Sexuality and the Commission of Physical Violence to Partners and Non-Partners by Men and Women

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In 2 studies of physical violence and sexuality among college students, more than 75% of men and more than 60% of women reported committing physical violence in the past year, including more women to partners and more men to non-partners. More than 90% of men who committed violence to partners were also violent to non-partners. In Study 1, among 193 men and 203 women, people who committed violence had higher scores on sexual depression and general depression than did people who were not violent. People violent to non-partners had more sexual preoccupation and more alcohol use problems than did other people. In Study 2, among 160 college men and 138 college women, people in 4 violence groups did not differ in total sexual fantasies or sexual functioning. The findings support the importance of differentiating between violence toward partners and toward non-partners among both men and women and suggest a role of depression in partner violence and antisocial features in violence toward non-partners.

Keywords: violence, sexuality, depression, alcohol problems, men and women

The sexual lives of men and women in physically abusive relationships are something of a "dark continent," although a relationship between sexuality and violence weaves like a red thread through the literature. For example, sexual arousal increases aggression (Berkowitz, 1970). Testosterone level has a modest relationship to aggression (Archer, Graham-Kevan, & Davies, 2005; Book & Quinsey, 2005; Book, Starzyk, & Quinsey, 2001) and has been related to both partner violence and extramarital sex among men (Booth & Dabbs, 1993). Physical and sexual aggression are related in both men and women (Ryan, 1995, 1998). Sexual intercourse takes place more often for people in abusive relationships as compared with others (e.g., Apt & Hurlbert, 1993; DeMaris, 1997; Donnelly, 1993; Romkens, 1997). Among men in the criminal justice system with a paraphilia, low scores on the control of anger and high scores on sexual preoccupation load on the same factor (Lee, Pattison, Jackson, & Ward, 2001).

In the literature on the commission of partner violence, a relationship between partner violence and sexuality is sometimes noted almost incidentally. For example, Dutton, Fehr, and Mc-Ewen (1982) commented that "Batterers in therapeutic groups report feelings of power, *even sexual arousal* [italics added], following battering incidents" (p. 20). Cantoni (1981) noted that partner violence may be necessary before the man can perform sexually. "Playful force" during sex has been linked with partner violence (Ryan, 1995), and partner violence and sexual aggression have been found to be related (e.g., Ryan, 1998).

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Hurlbert and Apt (1991) compared several sexual characteristics of men in the Army in treatment for the commission of partner violence with characteristics of soldiers in marital therapy. Men in treatment for partner violence reported less sexual assertiveness and more negative attitudes toward sex. However, partner-violent men had higher scores than did men in marital therapy on the Sexual Esteem and Sexual Preoccupation scales of the Sexuality Scale (Snell & Papini, 1989). The Sexual Esteem scale includes such items as "I am better at sex than most people," and the Sexual Preoccupation scale includes such items as "I think about sex all the time." Hurlbert and Apt (1991) organized their findings into a view of men who are violent toward their partners as having a form of "sexual narcissism," a compensatory or defensive reaction related to low self-esteem and problems with intimacy and the experience of emotional closeness (Apt & Hurlbert, 1993; Hurlbert & Apt, 1991). To say, for instance, "I am better at sex than most people," reflects a kind of admiration of and investment in oneself as a sexual object, an aspect of narcissism (cf. Hurlbert, Apt, Gasar, Wilson, & Murphy, 1994).

Apt and Hurlbert (1993) have also studied some aspects of the sexual attitudes and experiences of women in partner-violent relationships. As compared with women in marital therapy, women in a treatment program for couples in abusive relationships reported less sexual arousal, lower levels of assertiveness, and less sexual satisfaction but more frequent sexual intercourse with their partners. Apt and Hurlbert (1993) proposed that sexual dissatisfaction along with more frequent sexual intercourse was part of the impact of abuse on women's sexual lives. The Sexuality Scale was not part of the 1993 study of women in abusive relationships.

Among young men who commit physical violence to partners, a great many also commit violence to non-partners (Cogan & Ballinger, 2005; Fagan & Wexler, 1987; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Kandel-Englander, 1992; Shields, McCall, & Hanneke, 1988; Tweed & Dutton, 1998). Men

who commit physical violence only to non-partners and men who commit violence to both partners and non-partners have higher scores on antisocial characteristics and alcohol problems than do men who are not violent or who commit violence to partners only (Cogan & Ballinger, 2005; Cogan, Porcerelli, & Dromgoole, 2001; Kandel-Englander, 1992; Tweed & Dutton, 1998). Antisocial features and alcohol problems are both related to sexuality. In Hurlbert and Apt's (1991) study, the men in the Army receiving treatment for partner violence were young men (average age = 26.8 years) mandated to treatment with one or more documented cases of spousal assault. It seems quite possible that many were generally violent (that is, violent to both partners and non-partners) since these men might be especially likely to be identified and referred for treatment.

