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## Dating Violence Victimization and Alcohol Problems: An Examination of Social Support's Stress-Buffering Hypothesis

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To the Graduate Council:

I am submitting herewith a thesis written by Ryan Christopher Shorey entitled "Dating Violence Victimization and Alcohol Problems: An Examination of Social Support's Stress-Buffering Hypothesis." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Psychology.

Gregory L. Stuart, Major Professor

We have read this thesis and recommend its acceptance:

Todd M. Moore, Kristina C. Gordon

Accepted for the Council:

Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

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Dating Violence Victimization and Alcohol Problems: An Examination of Social  
Support's Stress-Buffering Hypothesis

A Thesis Presented for  
the Master of Arts  
Degree  
The University of Tennessee, Knoxville

Ryan Christopher Shorey  
May 2010

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### Acknowledgements

This thesis is dedicated to Deborah L. Rhatigan. Her support, strength, and courage have been truly inspirational. This thesis was made possible by her exceptional mentorship. I am lucky to have had the opportunity to work with her. I will forever miss her.

### Abstract

Recent evidence suggests that victims of dating violence consume alcohol at greater rates than their non-victimized peers, placing them at risk for the negative consequences produced by alcohol use. Thus, research is needed that examines factors that protect victims from consuming alcohol. Toward this end, the present study sought to examine if perceived and enacted support served as stress-buffering variables of the relationship between dating violence victimization and alcohol problems among a sample of currently dating college students. Partial support was found for the stress-buffering effect of perceived support, but findings did not support enacted support as a traditional stress-buffering variable. Implications of these findings for dating violence prevention programming are discussed.

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## Chapter 1

### Introduction and General Information

Violence that occurs in dating relationships is surprisingly prevalent, with physical, sexual, and psychological aggression occurring with great frequency. For instance, sexual aggression occurs in approximately 18% of dating relationships, physical aggression in 30%, and psychological aggression in 80-90% (Shorey, Cornelius, & Bell, 2008). In addition, findings indicate that rates of physical and psychological aggression are similar for males and females (Archer, 2000), with females being more likely to report sexual victimization (Sabina & Straus, 2008). Unfortunately, both male and female victims of dating violence are at an increased risk for developing mental and physical health symptoms (Kaura & Lohman, 2007), including alcohol problems (Cogan & Ballinger, 2006).

#### *Alcohol Use among Victims*

Among victims of dating violence, both males and females consume alcohol in large quantities (Silverman, Raj, Mucci, & Hathaway, 2001), placing them at increased risk for experiencing numerous negative consequences. In fact, victims of dating violence typically consume more alcohol than their non-victimized peers (Coker et al., 2000). Additionally, victims of dating violence as well as victims of domestic violence often consume alcohol immediately following violent incidents (Parks, Hsieh, Bradizza, & Romosz, 2008). This seems to help victims cope with the aftermath of violence (Kaysen et al., 2007), and it appears that alcohol consumption often extends far beyond their victimization experiences (Keller, El-Sheikh, Keiley, & Liao, 2009). Unfortunately, alcohol use among victims place them at increased risk for experiencing continued aggression in all its forms (Parks et al., 2008; Vezina & Hebert, 2007), and may undermine risk perception for future victimizations (Cattaneo, Bell, Goodman, &

Dutton, 2007). Therefore, it is imperative that protective factors for alcohol consumption be identified among victims of dating violence, as this is an especially high-risk group for consuming alcohol and experiencing negative alcohol-related consequences.

## Chapter 2

### Social Support

Perceived social support (PSS) and enacted support have been theorized to be possible protective factors against consuming high rates of alcohol and developing alcohol related problems. PSS is defined as subjective judgments by support receivers that social network members (i.e., family and friends) are available for help during times of stress or discomfort (Barrera, 1986). PSS does not actually involve receiving any support or assistance; it is a perception that support is available during times of stress (Lakey & Scoboria, 2005). Enacted support, on the other hand, refers to specific helping actions of social network members, such as giving advice/guidance and tangible support (i.e., money loan, a car ride) (Barrera, 1986). Stated more simply, enacted support refers to actual supportive transactions between support providers and support receivers. Although related, current evidence suggests that PSS and enacted support are theoretically and empirically distinct types of support (Haber et al., 2007; Uchino, 2009).

