Published in final edited form as:

J Interpers Violence. 2013 September ; 28(13): 2731–2748. doi:10.1177/0886260513487991.

Relationship Status Acceptance, Alcohol Use and the Perpetration of Verbal Aggression Among Males Mandated to Treatment for Intimate Partner Violence

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Abstract

Forty substance using, male offenders of intimate partner violence completed measures of alcohol use and relationship status acceptance during a pretreatment screening session. They also completed a measure of verbal aggression after each month of a 12 week intervention program. Treatment length, heavy episodic drinking, and relationship status acceptance were used to assess the frequency of verbal aggression at each of the four assessment periods in a repeated measures ANCOVA. Main effects were detected for both alcohol and acceptance variables such that greater verbal aggression was observed among participants with a recent history of heavy episodic drinking and failure to accept the status of the relationship with their female victim. The interaction between time in treatment and relationship status acceptance was significant and showed that participants who accepted their relationship status reported low verbal aggression across measurement occasions while those who did not accept their relationship status reported high initial verbal aggression that decreased over treatment.

Keywords

intimate partner violence; alcohol; acceptance; intervention

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Verbal intimate partner violence (IPV) victimization is a risk factor for a number of negative health outcomes. According to an analysis of data collected in the National Violence Against Women Survey (NVAWS), 28.9% of women surveyed had experienced IPV (Coker et al, 2002). Of the 6790 women surveyed, 352 (or 5.2%) had experienced verbal psychological abuse, with no history of physical violence, from an intimate partner. Female victims of solely verbal aggression were at an increased risk, relative to non-victims, of developing a chronic mental illness (adjusted relative risk (aRR) = 1.9, 95% CI = 0.8–4.6), depressive symptoms (aRR = 1.8, 95% CI = 1.3–2.4), and heavy alcohol use (aRR = 3.2, 95% CI = 1.6–6.6). In an earlier cross-sectional interview study, Coker and colleagues (2000) found that 53.6% of a female sample (N=1152) had experienced IPV in their lifetime. Additionally, they found that 13.6% of their sample had experienced only verbal aggression and concluded these women were more likely than non-victims to report poorer self-perceived physical health (aRR = 1.7, 95% CI = 1.2–2.3), a disability that prevented them from working (aRR = 1.49, 95% CI = 1.1–2.4), and chronic pain (aRR = 1.9, 95% CI = 1.5–2.4). In both studies, the rates of co-occurring verbal and physical IPV were substantially higher than those of verbal aggression alone.

Reviews conducted over the past decade have indicated that Batterer Intervention Programs (BIPs), as a primary method of intervention for male perpetrators of IPV, have been both costly and relatively ineffective (e.g., Babcock & LaTaillade, 2000; Babcock, Green, & Robie, 2004). Furthermore, despite almost universally targeting verbally abusive behavior, rates of verbal abuse often remain elevated above non-violent controls (Gondolf, 1997). The research community has called for BIP reforms based upon empirically supported treatment and research rather than adherence to loosely substantiated etiological models or old standards of treatment (e.g. Eckhardt, Murphy, Black, & Suhr, 2006). While the majority of IPV research has focused on the perpetration and reduction of physical violence as the primary outcome of interest, determining the risk factors of verbal aggression may serve to inform individualized treatment methods capable of more effectively targeting and reducing this harmful, pervasive form of partner violence. Moreover, current research shows that verbal violence is significantly correlated with and thought to be a precursor of physical violence perpetration (Murphy & O’Leary, 1989; Schumacher & Leonard, 2005). Hence, treating verbal violence may prevent the escalation to physical and severe forms of violence. The current study explored self-reported pre-treatment ratings of alcohol consumption and relationship status acceptance as predictors of verbal aggression, over a 12 week assessment period, in a group of abusive male offenders mandated to treatment.

Heavy Alcohol Use

A recent meta-analysis concluded that a small-to-moderate effect size existed between alcohol use and general IPV (Foran & O’Leary, 2008). Further, a direct relationship has been observed between alcohol consumption and increased verbal aggression in laboratory studies (e.g. Leonard & Roberts, 1998). Eckhardt (2007) found that maritally violent men who were administered alcohol verbalized significantly more aggression during a think-aloud, simulated situations paradigm than maritally violent placebo and no-alcohol control groups following anger provocation. The maritally violent alcohol group was also more aggressive than non-violent participants across all alcohol conditions. In fact, while levels of

verbal aggression typically remain elevated across treatment methods, modest reductions in verbal aggression have been observed through mandated BCT alcohol intervention groups while husbands maintained sobriety (O'Farrell, Murphy, Neavins, & Van Hutton, 2000). The frequency of verbal aggression over the two year follow-up of the study by O'Farrell and colleagues (2000) was highly positively correlated with the husband's alcohol consumption.