The present work includes two studies and extends the work of Hurlbert and Apt (1991) and Apt and Hurlbert (1993) in three ways. First, in both studies we differentiate between four groups of people: physically violent to partners only (P-only), to non-partners only (NP-only), to both partners and non-partners (Both), and to neither (Neither). Second, in both studies we include women as well as men. Third, in Study 2, we consider sexual behavior.

In Study 1, we assess the differences in Sexual Esteem, Sexual Preoccupation, Sexual Depression, alcohol problems, general depression, and trait anger associated with the commission of physical violence. Alcohol problems have sometimes been related to aggression, especially by men (e.g., Bushman, 1997; Graham & West, 2001; Plichta, 1992) and especially to non-partners (Cogan & Ballinger, 2005). Depression has sometimes been related to the commission of aggression (e.g., Bland & Orn, 1986; Oriel & Fleming, 1998; Schumacher, Feldbau-Kohn, Slep, & Heyman, 2001).

Sexuality may be related to the commission of partner violence directly, if, for instance, a greater interest in sex accompanies a greater expression of aggression. If violence in general is related to sexuality, then people in the violence groups (P-only, NP-only, and Both) will have more sexual preoccupation and sexual fantasies than will people who are not violent (Neither). On the other hand, violence to partners might be indirectly related to sexuality if, for instance, the intimacy associated with sexuality arouses anxiety and violence develops in response to the anxiety. If violence specifically to partners is related to sexuality, then the groups violent to partners (P-only and Both) will have more sexual preoccupation and sexual fantasies and, following Hurlbert and Apt (1991), higher sexual esteem, than will the groups not violent to partners (Neither and NP-only). On the other hand, if non-partner violence is related to sexuality, then the groups violent to nonpartners (NP-only and Both) will have different scores than those of groups not violent to non-partners (Neither and P-only). If generalized (indiscriminate) physical violence is related to sexuality, then the groups violent to both partners and non-partners (Both) will have different scores than those of the other groups (Neither, P-only, and NP-only).

Study 1

Method

Participants

Six hundred and seven university students in beginning psychology classes participated in the research. Of the 308 men, 201 had

been in a relationship with a partner in the past year and were not married, separated, or divorced. Of the 299 women, 209 had been in a relationship with a partner in the past year and were not married, separated, or divorced. Data from 8 men and 6 women were discarded because of incomplete responses to the Conflict Tactics Scales. The final data set included 193 men and 203 women.

Demographics

The average age of the participants was 19.2 years (SD=1.2). With respect to age, there were no differences between men and women, F(1, 388) = 0.85, p=.36; violence groups, F(3, 388) = 2.18, p=.09; or the sex by violence group interaction, F(3, 388) = 1.25, p=.19. Of the participants, 86.0% were White, and race/ethnicity grouped as White and Other did not differ in the four groups for men, $\chi^2(3, N=191) = 3.17$, p=.37; or women, $\chi^2(3, N=203) = 5.91$, p=.12. Of the participants, 63% were Freshmen, 24% were Sophomores, and 13% were Juniors or Seniors, and the four groups did not differ in academic classification among men, $\chi^2(6, N=193) = 10.29$, p=.11; or women, $\chi^2(6, N=203) = 5.94$, p=.43.

Measures

Demographics. A five-item demographic measure included questions about sex, age, race/ethnicity, academic classification, and relationship status.

Conflict Tactics Scale-2 (CTS2). The CTS2 (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) is a self-report measure of conflict tactics to and by others. The questions are introduced by a statement saying that "No matter how well people get along, there are times when they disagree" and noting that "People also have many ways of trying to settle their differences." We included 66 items and excluded the 12 Negotiation scale items. The Physical Violence scale, which is the focus of the present work, includes 12 items, of which 5 are minor (e.g., "Threw something at my partner that could hurt") and 7 are severe (e.g., "Used a knife or gun on my partner"). Responses to each item range from 0 (this has never happened or has not happened in the past year) to 6 (more than 20 times in the past year). An additional response "Not in the past year, but it did happen before" (7) was scored as a 0. We included two versions of the CTS2. On the CTS-Partners, respondents indicated how often they experienced each act to and by their partners. On the CTS-Others, respondents indicated how often they experienced each act to and by others (strangers, friends, family, or acquaintances). For CTS-Partners and CTS-Others, we added the responses to the 12 Physical Assault/ Violence items so that higher scores indicate more violence (more frequent and/or more severe violence). The internal consistency reliability, construct validity, and discriminant validity of the CTS2 have been found to be good (Straus et al., 1996).