#### *Stress-Buffering Hypothesis*

According to the stress-buffering hypothesis of social support, supportive transactions (i.e., enacted support) or perceptions of available support (i.e., PSS) can ameliorate the negative effects of stressful life events (Cohen & Wills, 1985). A large body of research has demonstrated that PSS does indeed buffer, or moderate, the association between stressful life events and negative health outcomes within a wide-range of populations (Cohen & Wills, 1985), including victims of dating violence (e.g., Holt & Espelage, 2005). For instance, PSS from family and friends protect victims of dating violence from increased symptoms of depression and anxiety (Holt & Espelage, 2005), as well as disturbed eating behaviors (Skomorovsky, Matheson, &

Anisman, 2006). However, it is not yet known whether PSS buffers against problematic alcohol use among victims of dating violence.

### *Perceived Social Support*

Though in this regard, Averna and Hesselbrock (2001) examined the association between PSS and alcohol consumption among a sample of adolescents ranging in age from 14-21.

Although this study did not assess for dating violence victimization, results showed that individuals with high PSS from friends reported *more* alcohol consumption than individuals with low PSS. In the same study, PSS from family members was unrelated to alcohol use. However, measurement of PSS may have been less than ideal. Sample items provided appeared to ask participants about supportive transactions (i.e., enacted support) from friends and family, not PSS. In contrast to these findings, other studies on non-victimized college students have shown that greater PSS is related to less alcohol use (Marshal & Chassin, 2000; Turner-Musa & Lipscomb, 2007). Thus, it is likely that these latter studies are a better reflection of the true relation between PSS and alcohol use. If research shows that PSS protects against alcohol problems among victims of dating violence, intervention programs for victims could focus efforts on increasing positive perceptions of available support from family and friends.

Therefore, one aim of the current investigation was to examine whether PSS served a stress-buffering role on alcohol problems among college-aged victims of dating violence.

### *Enacted Support*

In contrast to the beneficial effects of PSS, studies examining enacted support are contradictory at best. Numerous studies support the idea that enacted support does not impact or increases mental health symptoms or problems (Barrera, 1986; Frazier, Tix, & Barnett, 2003), and others demonstrate modest beneficial effects (e.g., Frazier, Tix, Klein, & Arikian, 2000). As

applied to alcohol use and college students, researchers have failed to find a stress-buffering effect for enacted support (Mulia, Schmidt, Bond, Jacobs, & Korcha, 2008) and have not been able to demonstrate an association between enacted support and alcohol use frequency or problems (Brown, Salsman, Brechting, & Carlson, 2007). As discussed earlier, results from Averna and Hesselbrock (2001) suggest that increased enacted support may actually be related to increased alcohol consumption. That is, supporters may encourage or advise their same-age peers to engage in drinking behaviors following stressful life events as a means of coping. In essence, enacted support may actually have a “reverse” stress-buffering effect. Thus, a second aim of the current study was to examine the possible reverse stress-buffering effect of enacted support on the association between dating violence victimization and alcohol problems.

#### *Gender Differences*

However, the above hypothesized effects of PSS and enacted support may differ in terms of the strength of the effect depending on the gender of victims. Research on PSS has shown that female college students often report greater perceptions of available social support than their male counterparts (e.g., Weckwerth & Flynn, 2006). This may be partly due to gender socialization processes, as women are often socialized to develop close interpersonal relationships based on emotional exchange and nurturance (Turner, 1994), whereas men are more often socialized to be independent (Bem, 1987). Thus, the stress-buffering effect of PSS might be more pronounced for female victims. In contrast, the reverse effect of enacted support may be especially strong for male victims, as alcohol use is more prevalent among male social network members and is often used to show and foster feelings of support to a greater extent than for females (Borsari & Carey, 2006). Thus, male social networks may advocate alcohol consumption as a means of coping with their victimization experiences more often than female

victims' social networks. Thus, a third aim of the current study was to examine possible gender differences in the hypothesized stress-buffering effects of social support.

#### *Measurement Issues*

Lastly, it should be noted that research on social support has often failed to distinguish between types of support, or it often combines measures of PSS and enacted support (Rhodes & Lakey, 1999). Since these constructs and their measurement frequently demonstrate opposing associations with mental health and alcohol use and problems, it is important to use validated, reliable and theoretically and empirically separate measures of PSS and enacted support. It is possible that the discrepant findings of social support on health symptoms, and specifically alcohol use, are the product of unsophisticated measurement.