Relationship Status Acceptance

Acceptance of a relationship suggests that an individual is satisfied with and approves of their current relationship status with another individual, regardless of whether the relationship is intact or not. Acceptance of an intact relationship status may suggest that the rater has motivation to maintain the current status, and thus would be more likely to engage in behaviors that are satisfactory to a partner. Not accepting a current intact relationship status may suggest that the rater will have less regard for behaviors or actions that might lead to relationship dissolution. Although the relationship between acceptance and aggression has not been explored in the literature, it may be that individuals with a history of aggression who are not accepting of the intact status of their relationship may be less likely to resist aggressive behaviors. Further support for this theory is provided by evidence indicating that specific facets of relationship status acceptance, including relationship satisfaction ($r = -.27$ to $-.30$) and relationship discord ($r = .27$), share small but significant associations with IPV perpetration (Stith, Green, Smith, & Ward, 2008; Stith, Smith, Penn, & Ward, 2004). High levels of marital dissatisfaction have also been linked to the occurrence of more frequent verbal conflicts (DeMaris, 2000).

Relationship status acceptance, however, captures satisfaction with both intact and terminated relationships. Relationship status acceptance among individuals who report terminated relationships may also predict violent and aggressive behavior, particularly in the form of stalking. The literature depicts the majority of stalkers as previous relationship partners, with up to 50% classified as intimate stalkers motivated by feelings of anger and humiliation related to perceived romantic and intimate rejection (Mohandie et al., 2006; Mullen et al., 2006). In fact, anger and jealousy were among the factors that best predict stalking following the dissolution of a relationship (Dye & Davis, 2003). Of 502 intimate stalkers in their study, Mohandie and colleagues (2006) found that 83% had been verbally aggressive or threatening toward an ex-partner and 74% had perpetrated physical violence following the end of the relationship. Former partners of males in treatment for IPV are at particularly high risk of verbal aggression, stalking, and assault by former intimates (Tjaden & Thoennes, 2000). Thus, a male offender's failure to accept the termination of an intimate relationship may place former victims at continued risk of revictimization.

Further, review of popular treatment modalities suggests an importance of the concept of acceptance in mental health treatment. Acceptance is a primary therapeutic goal in a number of cognitive-behaviorally based interventions. For example, in acceptance and commitment therapy, acceptance refers to building complacency with experiencing aversive stimuli that naturally produce avoidant behaviors (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Acceptance of an unpleasurable stimuli leads to reduced resistance of the object or event.

Similarly, clients unaccepting of an intact relationship would learn to change or accept their circumstances and clients unaccepting of the dissolution of a relationship would be encouraged to experience their feelings of loss and accept their reality. Here, acceptance of unpleasant stimuli is a healthy response that, when combined with other skills, helps to protect against IPV (Erbes, Polusny, MacDermid, & Comptom, 2008). Similarly, in integrative behavioral couple's therapy, acceptance of one's partner and his or her behaviors has been shown to mediate the relationship between a partner's negative behavior and one's own behavioral response or satisfaction level (South, Doss, & Christensen, 2010).

While previous partner violence investigations have asked for global ratings of overall relationship quality, the current study attempts to assess the impact of acceptance as a novel correlate of IPV and non-violent behavior change. Relationship status acceptance is operationalized as approval of and satisfaction with the current state of an interpersonal relationship, specified here as the relationship between the IPV offender and his female victim. In this manner, relationship status acceptance represents a unique construct, may apply regardless of intact or dissolved relationships, and may be particularly applicable to verbal aggression among offenders.

Hypotheses

The current study utilized four assessment points across a 12 week BIP to determine changes over time in the relationships among verbal aggression and the static variables of relationship status acceptance and a history of risky drinking as assessed at pretreatment. This investigation was guided by 3 hypotheses, including (1) verbal aggression would be greater at the beginning of treatment and would decrease over time, (2) verbal aggression would be significantly greater among those participants who report a tendency to drink heavily, and (3) verbal aggression would be significantly higher among participants who do not accept their relationship status. Exploratory analyses assessed interaction effects to determine whether the relationship between verbal aggression and length of time in treatment was moderated by either alcohol history or relationship status acceptance.

