

## Examining the Correlates of Psychological Aggression Among a Community Sample of Couples

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In this study, the authors examined the correlates of psychological aggression victimization and perpetration among a community sample of 145 heterosexual couples. For both women and men, psychological aggression victimization was associated with greater psychological distress, anxiety, and physical health symptoms beyond the effects of physical aggression. Psychological aggression victimization was also uniquely associated with higher levels of depression for women. Trait anger and poor relationship adjustment were the strongest correlates of psychological aggression perpetration across genders. Childhood father-to-child and father-to-mother aggressions were associated with psychological aggression perpetration for men only, suggesting possible distinct etiologies across genders. These data highlight the importance of the further development of models for psychological aggression in both women and men.

*Keywords:* psychological aggression, physical aggression, anger, relationship adjustment

The study of psychological aggression has increased in recent years because of evidence of the deleterious ef-

fects of these behaviors, primarily among samples of battered women. The majority of battered women report that psychological aggression is more emotionally damaging than physical aggression (Follingstad, Rutledge, Berg, Hause, & Polek, 1990), and this form of aggression has recently been shown to be uniquely associated with a range of mental health outcomes, particularly mood and anxiety symptoms and disorders and psychological distress (Arias & Pape, 1999; Haj-Yahia, 1999; Sackett & Saunders, 1999). Recent studies have also found psychological aggression to be related to physical health outcomes beyond the effects of physical aggression (Coker et al., 2002; Straight, Harper, & Arias, 2003), and similar patterns of health problems have been reported among those experiencing each form of aggression (Coker, Smith, Bethea, King, & McKeown, 2000).

Despite recent progress in the understanding of the impact of psychological aggression, research to date has primarily focused on perpetration by men in relationships (Hines & Malley-Morrison, 2001). Predominant conceptualizations of psychological aggression have focused on how these behaviors, together with physical aggression, form a comprehensive pattern of control and intimidation that is linked to the gendered dynamics of power in society (Pence & Paymar, 1993), thereby downplaying perpetration by women. Although this model may apply well to clinic and

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shelter samples in which men have been severely assaultive, psychological aggression has been shown to be equally or more prevalent among women relative to men in dating and community samples (Hines & Saudino, 2003; Magdol, Moffitt, & Caspi, 1997; Straus & Sweet, 1992). For the current study, *psychological aggression* was defined as “coercive or aversive acts intended to produce emotional harm or threat of harm. In contrast to physical abuse, these coercive behaviors are not directed toward the target’s bodily integrity, but are instead directed at the recipient’s sense of self” (Murphy & Cascardi, 1999, p. 202). Psychological aggression by both women and men drawn from community samples warrants careful investigation, as these behaviors may have deleterious consequences on the quality and stability of relationships and given that the vast majority of women and men engage in at least some of these behaviors (Stets, 1990).

Few studies have comprehensively examined the correlates of psychological aggression perpetration by women and men, and this small research base has been characterized by relatively weak associations and a lack of replication across studies (see Schumacher, Slep, & Heyman, 2001, for a review). However, some initial work suggests the salience of both proximal and distal risk factors for psychological aggression perpetration, including (but not limited to) physical aggression exposure in childhood (Avakame, 1998; Stets, 1990), higher anger (Dutton, 1995; Dutton & Starzomski, 1993; Feldbau-Kohn, Heyman, & O’Leary, 1998), alcohol use factors (Stets, 1990; Straus & Sweet, 1992), and poorer relationship adjustment (O’Leary, Malone, & Tyree, 1994; Sagrestano, Heavey, & Christensen, 1999). Although few researchers to date have examined correlates of women’s psychological aggression, available evidence similarly suggests the potential relevance of these factors (Avakame, 1998; O’Leary et al., 1994; Sagrestano et al., 1999; Stets, 1990; Straus & Sweet, 1992). Additional investigation into the correlates of psychological aggression may assist in the elucidation of marker variables for these problematic behaviors and thus support etiological theory development for both women and men.