## Chapter 3

### Current Study

Thus, the current study had three primary aims: (1) to examine the potential stress-buffering effect of PSS on the association between dating violence victimization and alcohol problems, (2) to examine the potential reverse stress-buffering effect of enacted support on the association between victimization and alcohol problems and (3) to examine gender differences on the hypothesized effects of PSS and enacted support. Based off previous research and theory, the following hypotheses were examined:

#### *Hypotheses*

- 1: PSS will moderate the association between dating violence victimization (psychological, physical, and sexual) and alcohol problems. That is, victimization experiences will be related to fewer alcohol problems among victims with high PSS. No effect is expected at low levels of PSS.
- 2: Enacted support will have a reverse stress-buffering effect on victimization experiences and alcohol problems. Specifically, victimization experiences will be related to increased alcohol problems among individuals with greater enacted support. No effect is expected at low levels of enacted support.
- 3: Exploratory analyses were conducted to determine if the aforementioned stress-buffering hypotheses varied between males and females.

## Chapter 4

### Method

#### *Participants*

Undergraduate college students from a large southeastern university were recruited to participate in this study. Students who were at least 18 years of age and currently involved in a one-month long or longer dating relationship were eligible for participation and received course credit in return for their participation. A total of 440 students completed all questionnaires. The majority of the participants were female (57.5%), freshman (65%), heterosexual (97.3%), and not living with their dating partner (93.6%). The ethnic background of participants was primarily non-Hispanic White (85%). The mean age of participants was 19.18 ( $SD = 1.47$ ) and the average length of participant's current dating relationships was 11.02 ( $SD = 12.28$ ) months.

#### *Procedure*

All measures of interest were completed using an online survey website that uses encryption to ensure confidentiality of responses. Prior to completing measures, students were provided with an informed consent that they also completed online. Upon consent, students were provided with standardized instructions to all measures. Once all surveys were completed, students were provided with a list of referrals for dating violence and substance use.

#### *Materials*

*Demographic Questionnaire.* This demographic questionnaire asked participants to indicate their age, gender, ethnicity, academic status, sexual orientation and length of their current dating relationship.

*Dating Violence.* The Revised Conflicts Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) was used to measure exposure to dating violence. The CTS2 is a

78-item self-report questionnaire designed to assess the use of five different conflict resolution strategies, including physical assault, sexual coercion, psychological aggression, injury and negotiation. Respondents were instructed to indicate on an 8-point scale (*0=this has never happened to me; 7=not in the past six months, but it happened before*) how often each behavior had occurred in their current dating relationship. Higher scores on the CTS2 correspond to a greater frequency and/or severity of violence exposure. The CTS2 has demonstrated good internal consistency ranging from .79 to .95 (Straus et al., 1996). Internal consistency for the current study was .68 (Sexual Coercion), .74 (Psychological Aggression), and .88 (Physical Assault). In the current study, all three victimization subscales were skewed (range = 2.6 to 5.9) and were log-transformed to reduced skewness (range = 0.4 to 2.1) prior to performing analyses.

*Social Support.* Two separate measures were utilized for the examination of PSS and enacted support. For PSS, the Social Provisions Scale short version (SPS; Cutrona & Russell, 1987) was employed. The SPS is a widely used measure of PSS and has demonstrated exceptional internal consistency and test-retest reliability (Cutrona & Russell, 1987). Respondents indicate the extent to which each of the 12 statements on the SPS is true of their current social network using a four point scale (*1=strongly disagree; 4=strongly agree*). Higher scores on the SPS are reflective of greater PSS. For the current study, participants were instructed to only rate members of their social network (i.e., family and friends, not their current dating partner). Internal consistency for the SPS has been shown to be above .70 (Cutrona, Russell, & Rose, 1986). For the current study, internal consistency was .84

Enacted support was measured using the Inventory of Socially Supportive Behaviors (ISSB; Barrera, Sandler, & Ramsey, 1981). The ISSB contains 40 items that assesses participant's exposure to enacted support in the previous month. Specifically, the ISSB contains

four subscales that each measures a distinct form of enacted support, including tangible assistance, directive guidance, non-directive support, and positive social exchanges (Barrera & Ainlay, 1983). However, because ISSB subscales are highly correlated with each other (.61 to .82 for the current sample), only a total ISSB score was used in the present study. Respondents indicate the frequency with which they received each type of support using a five point scale (*1=not at all; 5=about every day*). Consistent with the instructions for the SPS, participants were instructed to rate members of their social network (i.e., family and friends, not their dating partner). The internal consistency for the ISSB has been shown to be acceptable (Barrera et al., 1981). For the current study, internal consistency of the ISSB was .96.