Method

Participants

Included in this secondary analysis of a larger, randomized treatment evaluation study described elsewhere (Easton, Mandel, Hunkele, Nich, Roundsaville, & Carroll, 2007), the current sample was composed of 40 adult males who were seeking treatment for substance use following an arrest for domestic violence no more than one year prior to treatment. Participants were excluded and referred to a higher level of care, such as a residential treatment program, for endorsing homicidal ideation, suicidal ideation, psychotic symptoms or mania in the 30 days prior to treatment. Participants who had already obtained substance abuse or anger management treatment elsewhere were also excluded from the present study. Of the 64 eligible participants who attended an initial intake session, 40 completed a measure of verbal aggression at each of three time points throughout treatment.

The mean age of the participants was 39.0 years ($SD = 8.2$ years). Twenty percent of the participants never completed high school, 50% completed high school, and 30% completed educational training beyond high school. Thirty-one participants (77.5%) were fully employed while 9 participants (22.5%) were either unemployed or underemployed. Participants were 52.5% European American, 30.0% African American, 12.5% Hispanic, and 5.0% identified as other.

Prescreening

All participants were screened for inclusion and exclusion criteria during an initial triage session. Sixty-four of the 77 individuals who were identified and asked to return to the clinic for a second evaluation and study intake session returned to complete Yale's Institutional Review Board's Consent Form as well as study questionnaires. Twenty-four participants were eliminated from the data set used in the current analyses because they provided incomplete verbal aggression data at one or more of the assessment points ($n = 8$) or they failed to complete treatment ($n = 16$). Analyses indicated that included and eliminated participants differed on none of the demographic variables, including age ($t(62)=0.30, p=.76$), arrest history ($t(60)=-0.85, p=.40$), ethnicity ($\chi^2(3)=1.60, p=.66$), education ($\chi^2(1)=0.03, p=.86$), marital status ($\chi^2(1)=0.01, p=.97$), and employment ($\chi^2(2)=.30, p=.86$).

Assessments

Primary measures for evaluating differences in risky drinking behavior, relationship status acceptance across treatment, and verbal aggression were obtained via the following instruments. Alcohol use and abuse was measured via the *Timeline Follow-Back* interview method (TLFB; Miller and DelBoca, 1994; Sobell and Sobell, 1992) to assess daily use of alcohol ($\alpha = .84$). Participants who reported consuming 6 or more alcoholic beverages during a single sitting on one or more days during the month prior to treatment were identified as having a history of heavy episodic drinking. We also administered the *Addiction Severity Index* (ASI; McLellan et al., 1992) at baseline to validate the dichotomization of participants into alcohol groups. Heavy episodic drinking shared a moderate-to-strong relationship ($d = .77$) with the ASI assessment of years of risky drinking and a strong relationship ($d = .84$) with the ASI measure.

A set of three items, extracted from the Social/Family Section of the ASI, were administered at pretreatment and used to assess relationship status acceptance. The items solicited participant reports of relationship status with their IPV victim (e.g., separated, cohabitating, etc.), how long the relationship had been in the current state, and whether the participant was or was not satisfied with their current relationship status. For the purposes of this investigation, we assessed whether or not participants accepted their relationship status, including a) married or currently involved in a long-term relationship or b) divorced or separated either voluntarily or by a court order. Each participant was dichotomized as "accepting" or "unaccepting" of the current status of their interpersonal relationship with the female victim. The ASI is widely used, well validated, and highly reliable (Carise, et al., 2001). The Social/Family Section of subscale has demonstrated acceptable internal consistency ($\alpha = 0.72-0.74$) across inner city clients seeking outpatient services for alcohol or drug use (e.g., DeJong et al., 1995; Leonhard et al., 2000). The outcome variable of

interest, verbal aggression, was measured via monthly TLFB interviews ($\alpha = .85$). The interviews elicited responses to 6 selected verbal aggression items from the *Revised Conflict Tactic Scale* for couples (CTS2; Straus et al., 1996). Finally, all participants completed a demographic survey.