A heavy reliance on help-seeking or clinical samples of battered women in the investigation of psychological aggression hinders the generalizability of findings to other populations because the frequency and severity of relationship aggression are much higher, on average, among these women than among those in community samples (Schlee, Heyman, & O’Leary, 1998). Further, psychological aggression within the context of severe, co-occurring physical aggression may have distinct consequences and risk factors (Johnson & Ferraro, 2000; Murphy & Cascardi, 1999). In the current study, we examined the correlates of psychological aggression victimization and perpetration among a community sample of married and cohabitating couples who generally reported less severe physical aggression than did those who participated in previous studies of help-seeking individuals.

Our primary aims in this investigation were to examine (a) the relationships between psychological aggression victimization and psychological distress, depression, anxiety,

and physical health symptoms, while accounting for physical aggression among a community sample of married and cohabitating couples; (b) the relationships between childhood physical aggression exposure variables, anger, alcohol use factors, relationship adjustment, and psychological aggression perpetration; and (c) potential differences in these patterns of associations for female and male partners. Psychological aggression was expected to be associated with all of the correlates of interest for women and men. Given the lack of research on the impact and correlates of psychological aggression perpetrated by women, no specific hypotheses were made with respect to gender differences in these associations.

## Method

### *Participants*

Participants were 145 couples recruited as the comparison group for a larger investigation in which the natural history of relationship aggression among those in treatment for alcoholism was examined. Participating couples were recruited from the Plymouth County region of Massachusetts by a market research firm that used random-digit dialing. Inclusion criteria were as follows: (a) Each couple consisted of a male partner and a female partner; (b) both members of the couple were between the ages of 18 years and 64 years; (c) the male partner had not sought professional treatment for alcohol or drug abuse in the past year; (d) each couple was married or cohabitating; (e) each couple was living together at the time of the assessment and for the 12 months prior to the assessment; (f) each couple had not been separated for more than 4 months in the prior year; (g) each couple was not separated or planning a divorce at the time of the assessment; and (h) both members of each couple individually agreed to participate in the study. All of the data used for this study were drawn from a 3-hr baseline assessment conducted with couples either at the research site or at the participant’s home. Couples were paid \$100–\$125, depending on the location of the assessment. Separate but concurrent assessments were conducted with each partner to ensure confidentiality and to prevent the couple from discussing their responses with each other.

Female participants endorsed the following racial and ethnic identifications (individuals were allowed to endorse more than one category): Caucasian (99%,  $n = 143$ ), American Indian or Alaskan Native (4%,  $n = 6$ ), and African American (1%,  $n = 2$ ). These women averaged 39.7 years ( $SD = 8.3$  years) of age and 14.9 years ( $SD = 2.3$  years) of formal education. Regarding their employment status, 77 (53%) were employed full time, 37 (26%) were employed part time, 28 (17%) were unemployed, 2 (1%) were retired, and 1 (1%) was a student.

Male participants endorsed the following racial and ethnic identifications (individuals were allowed to endorse more than one category): Caucasian (94%,  $n = 136$ ), African American (3%,  $n = 4$ ), American Indian or Alaskan Native (2%,  $n = 3$ ), Asian (2%,  $n = 3$ ), Hispanic (2%,  $n = 3$ ), Native Hawaiian or Pacific Islander (1%,  $n = 1$ ), and none of the above (3%,  $n = 4$ ). These men averaged 41.6 years ( $SD = 8.9$  years) of age and 14.7 years ( $SD = 2.6$  years) of formal education. Regarding their employment status, 132 (91%) were employed full time, 7 (5%) were employed part time, 4 (3%) were unemployed, and 2 (1%) were retired.

Couples reported living together for an average of 14.1 years ( $SD = 9.1$  years). Of the couples, 130 (90%) were married, and 15 (10%) of the couples were cohabitating and unmarried. Participant

ethnicity and annual income were consistent with the demographics of the area from which participants were recruited.