*Alcohol Use/Problems.* The Alcohol Use Disorders Identification Test (AUDIT; Saunders, Aasland, Babor, De La Fuente, & Grant, 1993) was used to assess participant's alcohol use in the past six months. Specifically, the AUDIT examines one's frequency of alcohol use, intensity, symptoms that are characteristic of alcohol tolerance and dependence, and negative consequences that are related to alcohol use (e.g., injuries). Research has shown that the AUDIT is superior to other measures for problematic alcohol screening (Reinert & Allen, 2002), and the internal consistency of the AUDIT has been shown to be adequate (Stuart et al., 2006). For the current investigation, the internal consistency of the AUDIT was .87.

*Life Stress.* The Life Experiences Survey (LES; Sarason, Johnson, & Siegel, 1978) was used to examine common life stressors. This 57-item self-report measure asks respondents about possible stressful life events that have occurred in the past year and is divided into two sections. Section one contains 47 questions that assess life changes common to most individuals, such as a death of a family member or a job change. Section two has 10 questions and is designed to examine changes that occurred within a college environment. All items are rated using a 7-point

scale (-3= *extremely negative*; +3=*extremely positive*) with respondents indicating the impact of the event at the time that it occurred and whether it was positive or negative (Sarason et al., 1978). The absolute value of responses is used as an indicator of life stress. Only life events that were endorsed as having a negative impact on participants were used in the current study and the internal consistency of the LES was .98.

### *Data Analytic Strategy*

Stepwise multiple regression analyses were used to test possible moderating effects of social support on the association between victimization and alcohol problems, and whether these effects varied across gender. To reduce multicollinearity among variables, predictor variables were mean centered (Aiken & West, 1991). Once all predictor variables were centered, four steps were used to examine potential interactions. First, main effects of predictor variables were entered into the regression model (first order effects). Second, 2-way interaction terms were added to the model (second order effects). These interaction terms were computed by multiplying the centered scores of the predictor variables. Third, a 3-way interaction was added to the model by multiplying all centered predictor variables with each other. Finally, if significant interactions were identified, predictor variables were probed at low (-1 *SD*) and high (+1 *SD*) levels (Aiken & West, 1991). If significant 3-way interactions were found, 2-way interactions were not decomposed. To control for life stress above and beyond the stress associated with victimization, life stress was entered as a covariate in each model.

Missing data was treated as missing at random and linear interpolation was used to impute missing data. Due to a low number of participants reporting a homosexual orientation, preliminary analyses were run with and without these individuals. Results showed no significant differences across analyses and the entire sample was retained. Additionally, an examination of

outliers and high leverage cases using studentized residuals, leverage scores, and Cook's distance values (Pedhazur, 1997) were computed, but no influential cases were found.

## Chapter 5

### Results

#### *Descriptive Statistics*

Bivariate correlations, descriptive statistics, and differences between males and females are presented in Table 1. Females reported greater social support than males, and greater PSS was associated with less frequent dating violence victimization, with the exception of sexual aggression for females. Additionally, psychological victimization was associated with increased alcohol problems for both males and females, and sexual victimization was associated with increased alcohol problems for females. Consistent with previous research, PSS and enacted support were only minimally related.

#### *Moderating effect of PSS*

Due to the large number of analyses, only significant 3-way interactions are reported below. The reader is referred to Table 2 for first and second order effects. For psychological victimization, the 3-way interaction term of victimization X PSS X gender,  $F(8, 439) = 6.024, p < .001$ , showed a significant interaction ( $B = -.250, p < .01$ ). To decompose this significant interaction, males and females were examined separately. For males, at high levels of PSS, psychological victimization predicted alcohol problems ( $B = 1.976, p < .001$ ), but not at low levels of PSS ( $B = .167, p = .63$ ). For females, psychological victimization predicted alcohol problems at high levels of PSS ( $B = 1.228, p < .01$ ), but not at low levels of PSS ( $B = .724, p = .12$ ). Specifically, at high levels of PSS, less frequent psychological victimization was related to fewer alcohol problems than at low levels of PSS for both men and women (see Figure 1). However, as the frequency of psychological victimization increased, PSS appeared to lose its buffering effect. Therefore, these findings partially support hypothesis 1.

Next, for sexual victimization, the 3-way interaction term,  $F(8, 439) = 4.949, p < .001$ , showed a significant interaction ( $B = -.207, p < .05$ ). At both high and low levels of PSS, sexual victimization predicted alcohol problems for males ( $B = 1.447, p < .001$  and  $B = .828, p < .05$  respectively) and females ( $B = 1.253, p < .05$  and  $B = 1.722, p < .001$  respectively). As depicted in Figure 2, low and high levels of PSS served as a buffer against alcohol problems at low levels of sexual victimization. As the frequency of sexual victimization increased, however, sexual victimization predicted increased alcohol problems to a greater extent for individuals with low PSS relative to high PSS.