Treatment

Participants were randomly assigned to receive a full course of 12 individual sessions from one of two evidenced based NIDA Addiction Interventions (CBT and Drug Counseling) that were manually-guided within a weekly 60-minute treatment protocol. Both protocols focused on reducing addiction, managing anger, and improving communication among this population of men with co-occurring substance abuse and IPV. Sessions also addressed improving or terminating unsatisfactory relationships through committing to prosocial life changes and the reduction or discontinuation of verbally aggressive interactions. Adherence and competence measures were used to standardize both treatments in an attempt to control for potential confounds and increase fidelity. Participants responded to verbal aggression items on the TLFB at the end of each treatment session.

Psychotherapy conditions were combined for the analyses presented below as the reduced sample did not allow for the analysis of interaction effects between treatment condition and independent variables. Treatment group differences in demographic, substance use and legal characteristics were analyzed using *t*-tests for continuous variables and χ^2 tests for nominal/categorical variables in the baseline assessment. T-tests were also used to compare the number of sessions attended and the number of days abstinent from alcohol use across 12 weeks of treatment. There were no statistically significant differences between the CBT and drug counseling groups in outcomes of interest.

Data Analysis

We first examined the frequency of relationship status acceptance, risky drinking, and verbal aggression in the current sample. We then conducted a Repeated Measures Analysis of Covariance (ANCOVA) using education as a covariate, self-reported risky drinking and acceptance as within-group variables, and self-reported verbally aggressive articulations, a frequency measure, across the four measurement time points as a repeated measures variable.

Results

At pre-treatment, 45.0% of participants reported having engaged in verbal aggression over the previous month ($M = 2.25$, $SD = 5.06$). During the first month of treatment, 52.5% of males reported having been verbally aggressive towards a partner ($M = 2.55$, $SD = 5.15$). Thirty-seven percent of the sample reported verbal aggression during month two ($M = 2.13$, $SD = 4.97$) and 30.0% reported verbal aggression during the final month of treatment ($M = 1.05$, $SD = 2.25$). Verbal aggression was correlated across time points ($r = .38-.90$). Sixty percent of participants reported that they did accept the current status of their relationship and 27.5% reported that they had consumed at least 6 alcoholic beverages in a single sitting on at least one day during the month prior to beginning treatment.

A chi square analysis established that the percentage of participants who were separated or divorced did not differ by acceptance status at intake, $\chi^2(1, N = 40) = 0.71, p = .40$. The likelihood of being divorced or separated was 25.0% if accepting and 37.5% if unaccepting. Participants had a 75.0% chance of being involved in a relationship if they did accept their status and 62.5% chance to be involved if they did not accept. The number of days spent with a partner during treatment, $t(38) = 0.72, p = .48$, and on the average number of hours per day spent with a partner, $t(38) = 0.94, p = .35$, also failed to differ based upon acceptance status at intake. Acceptance was unrelated to alcohol misuse, $\chi^2(1, N = 40) = 1.34, p = .25$. See Table 1 for a breakdown of relationship and demographic data based upon acceptance status.

A parallel set of analyses, presented in Table 2, examined the relationships between alcohol use and various relationship, substance use, and demographic factors. These analyses revealed that no significant differences in arrest history, partner contact, drug use, ethnicity, education, or employment existed between participants who reported a history of risky drinking and those who did not.

Repeated Measures

The ANCOVA revealed significant main effects for relationship status acceptance at intake, $F(1, 35) = 4.90, p = .03$, and risky drinking, $F(1, 35) = 5.12, p = .03$, on the self-report of aggressive verbalizations. These main effects indicate that, in general, (1) participants who accepted their relationship status, relative to those who did not, were less verbally aggressive, and (2) those who had reported a previous history of risky drinking, compared to participants who did not, also reported more verbal aggression. Both treatment length, $F(1, 35) = 1.15, p = .29$, and the covariate, $F(1, 35) = 2.17, p = .15$, were non-significant. Thus, the main effects supported hypotheses 2 and 3 but hypothesis 1 received no confirmation. The results of these analyses are summarized in Table 3.