Sexuality Scale (SS). The SS (Snell & Papini, 1989) is a 30-item self-report measure with three scales: Sexual Esteem, Sexual Preoccupation, and Sexual Depression. Five items on each scale are reverse scored. The 10 Sexual Esteem questions concern feelings about one's competence in sexual situations (e.g., "I would rate my sexual skill quite highly"). The 10 Sexual Preoccupation questions concern preoccupation with sex (e.g., "I think about sex all the time"). The 8 Sexual Depression questions concern depression about one's sexual

life (e.g., "I feel down about my sex life"). Participants respond on a 5-point Likert-type scale ranging from +2 (*agree*) to 0 (*neither agree nor disagree*) to -2 (*disagree*). Two additional items originally on the Sexual Depression scale are not scored but remain in the SS as buffer items (Snell & Papini, 1989). Higher scores indicate more of the scale characteristic.

Internal consistency reliability is high (Lee, Pattison, Jackson, & Ward, 2001; Snell, Fisher, & Schuh, 1992; Snell & Papini, 1989). Four-week test–retest reliability is adequate for both men and women (Sexual Esteem, .69 to .74; Sexual Depression, .67 to .76; and Sexual Preoccupation, .70 to .76). Validity has been evaluated by examining the relationship of the SSs to other measures (Snell, Fisher, & Schuh, 1992).

CUGE. The CUGE (Agertgeerts et al., 2000) is a four-item scale developed to screen for alcohol abuse among college students. The scale is named for the items, which include inquiry about whether the respondent has done the following: C = cut down on alcohol use, U = been under the influence of alcohol while driving, G = felt guilty about drinking, E = had a drink in the morning to get rid of a hangover ("eye opener"). Respondents indicate whether the answer to each question is "no" (0) or "yes" (1). Scores range from 0 to 4, and higher scores indicate more likelihood of alcohol problems. Agertgeerts et al. (2000) have found good sensitivity and specificity, with a cutoff of 1 or more indicating alcohol problems.

Center for Epidemiologic Studies—Depressed Mood Scale (CES-D). The CES-D (Radloff, 1977) is a 20-item scale developed to screen for depression. Respondents indicate how often they experienced each item in the past week on a scale ranging from 1 (rarely or none of the time [less than 1 day]) to 4 (most or all of the time [5-7 days]). Scores range from 20 to 80, and higher scores indicate more depression. Reliability, construct validity, and discriminant validity are good (Radloff, 1977, 1991).

Trait Anger Scale (TAS). The TAS (Spielberger, Jacobs, Russell, & Crane, 1983) is a 15-item self-report measure assessing the frequency of anger experiences over time. The questions range from minor anger (e.g., "I feel irritated") to severe (e.g., "When I get frustrated, I feel like hitting someone"). Respondents rate each item on a 4-point scale ranging from 1 (almost never) to 4 (almost always). Total scores range from 15 to 60, and higher scores indicate greater trait anger. The TAS has high internal consistency. Two-week test-retest reliability is adequate (between .70 and .77; Jacobs, Latham, & Brown, 1988). Convergent and discriminant validity are also good (Spielberger, Jacobs, Russell, & Crane, 1983).

Procedures

Volunteers in beginning psychology classes met in groups of 2 to 25 people and completed the self-report measures described above, arranged in counter-balanced order, during two academic semesters. Respondents did not put their names or any identifier on the forms. Respondents completed the measures in 25 to 50 minutes. Participation was one of several ways of meeting a class requirement. Participants were treated in accordance with the *Ethical Principles of Psychologists and Code of Conduct* of the American Psychological Association (2002), and the procedures were approved by the Institutional Review Board of the university.

Data Analysis

Based on responses to the CTS2, data from men and women were grouped into those who reported committing physical violence to partners only (P-only), those who reported committing physical violence to non-partners only (NP-only), those who reported committing physical violence to both partners and non-partners (Both), and those who reported committing no physical violence to either partners or non-partners (Neither). Differences in the proportion of men and women in the four groups were assessed with Fisher's exact tests.