### Measures

Physical aggression was measured with the 12-item Physical Assault subscale of the Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Participants reported the frequency of each behavior during the previous 6 months on a scale of 0 (*never*) to 6 (*more than 20 times*). These scores were recoded to reflect *variety scores*, or the total number of items that were positively endorsed. Variety scores reduce skewness, give equal weight to different behaviors, and take memory limitations into account, thereby increasing reliability (Moffitt et al., 1997). As a guard against underreporting, an item was counted if it was endorsed by either partner. These scores were log-transformed to further reduce skew and kurtosis. The measure's internal consistency reliability estimates were .81 and .83 for female- and male-perpetrated physical aggression, respectively.

Psychological aggression was measured with a composite of the 8-item CTS2 Psychological Aggression subscale and 14 items from the Psychological Maltreatment of Women Inventory (Tolman, 1989). This composite measure was used because the CTS2 measure contains a limited number of items. All items were consistent with definitions of psychological aggression as coercive or aversive behaviors intended to produce emotional harm or threat of harm (Murphy & Cascardi, 1999). We modified Psychological Maltreatment of Women Inventory items to assess female-to-male aggression, in addition to assessing male-to-female aggression with the standard item format. Psychological Maltreatment of Women Inventory items were chosen if they did not reflect the same behavior as any CTS2 item, could be applicable to nonviolent respondents, and evidenced a factor loading of .50 or higher and were endorsed as occurring *occasionally* or more often in Tolman (1989). Response options and scoring for the composite psychological aggression measure were the same as those for physical aggression, and these scores were likewise log-transformed. Internal consistency reliability estimates were .85 and .86 for female- and male-perpetrated psychological aggression, respectively.

Psychological symptoms were assessed with the Brief Symptom Inventory (BSI; Derogatis, 1975). The BSI is a 53-item self-report measure encompassing nine primary symptom dimensions. In this study, the Global Severity Index was examined as a measure of overall psychological distress. The Depression and Anxiety subscales were also examined. Each BSI item is rated on the basis of how much respondents were bothered by the symptom in the 7 days prior to the assessment. Responses are given on a 5-point scale, ranging from 0 (*not at all*) to 4 (*extremely*). Global Severity Index scores reflect the mean response to all 53 items, and the Depression and Anxiety scores were computed by summing responses to the six items that constitute each subscale. Internal consistency reliability estimates for the Global Severity Index were .94 for female reports and .96 for male reports. Internal consistencies for the Depression and Anxiety subscales ranged from .65 to .83.

Physical health symptoms were assessed with the Physical Symptom subscale of the Health and Daily Living Form (Moos, Cronkite, Billings, & Finney, 1984). Participants provided a yes or no response with regard to whether they had experienced each of 12 health symptoms "fairly often" over the previous 6 months. Positively endorsed items were summed. Internal consistency reliability estimates for this measure were .75 and .79 for female and male participants, respectively.

Parent-to-child physical aggression was assessed with 14 interview items derived from prior research on family-of-origin violence among partner-violent men (Murphy, Meyer, & O'Leary, 1993). Participants reported whether they had experienced each of seven physically aggressive behaviors as perpetrated by their (a) father or father figure and (b) mother or mother figure. Positively endorsed items were summed to arrive at a total score for each parent. Internal consistency reliability estimates for both female and male participants ranged from .98 to .99 for father- and mother-perpetrated physical aggression.

Exposure to interparental physical aggression was examined with a modified version of the CTS2 Physical Assault subscale. These 12 items assessed interparental physical aggression perpetrated by participant's (a) father or father figure and (b) mother or mother figure. Positively endorsed items were summed and yielded scores of father-to-mother and mother-to-father aggression. Higher scores indicated higher physical aggression exposure. The internal consistency reliability estimates for female and male reports, respectively, were .83 and .82 for father-to-mother perpetration and .80 and .72 for mother-to-father perpetration.