The interaction between treatment length and acceptance was significant while the length of treatment-risky drinking interaction did not demonstrate significance, $F(1, 35) = 1.93, p = .17$. Participants who did accept their status at intake maintained low levels of verbal aggression across treatment while non-accepting males reported high initial aggression and decreasing aggressive verbalizations over time, $F(1, 35) = 4.21, p < .05$. We conducted a series of t-tests to determine if the two groups continued to differ at each assessment period across treatment. The unaccepting group evidenced significantly greater self-reported aggression than the accepting group at pretreatment, $t(38) = 2.36, p = .02$. The two groups did not differ after the first month, $t(38) = 1.42, p = .15$, the second month, $t(38) = 1.31, p = .20$, or the third month, $t(38) = 1.03, p = .31$, of treatment.

A series of t-tests was also used to determine within-group changes over time. Verbal aggression within those who did not accept their status at intake decreased in a non-significant manner across each sequential assessment period of treatment including times 1 to 2 ($t(15) = .23, p = .82$), times 2 to 3 ($t(15) = .68, p = .51$), and times 3 to 4 ($t(15) = 1.40, p = .18$). Overall, unaccepting participants evidenced a marginally significant reduction in verbal aggression from pre to post treatment, $t(15) = 1.92, p = .07$. Participants who had accepted their relationship status prior to treatment maintained low rates of self-reported

verbal aggression over treatment and demonstrated no significant changes from pre-to-post treatment, $t(23) = .18, p = .86$.

Discussion

In the current study, we investigated the relationships between risky drinking, relationship status acceptance assessed at a pretreatment intake interview, time in a court ordered intervention program, and the occurrence of verbal aggression within 40 intimate relationships over a 4 month period of time. It was found that verbal aggression, across the sample as a whole, failed to significantly decrease from pre to post treatment, disconfirming our first hypothesis. We also found that, in general, participants who had not accepted their relationship status were more aggressive than those who had accepted their status, confirming hypothesis 2. Hypothesis 3 was supported with the finding that those who had reported a history of risky drinking immediately prior to treatment intake were, on average, more verbally aggressive than those with no such history.

Marginal change in aggression over treatment was only detected within the group of males who did not accept their relationship status. This group initiated treatment with the highest self-reported aggression and reduced their aggression by the end of treatment. Men who accepted their relationship and men who did not were only significantly different from one another at the pretreatment assessment. This may indicate that aggression prompted mandatory treatment but was too rare to detect within the 3 month treatment period. It is possible that the treatments, which incorporated elements of both Behavioral Couples Therapy (BCT; O'Farrell, Murphy, Neavins, & Van Hutton, 2000) and anger management, led to more meaningful reductions in verbal aggression for males who did not initially accept the status of their relationships. This reduction suggests that males may most benefit from interventions targeting co-occurring substance use and verbally aggressive behaviors during the period of time that they reject the status of their relationship with the victim of their aggression. Alternatively, and in the absence of a no-treatment control group, we cannot deny the possibility that acceptance of relationship status may have simply spontaneously increased with time.

Participants who reported being satisfied with their status reported very low aggression and did not benefit from treatment as evidenced by comparable verbal aggression over time. Interestingly, those who accepted their status and those who did not were equally likely to be involved with a partner and had equivalent rates of contact, on average. It is recommended that future research examine the effect of motivations to change abusive behaviors on reducing verbal aggression for those who are dissatisfied with their relationship status. Perhaps unaccepting males are motivated to engage in treatment in order to improve or restore their current relationship, to end the relationship, or to become more desirable for future partners. It is further recommended that the variability in contact hours and the influence of court issued no contact orders be assessed as these factors may affect the type and frequency of self-reported verbal aggression observed in IPV treatment samples. Many couples in the current study maintained communication despite contraindicative court orders. Only verbal aggression directed toward the offender's original female victim, either in person or via telephone, was recorded. Aggression conveyed

through increasingly popular methods of communication, such as texting and social media, as well as aggression directed toward new intimate partners during a probationary period may represent rich opportunities for future IPV research.

Although substance use treatment was a significant component of both interventions, and may have reduced substance use over time, we were interested in examining the effect that substance use history may have on predicting the course of verbal aggression over treatment. Substance use history is more easily assessed than daily use across treatment, particularly within a group format. In the present study, there was no interaction between risky drinking and time, indicating that those with and without risky drinking histories followed roughly the same verbal aggression trajectory throughout treatment. Alcohol is thought to exert its effects on partner violence through both proximal and indirect processes (e.g. Eckhardt, 2007; Giancola, 2004). It is possible that, despite reducing use, verbal aggression would persist due to well-established patterns of interactions and deficits in social skills that resulted from prolonged periods of alcohol-induced maladaptive relationship interactions.

