against you.
95. Play games with your partner's head
96. Act like you don't believe your partner
97. Act like there's something wrong with your partner mentally or emotionally.
98. Act like you are more important or better than your partner is.
99. Act like you know what your partner did when you weren't around.
100. Ignore your partner's needs or what your partner wants.
101. Belittle your partner or put your partner down
102. Blame your partner for you being angry or upset
103. Change your mind but not tell your partner until it's too late
104. Criticize something your partner did well or discount it.
105. Do something that makes your partner feel small or less than what she was (like less smart, less competent, less attractive, less moral).
106. Discourage your partner from having interests that you aren't part of.
107. Discourage your partner from having her own friends
108. Try to keep your partner from seeing her friends or family.
109. Do or say something that harms your partner's self-respect or pride in himself.
110. Encourage your partner to do something, then somehow make it difficult to do.
111. Belittle, find fault, or put down something your partner was pleased with or felt good about.

_____	112. Get angry or hurt if your partner talks to someone about you or your relationship.
_____	113. Get more upset than your partner is when she tells you how she feels.
_____	114. Make your partner feel like it's useless to disagree with you.
_____	115. Make your partner feel bad when she did something you didn't want her to do.
_____	116. Make your partner feel like nothing she says will have an effect on you.
_____	117. Make other plans when your partner wants to do something.
_____	118. Make your partner choose between something you want and something she wants or needs.
_____	119. Make your partner feel frustrated trying to talk to you.
_____	120. Say or do something that makes your partner feel unloved or unlovable.
_____	121. Make your partner worry about whether she could take care of herself.
_____	122. Make your partner feel guilty about something she has done or not done.
_____	123. Use things your partner has said against her (like if she says she made a mistake, how often do you use that against her later).
_____	124. Make your partner feel ashamed of herself.
_____	125. Make your partner worry about her emotional health and well-being.
_____	126. Make your partner feel like she has to fix something that you did which turned out badly.
_____	127. Make your partner feel like she can't keep up with changes in what you want.
_____	128. Wear your partner out, make your partner feel drained or empty.
_____	129. Put yourself first, not seeming to care what your partner wants.
_____	130. Get your partner to question herself, making your partner feel insecure or less confident.
_____	131. Remind your partner of times you were right and she was wrong.
_____	132. Say your actions (which hurt your partner) are good for your partner or will make her a better person.
_____	133. Say something that makes your partner worry about whether she is going crazy.
_____	134. Say or do something that makes your partner feel guilty.
_____	135. Act like you own your partner.
_____	136. Somehow make your partner feel worried or scared even if she is not sure why.
_____	137. Somehow make it difficult for your partner to go somewhere or talk to someone.
_____	138. Somehow keep your partner from having time for herself.
_____	139. Act like your partner over-reacts or gets too upset.
_____	140. Continue to talk when your partner is tired or doesn't feel well.

_____ 141. Talk about how your partner couldn't take care of herself without you.

_____ 142. Tease your partner in a way that embarrasses her.

_____ 143. Get upset when your partner does something you didn't know about.

_____ 144. Tell your partner the problems in your relationship are her fault.

_____ 145. Tell your partner that something you did was her fault.

_____ 146. Interrupt or sidetrack your partner when she is doing something important.

_____ 147. Blame your partner for your problems.

_____ 148. Discourage your partner from making new friends.

_____ 149. Try to keep your partner from showing what she feels.

_____ 150. Try to keep your partner from doing something she wants to do or has to do.

_____ 151. Try to tell your partner what she can and cannot do.

_____ 152. Try to get your partner to apologize for something that wasn't her fault.

_____ 153. Try to find out things that your partner doesn't want to tell you.

_____ 154. Try to convince your partner something was like you said when you know that isn't true.

_____ 155. Try to get your partner to say she was wrong even if she thinks she was right.

_____ 156. Use an offensive or hurtful tone of voice with your partner.

_____ 157. Wear your partner down emotionally (like keep at her about something until she feels worn out.)

Marlow – Crowne Social Desirability Scale

Instructions: Please indicate whether the statement is True for you or False. Please circle your answer choice.

158. Before voting I thoroughly investigate the qualifications of all the candidates.   T or F

159. I never hesitate to go out of my way to help someone in trouble.   T or F

160. It is sometimes hard for me to go on with my work if I am not encouraged.   T or F

161. I have never intensely disliked anyone.   T or F

162. On occasion, I have had doubts about my ability to succeed in life.   T or F

163. I sometimes feel resentful when I don't get my way.   T or F

164. I am always careful about my manner of dressing.   T or F

165. My table manners at home are as good as when I eat out in restaurants.   T or F

166. If I could get into a movie without paying and be sure I was not seen I would probably do it.   T or F

167. On a few occasions, I have given up doing something because I thought too little of my ability.   T or F

168. I like to gossip at times.   T or F

169. There have been times when I felt like rebelling against people in authority even though I knew they were right.   T or F

170. No matter who I'm talking to, I'm always a good listener.   T or F

171. I can remember playing "sick" to get out of something.   T or F

172. There have been occasions when I took advantage of someone.   T or F

173. I'm always willing to admit it when I make a mistake.   T or F

174. I always try to practice what I preach.　　　　　T or F

175. I don't find it particularly difficult to get along with loud mouthed, obnoxious people.　　　　　T or F

176. I sometimes try to get even rather than forgive and forget.　　　　　T or F

177. When I don't know something, I don't at all mind admitting it.　　　　　T or F

178. I am always courteous, even to people who are disagreeable.　　　　　T or F

179. At times I have really insisted on having things my own way.　　　　　T or F

180. There have been occasions when I felt like smashing things.　　　　　T or F

181. I would never think of letting someone else be punished for my wrong doings.　　　　　T or F

182. I never resent being asked to return a favor.　　　　　T or F

183. I have never been irked when people expressed ideas very different from my own.　　　　　T or F

184. I never make long trips without checking the safety of my car.　　　　　T or F

185. There have been times when I was quite jealous of the good fortune of others.　　　　　T or F

186. I have almost never felt the urge to tell someone off.　　　　　T or F

187. I am sometimes irritated by people who ask favors of me.　　　　　T or F

188. I have never felt that I was punished without cause.　　　　　T or F

189. I sometimes think when people have a misfortune they only got what they deserved　　　　　T or F

190. I have never said something that hurts someone's feelings.　　　　　T or F

VITA

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