Anger was measured with the Trait Anger subscale of the State-Trait Anger Expression Inventory (STAXI; Spielberger, 1988). This measure assesses how often the respondent experiences each of 10 anger-related feelings. Responses are given on a scale from 1 (*almost never*) to 4 (*almost always*), with higher scores indicating higher trait anger. Internal consistency reliability estimates for female and male participants were .85 and .75, respectively.

Alcohol use frequency and consumption were assessed with two items from the Quantity-Frequency Index (Cahalan, Cisin, & Crossley, 1969). Participants reported the frequency of alcohol use in the previous 6 months with an 8-point scale that was recoded to reflect the estimated number of days that alcohol was used. Alcohol consumption was measured with reports of the typical number of standard drinks (one standard drink contains approximately .5 oz [14.78 ml] of ethanol) consumed on the days that alcohol was used during the prior 6 months.

Relationship adjustment was assessed with the Positive Feelings Questionnaire (PFQ; O'Leary, Fincham, & Turkewitz, 1983), an 18-item measure that assesses positive emotions toward a relationship partner. The PFQ comprises two subscales assessing feelings regarding emotional and physical aspects of the relationship. Responses are rated from 1 (*extremely negative*) to 7 (*extremely positive*), with higher scores indicating more positive perceptions of the relationship. The internal consistency reliability estimates for the PFQ were .96 and .97 for female participants and male participants, respectively.

### Analyses

Descriptive statistics were computed for all study variables. Multivariate analysis of variance tests (MANOVAs) were then conducted to examine gender differences on the relationship aggression measures, correlates of psychological aggression victimization, and correlates of psychological aggression perpetration. Statistically significant MANOVAs were followed by paired-sample *t* tests.

Next, a series of multiple regression analyses was conducted to determine the unique associations between psychological aggression and mental and physical health variables while controlling for physical aggression. Eight regressions were computed, corresponding with the four outcomes for both women and men. The physical and psychological aggression measures were entered together as predictors in each regression equation to determine the measures' unique associations with the variables of interest.

We computed Pearson correlations to examine associations between the childhood exposure to physical aggression variables, anger, alcohol use factors, and relationship-adjustment variables and psychological aggression perpetration for women and men. Then, we examined the relative predictive abilities of all of the significant correlates of psychological aggression perpetration in separate multiple regression analyses for women and men. For all analyses, effect sizes were interpreted in terms of suggestions made by Cohen (1988), and differences in the magnitude of associations were also examined (Roscoe, 1975).

## Results

### *Intimate Partner Aggression Reporting and Descriptive Statistics*

In this sample, 12% of couples reported at least one act of physical aggression perpetration over the prior 6 months for both women and men; 97% of couples reported at least one act of psychological aggression perpetration over the same time period across genders. These rates are comparable to, or somewhat higher than, previous representative community sample studies that have used the original version of the Conflict Tactics Scale, partner (rather than couple) reports, and a 12-month time window (Magdol et al., 1997; Stets, 1990; Straus & Gelles, 1990).

Descriptive statistics for the study variables are provided in Table 1. A MANOVA examining gender differences on the relationship aggression measures was nonsignificant,  $F(2, 287) = 0.41, ns$ . Women and men both averaged variety scores of approximately 1 for physical aggression and 9 for psychological aggression. No differences were found between genders on the victimization correlates,  $F(4, 285) = 2.04, ns$ . A significant MANOVA was obtained for the perpetration correlates,  $F(8, 281) = 4.90, p < .01$ . Paired-sample  $t$  tests indicated that men reported relatively higher levels of father-to-child aggression,  $t(289) = -3.60, p < .01, r = -.29$ ; alcohol use frequency,  $t(289) = -2.93, p < .01, r = -.24$ ; and alcohol consumption,  $t(289) =$

$-4.51, p < .01, r = -.35$ ; with small-to-medium effect sizes for these contrasts.