Limitations and Future Directions

The current study had a number of limitations. Attrition and attendance issues reduced our sample size considerably. As such, main effect analyses were limited by small subgroup size and our ability to examine either the acceptance X alcohol misuse interaction or interactions with treatment condition was compromised. Sample size may have also obscured an association between relationship status (married or divorced/separated) and acceptance that may become significant with a greater number of participants. Similarly, we found no group differences in relationship status acceptance across ethnic categories but visual inspection of the response patterns suggests that ethnicity may impact the relationship between acceptance and verbal aggression in this population. Future research may reveal ethnically unique patterns for the manner in which acceptance influences verbal and physical IPV. Additionally, without a control group, we can only speak to associations rather than causation with the current design. Thus, while certain behaviors reduced across the assessment period, we cannot conclude that those behaviors reduced due to treatment. It is possible that spurious factors may have contributed to the clusters of observations described above. Nevertheless, our goal in this investigation was to evaluate the potential influence of relationship status acceptance and alcohol use on verbal aggression over time, not to evaluate the effects of treatment itself.

Further, only self-report measures were examined in the current investigation. Among a forensic sample, where denying illegal and undesirable behavior may have perceived financial and legal benefits, it is possible that participants may have falsified or underreported substance use and partner violence. Given that the primary variables in the current investigation involved legal activities, including alcohol consumption and verbal aggression, we suspect that the perceived benefits of underreporting would be present but relatively low. We also acknowledge the limitations associated with retrospective reporting methods (Brewin, Andrews, & Gotlib, 1993).

Finally, the relationship status acceptance variable introduced in this study was derived from a single ASI item. Compared to multiple-item measures, single-item assessments of

psychological constructs, including facet satisfaction, have demonstrated the potential for high predictive validity (Bergkvist & Rossiter, 2007), face validity (Nagy, 2002), and estimated reliability (Wanous & Reichers, 1996). Despite the psychometric support for single-item measures, we strongly recommend the use of thoroughly validated and well established measures to expand upon the association between relationship status acceptance and IPV. Future research should also collect collateral reports of acceptance and recruit larger samples to allow for a more intricate and reliable analysis of the interaction between relationship status and relationship status acceptance. It is possible that satisfied, separated offenders may behave differently from satisfied married offenders.

In conclusion, we found that the acceptance of one's relationship status lends itself to rapid assessment and that, along with drinking history, may serve as an important predictor of verbal aggression as a treatment outcome for offenders in either intact or dissolved relationships. Given the relationship between verbal and physical aggression, treatment efforts that aim to reduce the former in those at risk may prove effective in reducing severe physical violence. It is our hope that this study will encourage more comprehensive investigations into the role of relationship status acceptance in the improvement of treatment outcomes among this population. Future investigators would be advised to increase the study sample and consider low acceptance and risky drinking as a possible composite risk factor for treatment non-compliance, criminal recidivism, and verbal, physical, psychological and sexual aggression.

Acknowledgements

This work was supported by grants provided by the National Institute of Drug Abuse, RO1 DA018284-01 A1 and K12 DA00167-11.

The authors would like to thank the Connecticut Department of Mental Health and Addiction Services as well as acknowledge the contributions of the staff at both the Forensic Drug Diversion Program and the Law and Psychiatry Division of Yale

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Table 1

Demographic Data for Participants Across Relationship Status Acceptance.