We compared the ages of men and women in the four physical violence groups with factorial analysis of variance (ANOVA) tests with sex (men and women) and violence groups (P-only, NP-only, Both, and Neither) as factors. We compared the race/ethnicity and academic classification with chi-square tests for the men and for the women. Next, we used factorial ANOVA tests to compare groups on Sexual Esteem, Sexual Preoccupation, Sexual Depression, CES-D, and CUGE scores of men and women in the four groups, with univariate follow-up tests where appropriate.

Results

Differences Between Men and Women in Violence Group Membership

Of the 193 men and 203 women, more women than men reported committing physical violence to partners (38% of the men vs. 53% of women; Fisher's exact test, two-tailed, p=.0009). More men than women reported committing physical violence to non-partners (73% of the men vs. 56% of the women; Fisher's exact test, two-tailed, p=.0005). The percentage of men and women in the four groups is shown in Table 1.

Extent of Violence

The violence groups differed in the extent of physical violence to partners, F(3, 388) = 64.40, p < .0001, as would be expected. Men and women did not differ significantly in physical violence to partners, F(1, 388) = 2.91, p = .09; and the interaction between violence groups and sex was not significant, F(1, 388) = 1.09, p = .35. The violence groups differed in the extent of physical violence to nonpartners, F(3, 388) = 37.181, p < .0001; and there were differences between men and women, F(1, 388) = 10.57, p = .001; and a significant interaction between sex and groups, F(3, 388) = 5.76, p = .0007. Men had higher physical violence scores than women to non-partners in both the NP-only groups (M = 8.7 vs. 4.1), and the Both groups (M = 11.4 vs. 4.9) in both cases.

Differences between sex and violence groups. The means for each group are shown in Table 1, and the results of the ANOVA tests are shown in Table 2. With respect to Sexual Esteem, men had higher scores than women, and the scores of people in the four violence groups did not differ. With respect to Sexual Depression, people in the Neither groups had lower scores than did people in the P-only, NP-only, and Both groups, which did not differ from each other. With respect to Sexual Preoccupation, men had higher scores than women. On Sexual Preoccupation, the scores of people in the Neither and P-only groups did not differ, and both were lower than the scores of people in the NP-only and Both groups

Table 1
Mean Values and Standard Deviations for Men and Women in Four Physical Violence Groups: No Commission of Violence (Neither),
Commission of Violence to Partners Only (P-Only), to Non-Partners Only (NP-Only), or to Both Partners and Non-Partners (Both)