### *Correlates of Relationship Aggression Victimization*

Physical aggression was not uniquely associated with partners' BSI Global Severity Index or the BSI Depression and Anxiety subscales when entered with psychological aggression as predictors in multiple regression analyses. Partial associations (partial  $r$ ) between male-perpetrated physical aggression and these outcomes ranged from  $-.08$  to  $.01$ ; partial associations between female-perpetrated physical aggression and these outcomes ranged from  $-.09$  to  $.01$ . Surprisingly, female-perpetrated physical aggression evidenced a small negative association with men's physical health symptoms ( $r = -.18$ ). Male-perpetrated physical aggression was not associated with women's physical health symptoms ( $r = -.05$ ).

With one exception, for both women and men, psychological aggression victimization was uniquely associated with each measure of mental and physical health (see Table 2). Female-to-male psychological aggression was not uniquely associated with men's BSI Depression subscale scores, and this association was significantly lower than that found for men's aggression ( $z = 2.02, p < .05$ ). Psychological aggression perpetration was also a slightly stronger positive predictor of BSI Global Severity Index scores, BSI Anxiety subscale scores, and physical health symptoms for male perpetrators relative to female perpetrators, though the magnitude of these associations did not significantly differ across genders.

### *Correlates of Psychological Aggression Perpetration*

Table 3 displays the associations between the potential correlates and psychological aggression perpetration. For men, higher psychological aggression perpetration was predicted by both higher father-to-child and father-to-mother

Table 1  
*Descriptive Statistics for Study Variables*

Variable	Women			Men		
	<i>M</i>	<i>SD</i>	Range	<i>M</i>	<i>SD</i>	Range
Physical aggression	1.02	1.84	0–8	0.93	1.84	0–9
Psychological aggression	9.44	4.58	0–22	8.95	4.68	0–21
BSI Global Severity Index	0.32	0.31	0–1.42	0.28	0.34	0–2.02
BSI Depression	1.95	2.96	0–17	1.52	2.66	0–17
BSI Anxiety	2.06	2.37	0–10	1.78	2.42	0–11
Physical health symptoms	2.55	2.59	0–11	1.76	2.51	0–10
Father-to-child physical aggression	1.06	1.28	0–7	1.60	1.45	0–7
Mother-to-child physical aggression	1.47	1.31	0–7	1.74	1.23	0–6
Father-to-mother physical aggression	0.65	1.53	0–10	0.48	1.33	0–10
Mother-to-father physical aggression	0.46	1.09	0–7	0.46	1.09	0–7
STAXI Trait Anger subscale	16.57	3.92	10–34	17.04	4.80	10–37
Alcohol use frequency	25.46	39.09	0–180	37.75	47.23	0–180
Alcohol consumption	1.61	1.46	0–10	2.39	2.16	0–16
PFQ	103.95	15.00	49–119	105.28	15.24	26–119

*Note.* All abuse variables refer to perpetration rather than victimization. BSI = Brief Symptom Inventory; STAXI = State-Trait Anger Expression Inventory; PFQ = Positive Feelings Questionnaire.

Table 2  
*Partial Associations Between Psychological Aggression and Outcome Variables*

Variable	BSI Global Severity Index	BSI Anxiety subscale	BSI Depression subscale	Physical health symptoms
Women's outcomes				
Male-to-female psychological aggression	.41**	.31**	.36**	.25**
Men's outcomes				
Female-to-male psychological aggression	.24**	.23**	.14	.22**

Note. Physical aggression scores were statistically controlled for in all analyses. BSI = Brief Symptom Inventory.  
 \*\*  $p < .01$ .

physical aggression in childhood, with associations falling within the small-to-medium range. Relationships were not found between the childhood aggression exposure variables and psychological aggression perpetration among women, although the association involving father-to-mother physical aggression approached significance ( $p = .06$ ). Trait anger was positively associated with psychological aggression for both genders, with comparable associations in the medium range. Surprisingly, for men, alcohol use frequency was negatively associated with psychological aggression, with a small effect size. No other associations involving the alcohol use variables were obtained. The PFQ represented a significant correlate of psychological aggression perpetration for women and men such that poorer relationship adjustment was associated with higher aggression. These associations were comparable across genders and medium in magnitude.