Variable	Acceptance Condition														
	Accepting					Not Accepting					Total				
	M or %	SD	n	M or %	SD	n	M or %	SD	n	M or %	SD	N	t or χ^2	df	p
Age	40.42	7.48	24	36.94	8.94	16	39.02	8.17	40	1.33	38	.19			
Number of Arrests	4.42	9.83	24	2.25	2.82	16	3.55	7.82	40	0.86	38	.40			
Days with Partner	53.65	37.82	24	44.63	49.20	16	50.03	38.54	40	0.72	38	.48			
Hours per Day with Partner	3.90	3.01	24	3.00	2.88	16	3.54	2.95	40	0.94	38	.35			
Days of Drug Use	3.57	7.05	24	4.14	9.63	16	3.78	8.00	40	-0.21	35	.84			
Verbal Aggression															
Pretreatment	0.79	1.25	24	4.44	7.47	16	2.25	5.06	40	-2.36	38	.02			
1 Month	1.58	2.36	24	4.00	7.54	16	2.55	5.15	40	-1.48	38	.15			
2 Months	1.29	2.07	24	3.38	7.40	16	2.13	4.97	40	-1.31	38	.20			
3 Months	0.75	1.65	24	1.50	2.94	16	1.05	2.25	40	-1.03	38	.31			
Ethnicity%															
African American	41.67		10	18.75		3	32.50		13	3.56	3	.31			
European American	41.67		10	68.75		11	52.50		21						
Latin American	12.50		3	12.50		2	12.50		5						
Multi racial	4.17		1	0.00		0	2.50		1						
Education%															
High school	70.83		17	93.75		15	80.00		32	3.15	1	.08			
Less than high school	29.17		7	6.25		1	20.00		8						
Separated or Divorced %	25.00		6	37.50		6	30.00		12	0.71	1	.40			
Employment%															
Full time	83.33		20	68.75		11	77.50		31	2.31	2	.32			
Part time	4.17		1	18.75		3	10.00		4						
Unemployed	12.50		3	12.50		2	12.50		5						

Table 2

Demographic Data for Participants Across Alcohol Use Groups.

Variable	Alcohol Use Groups														
	No Heavy Drinking						Heavy Drinking						Total		
	M or %	SD	N	M or %	SD	N	M or %	SD	N	M or %	SD	N	t or χ^2	df	p
Age	38.66	8.43	29	40.00	7.73	11	39.02	8.17	40	-0.46	38	.65			
Number of Arrests	3.76	9.08	29	3.00	2.72	11	3.55	7.82	40	0.27	38	.79			
Days with Partner	47.45	39.21	29	56.82	37.63	11	50.03	38.54	40	-0.68	38	.50			
Hours per Day with Partner	3.42	3.04	29	3.86	2.84	11	3.54	2.95	40	-0.42	38	.65			
Days of Drug Use	2.54	6.08	29	7.67	11.86	11	3.78	8.00	40	-1.72	35	.09			
Verbal Aggression															
Pretreatment	1.31	1.91	29	4.73	8.97	11	2.25	5.06	40	-1.98	38	.06			
1 Month	1.66	2.29	29	4.91	8.97	11	2.55	5.15	40	-1.84	38	.07			
2 Months	1.31	2.22	29	4.27	8.68	11	2.13	4.97	40	-1.73	38	.09			
3 Months	0.79	1.57	29	1.73	3.50	11	1.05	2.25	40	-1.18	38	.25			
Ethnicity%															
African American	31.03		9	36.36	4	32.50		13	0.60	3	.90				
European American	51.72		15	54.54	6	52.50		21							
Latin American	13.79		4	9.09	1	12.50		5							
Multi racial	3.45		1		0	2.50		1							
Education%															
High school	82.76		24	72.72	8	80.00		32	0.50	1	.48				
Less than high school	17.24		5	27.27	3	20.00		8							
Separated or Divorced %	27.59		8	36.36	4	30.00		12	0.29	1	.59				
Employment%															
Full time	79.31		23	72.72	8	77.50		31	1.20	2	.55				
Part time	6.90		2	18.18	2	10.00		4							
Unemployed	13.79		4	9.09	1	12.50		5							

Table 3
Self-Reported Verbal Aggression Across Treatment, Relationship Status Acceptance and Alcohol Use.

Group	Assessment Period										F-value	
	Intake		4 Weeks		8 Weeks		12 Weeks		Main Effects	Time X Acceptance	Time X Alcohol	
	M	SD	M	SD	M	SD	M	SD				
Education									2.17			
Time									1.16	4.21 *	1.93	
Acceptance									4.90 *			
Alcohol									5.12 *			
HA	4.73	8.97	4.91	8.97	4.27	8.68	1.73	3.50				
NHA	1.31	1.91	1.66	2.29	1.31	2.22	0.79	1.57				
ACC	0.79	1.25	1.58	2.36	1.29	2.07	0.75	1.65				
UN	4.44	7.47	4.00	7.54	3.38	7.40	1.50	2.94				

Note:
* = p-value .05, HA = Heavy Alcohol, NHA = No Heavy Alcohol, ACC = Accepting of Relationship Status, UN = Unaccepting of Relationship Status.