			Men		Women				
Measure	Neither	P-only	NP-only	Both	Neither	P-only	NP-only	Both	
			Stu	ıdy 1					
N (%)	44 (22.8)	9 (4.7)	75 (38.9)	65 (33.7)	64 (31.5)	26 (12.8)	27 (13.3)	86 (42.4)	
Conflict Tactics Scale									
To partners	0.0(.0)	6.2 (8.5)	(0.) (0.)	6.4 (7.4)	(0.)	3.2 (4.3)	0.0(.0)	5.9 (4.7)	
To non-partners	(0.) (0.)	(0.) (0.)	8.7 (9.0)	11.4 (11.2)	(0.)	(0.) (0.)	4.1 (6.3)	4.9 (4.7)	
Sexuality Scale									
Sexual Esteem	2.8 (2.9)	0.3(2.5)	2.8 (4.5)	3.0 (3.2)	1.0 (3.6)	0.1(3.7)	1.7 (2.9)	0.9(4.9)	
Sexual Depression	-8.1(4.4)	-4.3(4.4)	-6.5(5.3)	-5.3(5.2)	-7.5(4.8)	-6.0(5.0)	-5.9(4.3)	-5.6(5.7)	
Sexual Preoccupation	.57 (7.5)	-2.3(4.8)	1.9 (7.8)	3.1 (6.3)	-5.7(8.1)	-7.2(8.5)	-3.3(8.1)	-3.5(8.8)	
CUGE	1.5 (1.2)	1.8 (1.4)	2.1 (1.4)	2.0(1.3)	1.3 (1.1)	1.5 (1.5)	1.7 (1.4)	1.9 (1.3)	
CES-D	29.7 (8.0)	35.4 (7.1)	32.6 (8.4)	33.0 (7.5)	31.4 (9.3)	35.1 (9.6)	34.6 (9.7)	33.4 (8.7)	
TAS	25.4 (5.5)	27.3 (10.2)	30.0 (6.7)	34.9 (8.5)	26.5 (6.9)	27.3 (6.0)	28.7 (7.0)	29.6 (7.0)	
TAS N	40	4	73	36	59	13	25	33	
			Stu	ıdy 2					
N (%)	35 (21.9)	5 (3.1)	73 (45.6)	47 (29.4)	49 (35.5)	19 (13.8)	22 (15.9)	48 (34.8)	
Conflict Tactics Scale	, ,	, ,	` /	. ,	` /	. ,	, ,	` /	
To partners	0.0(0.0)	5.2 (6.5)	0.0(0.0)	6.0 (8.5)	0.0(0.0)	4.8 (3.5)	0.0(0.0)	5.9 (5.6)	
To non-partners	0.0(0.0)	0.0(0.0)	10.1 (11.0)	14.1 (10.8)	0.0(0.0)	0.0(0.0)	3.9 (4.5)	7.7 (6.1)	
Desire	3.1 (1.4)	2.6 (1.1)	2.8 (1.3)	2.6 (1.3)	3.4 (1.5)	3.7 (1.7)	4.0 (2.2)	3.6 (2.0)	
Intercourse Frequency	4.3 (1.7)	3.0 (1.0)	3.6 (1.8)	4.0 (2.0)	4.1 (1.8)	4.5 (2.2)	4.1 (2.0)	4.6 (2.4)	
Orgasm Frequency	1.1 (0.3)	1.5 (1.0)	1.3 (0.6)	1.1 (0.4)	2.4 (1.2)	2.3 (1.4)	2.5 (.9)	2.5 (1.5)	
Erection Problems	10.4 (2.6)	10.4 (1.3)	10.8 (3.1)	10.7 (2.3)	9.6 (2.1)	10.7 (2.5)	10.4 (2.2)	10.7 (2.5)	
Satisfaction With Sexual	` '/	` /	` /	` '	` '	` '	` /	,,	
Relationship With Mate	5.2 (1.2)	5.0 (1.2)	4.9 (1.4)	4.5 (1.5)	5.2 (1.3)	4.7 (1.7)	5.1 (1.3)	5.3 (1.2)	
Sexual Fantasy Scale—Total	()	,	· · /	(/	(/	()	/		
Sexual Fantasies	57.3 (22.0)	53.2 (18.1)	52.1 (26.0)	60.2 (23.6)	37.7 (20.0)	44.2 (21.0)	36.6 (19.8)	43.9 (24.3)	

Note. Data are presented as M (SD) unless otherwise noted. CUGE = cut back/under the influence/guilty feelings/"eye-opener" drink for morning hangover; CES-D = Center for Epidemiologic Studies—Depressed Mood Scale; TAS = Trait Anger Scale.

(p = .01 in both cases), which did not differ significantly from each other.

On the CUGE, men and women in the NP-only and Both groups had higher scores than those of people in the Neither group (p=.02 and p=.003, respectively). On the CES-D, men and women in the three violence groups had higher scores than those of people in the Neither group (p<.02 in each case), and scores of people in the three violence groups did not differ significantly (p>.27 in each case). On the TAS, people in the Both groups had the highest scores. There were differences between the violence groups in the TAS, particularly for men where the NP-only men had higher TAS scores than had men in the Neither and P-only groups, and men in the Both groups had the highest TAS scores. Among women, the differences between groups were less marked and only the higher scores of women in the Both group were significantly different from the scores of women in the Neither group.

Study 2

Method

Participants

Four hundred and four university students in beginning psychology classes participated in the research. Of these, 217 were men

and 187 were women. Of the men, 189 had been in a relationship with a partner in the past year; were not married, separated, or divorced; and were heterosexual. Of the women, 170 had been in a relationship with a partner in the past year; were not married, separated, or divorced; and were heterosexual. Of the 217 men, 183 had been sexually active with a partner in the past year, reporting sexual intercourse or activity. Of the 186 women, 156 had been sexually active with a partner in the past year. We discarded data from 6 men who reported a primarily homosexual sexual orientation. Data from 4 men and 2 women were discarded because of incomplete responses to the Conflict Tactics Scales. The final data set included 160 men and 138 women who were in a relationship with a partner in the past year, were sexually active with a partner, were heterosexual, and responded to the CTS2.

Measures

The measures included the CTS2 for partners and non-partners, described above.

¹ Neither the amount of physical violence to partners nor the amount of physical violence to non-partners differed for men or women who were sexually active as compared with men and women who were not sexually active.