Results from multiple regression analyses focused upon the relative predictive ability of the significant correlates of women's and men's psychological aggression perpetration are presented in Table 4. Taken together, Trait Anger and PFQ scores accounted for approximately 21% of the variance in women's psychological aggression scores, and both correlates were uniquely associated with the outcome. A similar pattern was found for men. The correlates accounted for approximately 22% of the variance in men's psychological aggression perpetration, and the Trait Anger and PFQ measures were the only significant unique correlates with associations in the expected direction.

Table 3  
*Correlates of Psychological Aggression Perpetration*

Potential correlates	Women	Men
Father-to-child physical aggression	.07	.21*
Mother-to-child physical aggression	.06	.04
Father-to-mother physical aggression	.16	.17*
Mother-to-father physical aggression	.09	.08
STAXI Trait Anger subscale	.38**	.31**
Alcohol use frequency	-.07	-.18*
Alcohol consumption	-.02	-.14
PFQ	-.33**	-.35**

Note. STAXI = State-Trait Anger Expression Inventory; PFQ = Positive Feelings Questionnaire.  
 \*  $p < .05$ . \*\*  $p < .01$ .

## Discussion

Consistent with recent research conducted primarily among samples of help-seeking battered women (Arias & Pape, 1999; Sackett & Saunders, 1999), findings from this community sample of couples indicate that psychological aggression was associated with mental and physical health variables beyond the effects of physical aggression. Moreover, psychological aggression was a stronger unique positive predictor of each outcome. Coupled with the high rates of psychological aggression and low rates of physical aggression, the data suggest that psychological aggression has an independent deleterious effect. It has been suggested that the relatively stronger effects of psychological aggression are due to its higher frequency and pervasiveness and to the specific intent to impact the target's well-being (Arias & Pape, 1999). Further, those who experience psychological aggression without physical aggression may not recognize such aggression, leading to prolonged exposure and negative consequences (see Follingstad & DeHart, 2000).

The comparable rates of relationship aggression perpetration across genders, and findings of associations between psychological aggression victimization and men's mental and physical health, suggest that conceptualizations of psychological aggression based solely on gendered power dynamics are inadequate for this population. However, men's psychological aggression exhibited a slightly higher association with the mental health variables, with a statistically significant gender difference found for depression. These results suggest the possibility that men's psychological aggression has a relatively larger mental health impact than women's psychological aggression.

Several correlates were found for psychological aggression perpetration for women and men. Trait anger was associated with higher psychological aggression perpetration across genders, both when evaluated at the bivariate level and when other significant correlates were controlled for. These findings are consistent with results of investigations of clinical samples of partner-violent men (Dutton, 1995; Dutton & Starzomski, 1993; Feldbau-Kohn et al., 1998). We are not aware of any previous published study that has demonstrated this association among women or among participants obtained from a community sample. These findings suggest the potential usefulness of anger

Table 4  
*Multiple Regression Analyses: Correlates of Psychological Aggression*

Variable	$\beta$	$t$	Partial $r$	$p$
Female-to-male psychological aggression				
Female participant <sup>a</sup>				
STAXI Trait Anger subscale	.33	4.39	.35	.00
PFQ	-.27	-3.55	-.29	.00
Male-to-female psychological aggression				
Male participant <sup>b</sup>				
Father-to-child physical aggression	-.09	-1.04	-.09	.30
Father-to-mother physical aggression	.14	1.65	.14	.10
STAXI Trait Anger Subscale	.23	2.97	.24	.00
Alcohol use frequency	-.17	-2.18	-.18	.03
PFQ	-.28	-3.54	-.29	.00

Note. STAXI = State Trait-Anger Expression Inventory; PFQ = Positive Feelings Questionnaire.  
<sup>a</sup> $R^2 = .21$ ,  $F(2, 142) = 19.30$ ,  $p < .01$ . <sup>b</sup> $R^2 = .22$ ,  $F(5, 139) = 7.61$ ,  $p < .01$ .

management interventions in reducing psychological aggression for both women and men.

Global relationship adjustment also represented a significant correlate of psychological aggression across analyses and genders, such that better adjustment was associated with less aggression. This is consistent with one prior investigation among a community sample of couples in which the researchers found that psychological aggression serves as an intermediary variable between marital problems and physical aggression perpetration for both women and men (O'Leary et al., 1994) and with another more recent study of married couples recruited from the community (Sagrestano et al., 1999). As suggested by O'Leary et al. (1994), these results point to the importance of targeting relationship problems and negative interaction styles to reduce relationship aggression.

For men in this study, a history of father-to-child and father-to-mother physical aggression was associated with higher psychological aggression perpetration in adulthood. These associations were not found for women, although the relationship between father-to-mother physical aggression and psychological aggression perpetration in adulthood approached significance. As previous work suggests, exposure to childhood violence may represent a stronger etiological factor for relationship aggression perpetrated by men, perhaps because of differential modeling and socialization effects across genders (O'Leary et al., 1994; Stith et al., 2000). Further, consistent with some prior research, it appears that fathers' aggression during childhood may represent a stronger risk factor than mothers' aggression, which may be reflective of differences in power between mothers and fathers (Avakame, 1998).

Selection issues may account for the modest associations involving the alcohol use variables. Male participants in alcoholism treatment were excluded because participants formed a comparison group in a larger investigation in which researchers were examining the natural history of male-perpetrated relationship aggression in a clinical sample of alcoholics. The exclusion of more problematic drinkers may have obscured the relationship between alcohol use

and psychological aggression. Problem drinking has been a much stronger predictor of relationship aggression than overall alcohol use among community samples, with alcohol use variables evidencing inconsistent and modest associations with relationship aggression (see O'Leary & Schumacher, 2003).

Our use of cross-sectional data and retrospective reports limits causal conclusions regarding the impacts of relationship aggression and hinders our ability to examine how the correlates of aggression perpetration interrelate over time. In addition, the correlates we examined are not exhaustive. Psychological aggression victimization correlates with other mental and physical health variables, including low self-esteem, posttraumatic stress disorder, and chronic disease (Arias & Pape, 1999; Coker et al., 2002; Sackett & Saunders, 1999). Psychological aggression perpetration correlates with psychiatric symptomatology and personality disorder features (Dutton, 1995; Kim & Capaldi, 2004), poor communication skills (Babcock, Waltz, Jacobson, & Gottman, 1993), and dissatisfaction with levels of power in relationships (Ronfeldt, Kimerling, & Arias, 1998). Future research should examine a fuller range of possible causes and consequences of psychological aggression. Such work should also be conducted among more diverse community samples to ensure that findings generalize to the larger population.

The pattern of correlates for psychological aggression perpetration is similar to those previously found for physical aggression (see Holtzworth-Munroe, Bates, Smutzler, & Sandin, 1997). This is not surprising given the strong co-occurrence of these two forms of aggression, and given that psychological aggression predicts the development of physical aggression among young couples (Murphy & O'Leary, 1989; O'Leary, Malone, & Tyree, 1994). Prospective studies are needed to determine the unique factors that predict the onset of psychological aggression and the transition from psychological to physical aggression in relationships (Stets, 1990).

This study documented correlates of psychological aggression in a community sample. Psychological aggression

victimization was uniquely related to psychological distress, psychological symptoms, and physical health symptoms across genders. Several correlates were associated with psychological aggression perpetration, and patterns of associations with childhood variables suggest distinct etiologies for women and men. Considering the high reported rates of psychological aggression, its predictive relationship with the emergence of physical aggression, and its harmful effects, it is critical that future investigations attempt to more fully explicate the etiology of this form of aggression in order to direct prevention efforts.

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