Table 2
Differences Between Sex, Commission of Physical Violence Group, and the Sex by Group Interaction in Studies 1 and 2: Neither (N), Partner-Only (P), Nonpartner-Only (NP), and Both (B)

	Sex				Group			$Sex \times Group$		
Measure	F	p	Differences	F	p	Differences	F	p	Differences	Effect size R^2
					Study 1	1				
df	1, 388			3, 388			3, 388			
Conflict Tactics Scale										
To partners	2.91	.09		64.40	.0001	N=NP < P=B	1.09	.35		.35
To non-partners	10.57	.001	M > F	37.18	.0001	N=P < NP < B	5.76	.0001	M: NP < B	
-									F: NP = B	.30
Sexuality Scale										
Sexual Esteem	6.69	.01	M > F	1.85	.14		0.57	.64		.06
Sexual Depression	0.05	.82		4.81	.003	N < P = NP = B	0.51	.67		.04
Sexual Preoccupation	32.55	.0001	M > F	3.89	.009	N = P < NP < B	0.20	.89		.17
CUGE	1.67	.20		3.70	.01	N = P < NP = B	0.21	.89		.04
CES-D	0.72	.40		3.40	.02	N < P = NP = B	0.24	.87		.03
TAS	1.31	.25		11.46	.0001	N = P < NP < B	2.82	.04	M: N = P < NP < B	.15
									F: N = P = NP < B	
df (TAS only)	1, 275			3, 275			3, 275			
					Study 2	2				
df	1, 290			3, 290			3, 290			
Conflict Tactics Scale										
To partners	0.04	.84		48.84	.0001	N = NP < P = B	0.01	1.00		.33
To non-partners	8.47	.004	M>F	41.30	.0001	N = P < NP < B	4.35	.01		.34
Sexual History Form										
Desire	13.10	.0003	M>F	0.46	.71		1.37	.25		.08
Frequency of Sexual Activity	2.11	.15		0.67	.57		1.26	.29		.02
Orgasm Frequency	53.30	.0001	M>F	0.26	.86		0.42	.74		.31
Erection Problems	0.30	.58		1.30	.27		0.56	.64		.03
Satisfaction With Sexual										
Relationship With Mate	0.62	.43		0.05	.42		1.55	.20		.04
Sexual Fantasy Scale—Total										
Sexual Fantasies	16.86	.0001	M > F	1.51	.21		0.27	.85		.12

Note. M = male; F = female; CUGE = cut back/under the influence/guilty feelings/"eye opener" drink for morning hangover; CES-D = Center for Epidemiologic Studies—Depressed Mood Scale; TAS = Trait Anger Scale.

Demographics. The demographic measure was as described above with the addition of a question about sexual orientation ranging from 0 (*exclusively heterosexual*) to 6 (*exclusively homosexual*).

Wilson Sexual Fantasy Questionnaire. The Sexual Fantasy Questionnaire (Wilson, 1988) asks respondents to indicate how often they have each of 39 daytime fantasies. A sample item is "Having intercourse with a loved partner." Response categories range from 0 (never) to 5 (regularly). Responses are added to form a Total Sexual Fantasy score, and higher scores show more sexual fantasies. An additional question, not included here, asks the respondent to identify the most exciting of the fantasies.

Sexual History Form (SHF). The SHF (Nowinski & LoPiccolo, 1979) includes 47 multiple choice items for men and 40 multiple choice items for women with Likert-type response options. Responses of "does not apply" are omitted.

Sexual desire, intercourse frequency, orgasm frequency, sexual satisfaction, premature ejaculation, and pain were based on responses to a single relevant item for each area. For example, for sexual desire, the relevant item was "How frequently would you like to have sexual intercourse or activity?" Responses ranged

from 1 (more than once a day) to 9 (not at all). Erection problems by the male partner were based on responses of men and women to five items: (a) "Does the male ever reach orgasm while he is trying to enter the vagina with his penis?" (b) "Does the male have any trouble getting an erection before intercourse begins?" (c) "Does the male have any trouble keeping an erection once intercourse has begun?" (d) "What is the male's typical degree of erection during sexual activity?" and (e) "Does the male ejaculate (climax) without having a full, hard erection?" In the SHF items for desire, orgasm, and satisfaction, lower numbers indicate more of the characteristic than do higher numbers. In the SHF items for erection problems, higher scores indicate more problems.

Procedures

The procedures for Study 2 replicated the procedures for Study 1, described above.

Data Analysis

Data from men and women were grouped on the basis of responses to the CTS2, described above. Differences in the pro-

portion of men and women in the four groups were again assessed with Fisher's exact tests. Demographic characteristics of men and women in the four violence groups were assessed with ANOVA and chi-square tests, as described above, and factorial ANOVA tests were used to compare groups on Total Sexual Fantasies, on SHF Desire, Frequency of Sexual Activity, Orgasm Frequency, and Satisfaction measures, and on SHF Erection Problem and Pain Problem measures, with univariate follow-up tests where appropriate.

Results

Differences Between Men and Women in Violence Group Membership

More women than men reported committing physical violence to partners (44.3% vs. 31.6%; Fisher's exact test, two-tailed, p = .03). More men than women reported committing physical violence to non-partners (74.6% vs. 50.8%; Fisher's exact test, two-tailed, p < .0001). The percentage of men and women in the four groups is shown in Table 1.

Extent of Violence

The violence groups did differ in the extent of physical violence to partners, F(3, 340) = 41.30, p < .0001, and people in the P-only and Both groups reported more commission of violence to partners than did people in the Neither and NP-only groups (p < .0001) in all cases. Violence to partners did not differ between people in the P-only and Both groups (p = .37). Men and women did not differ in the level of violence to partners, F(1, 340) = 0.04, p = .84. The violence groups differed in the extent of physical violence to non-partners, F(3, 340) = 41.30, p < .0001; but there were also differences between men and women, F(1, 340) = 8.47, p = .004; and a significant interaction between sex and groups, F(3, 340) = 4.35, p = .005. Men had higher physical violence scores to non-partners than did women in both the NP-only groups (M = 10.1 vs. 3.9) and in the Both groups (M = 14.0 vs. 7.7, SD = 6.1, p < .0001) in both cases.

Demographics

The men were older than the women (M=19.4 vs. 18.7), F(1,340)=22.0, p=.0001. There were differences between the violence groups in age, F(3,340)=2.64, p=.04; and tests after F showed that people who committed no physical violence (Neither) were older than people who committed violence to nonpartners (NP-only and Both): Neither (M=19.4), P-only (M=18.9), NP-only (M=19.3), Both (M=18.9). The sex by violence group interaction was not significant for age, F(3,340)=0.35, p=.79. Of the participants, 85.1% were White—Non-Hispanic, 8.6% were Hispanic, 3.4% were Black, and 2.6% were Other. Race/ethnicity, grouped into White versus Other, did not differ in the four groups, $\chi^2(3, N=348)=1.98$, p=.58. Of the participants, 56.3% were Freshmen, 24.4% were Sophomores, and 19.3% were Juniors or Seniors, and the four groups did not differ in academic classification, $\chi^2(3, N=348)=10.21$, p=.12.

Differences Between Sex and Violence Groups

The average values of men and women in the four violence groups for SHF and Sexual Fantasy Questionnaire measures are shown in Table 1. The results of the ANOVA tests are shown in Table 2.

Men had higher scores than those of women on Desire, Orgasm Frequency, and Total Sexual Fantasies. There were no differences between the violence groups and no interactions between sex and violence groups on SHF Desire, Intercourse Frequency, Orgasm Frequency, Erection Problems, Satisfaction With the Sexual Relationship With the Partner, or Total Sexual Fantasies.

Discussion

First, physical violence to partners and to non-partners is quite common among young university men and women. The commission of physical violence in the past year was reported by 71% of the men in Study 1 and 78% in Study 2 and by 58% of the women in Study 1 and 64% in Study 2. Somewhat more women than men were physically violent to partners in both studies. This finding, which is especially characteristic of younger people (Archer, 2000), has been reported in many other studies, reviewed by Fiebert (1997) and Archer (2000). More men than women reported physical violence to non-partners in both studies. Although physical violence to non-partners has not been studied as often as physical violence to partners among college students, more physical violence to non-partners by college men as compared with college women has been reported (Cogan & Ballinger, 2005).

In both studies, many men who were physically violent to their partners were also physically violent to non-partners: 91% of the men in Study 1 and 90% of the men in Study 2 who were physically violent to their partners were also physically violent to non-partners. In both studies, many women who were physically violent to their partners were also physically violent to non-partners: 74% of the women in Study 1 and 71% of the women in Study 2 who were physically violent to their partners were also physically violent to non-partners. This finding has important implications for studies of partner violence since "partner violence" is often best understood as general violence, particularly among men.

Second, there were differences between men and women. Men had higher Sexual Esteem scores than did women in Study 1, which has been reported also by Weiderman and Allgeier (1993). Differences between the Sexual Esteem scores of men and women did not reach statistical significance in two earlier studies (Snell, Fisher, & Schuh, 1992; Snell & Papini, 1989), although in both studies men's scores were higher than women's scores. Men had higher levels of Sexual Preoccupation than did women, and men and women did not differ in Sexual Depression, which replicates the findings of Snell and Papini (1989). Men had higher scores than did women on SHF Desire and Orgasm Frequency as well as Total Sexual Fantasies, as others have often reported.

Third, there were some differences between people in the violence groups. Men and women physically violent only to partners (P-only) did not differ in Sexual Preoccupation from people who were not physically violent (Neither). On the other hand, people physically violent only to non-partners (NP-only) had higher Sexual Preoccupation than had people in the Neither and P-only groups, and people violent to both partners and non-partners (Both) had higher scores than had people in the NP-only groups. Further, the effect size of the differences in Sexual Preoccupation was large ($R^2 = .17$; Cohen, 1988). Hurlbert and Apt (1991) found

that men in treatment for partner violence had higher Sexual Preoccupation scores than did men in marital therapy. Differences in TAS anger followed the same pattern, again with a large effect size ($R^2=.15$). Alcohol problems scores were higher among people in the NP-only and Both groups, but the effect size was small at $R^2=.04$. The data do support a role of sexual preoccupation and anger in physical violence to non-partners. In summary, partner and general physical violence are related to antisocial characteristics in a way that partner-only violence is not (see also Cogan & Ballinger, 2005; and Cogan, Porcerelli, & Dromgoole, 2001), and the differentiation between partner-only, non-partner-only, and general violence is important in understanding partner violence.

Hurlbert and Apt (1991) found no differences between partnerviolent and marital therapy men in Sexual Depression. Here, people in the three violence groups had higher scores on sexual depression, and on general depression, than did nonviolent people. The present findings add to other findings showing more depression among people who hit their partners (e.g., Bland & Orn, 1986; Oriel & Fleming, 1998; Schumacher, Feldbau-Kohn, Slep, & Heyman, 2001). Feeling depressed about one's sexual life might be a cause or might be a consequence of the commission of violence. For present purposes, it is most salient that neither general depression nor sexual depression differentiated between people in the three violence groups. Our findings support the idea that people who are violent to non-partners have characteristics associated with antisocial features, such as more sexual preoccupation, more alcohol problems, and more anger. Our findings are in harmony with those of others differentiating between partners who are violent only to partners and people who are generally violent including, for example, Tweed and Dutton (1998); Holtzworth-Munroe, Meehan, Herron, Rehman, and Stuart (2000); and Cogan, Porcerelli, and Dromgoole (2001).

What remains is the question of what differentiates people who report committing physical violence to partners and those who do not. People physically violent only to partners (P-only) had higher levels of Sexual Depression and CES-D Depression than did people who were not violent (Neither) but did not have the elevated levels of alcohol use problems, sexual preoccupation, and anger that characterized people violent to non-partners (NP-only and Both groups). On the other hand, as compared with people physically violent to non-partners only (NP-only), people violent to both partners and non-partners (Both) had higher levels of anger, alcohol use problems, and sexual preoccupation. Measures of sexuality itself, including sexual interest and satisfaction, and a measure of sexual fantasy did not differentiate between groups among either men or women. However, the effect sizes of the two variables that differentiated people violent only to partners (Ponly) from people who were not violent (Neither) were small (SS Sexual Depression $R^2 = .04$; CES-D $R^2 = .03$).

Being conservative with respect to effect sizes, and considering only comparisons in which the violence groups differed significantly and only the three variables with effect sizes greater than $R^2 = .10$, it might be possible to summarize the results by saying simply that angry, sexually preoccupied people hit non-partners and very angry and very sexually preoccupied people hit both partners and non-partners. Sexual preoccupation is involved in violence but does not seem to be related narrowly to the commission of physical violence only to partners. Our best conclusion is

that sexuality is not directly related to violence to partners, at least in people of college age.

Certainly the present work has limitations. First, the population in both studies was young (average age of 19.2 years) and in dating rather than married/committed relationships. Few men were in the P-only group in either study. The SHF measures of Desire, Orgasm Frequency, and Satisfaction were limited to single items. In future studies, anxiety about intimacy might be considered.

Although our success at understanding partner violence has been modest, our findings about the extent of the commission of physical violence to partners and to non-partners among college students are unique and interesting and merits further research, and the present work adds to understanding the commission of physical violence.

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