Finally, for physical victimization,  $F(8, 439) = 3.034, p < .001$ , the 3-way interaction term was significant ( $B = -.256, p = .05$ ). At both high and low levels of PSS, physical victimization did not predict alcohol problems for males ( $B = .677, p = .22$  and  $B = .263, p = .47$  respectively) or females ( $B = -.420, p = .59$  and  $B = .507, p = .35$  respectively). Although males and females differed from each other, effects for high and low levels of PSS were not significantly different from zero (Aiken & West, 1991). Nonetheless, as shown in Figure 3, there was a trend for more frequent physical victimization to predict lesser alcohol use among victims reporting higher levels of PSS.

#### *Moderating effect of Enacted Support*

As above, stepwise multiple regression analyses were used to determine the possible moderating effects of enacted support on the association between victimization and alcohol and whether this relationship varied by gender. Table 3 presents first and second order effects. First, psychological aggression victimization was examined. Because no significant 3-way interaction was found ( $B = -.015, p = .41$ ), the enacted support X victimization interaction was decomposed as it approached significance ( $B = .017, p = .06$ ). Results showed that at low levels of enacted



support, psychological victimization did not predict alcohol problems ( $p = .16$ ), but did predict alcohol problems at high levels of enacted support ( $B = 1.519, p < .001$ ). As displayed in Figure 4, low levels of psychological victimization predicted fewer alcohol problems at high levels of enacted support. However, as the frequency of psychological victimization increases, greater enacted support is related to more alcohol problems, which partially supports hypothesis 2.

For sexual and physical victimization, no significant 3-way interactions or 2-way interactions were identified. Thus, contrary to prediction, findings showed that for victims of sexual and physical aggression, enacted support does not influence alcohol problems in either a positive or negative manner.

## Chapter 6

### Discussion

The current study sought to examine the relationship between dating violence victimization and alcohol problems among currently dating college students, as well as stress-buffering effects of PSS and enacted support on the victimization-alcohol association. Improving on previous research, the current study used separate, reliable and valid measures of PSS and enacted support, and it examined potential gender differences in stress-buffering effects. Results showed that more frequent psychological victimization experiences for men and women, and more frequent sexual victimization experiences for women, were associated with increased alcohol problems. Physical victimization was not significantly associated with alcohol problems at the bivariate level. This is consistent with a large body of research showing that psychological victimization may be more damaging to victim's mental health than physical aggression (e.g., Harned, 2001; Simonelli & Ingram, 1998). Alternatively, it is possible that alcohol problems increased one's vulnerability to these forms of aggression. Indeed, research indicates that alcohol consumption decreases one's perception of risk for aggression victimization and may increase vulnerability to victimization due to an inability to accurately perceive risk (Cattaneo et al., 2007). Thus, research using longitudinal designs is needed to determine the causal directions among these variables. However, these findings highlight the importance of reducing alcohol use among victims of dating violence, as a reciprocal relationship among these variables is likely.

An interesting pattern of findings were observed for PSS and enacted support's stress-buffering roles on the association between psychological victimization and alcohol problems. Results showed that more frequent psychological victimization was associated with increased alcohol problems at high levels of PSS and high levels of enacted support. Although this

confirmed the hypothesized reverse stress-buffering effect of enacted support, it was unexpected that PSS appeared to lose its stress-buffering role as psychological aggression increased in frequency. This finding was especially evident among males, suggesting that PSS may lose its stress-buffering effect to a lesser extent for females. Notably, other studies on dating violence victims (e.g., Holt & Espelage, 2005) and battered women (e.g., Beeble, Bybee, Sullivan, & Adams, 2009) have demonstrated similar patterns for PSS, such that it appears to lose its stress-buffering effect as psychological aggression increases in frequency. Thus, the devastating impact of receiving frequent psychological aggression may supersede any beneficial effects of PSS from social network members (Beeble et al., 2009).

Due to the fact that psychological aggression attacks victims' self-concept and sense of self-worth (Murphy & Hoover, 1999), it is possible that victims internalized the verbally abusive behaviors levied upon them, such that they became ashamed of their abusive experiences and of themselves. Indeed, research has shown that psychological aggression predicts increased feelings of shame (e.g., Street & Arias, 2001), and victims of this form of aggression may turn inward and to alcohol in an attempt to cope with their abuse (Skomorovsky et al., 2006). Additionally, shame is related to social withdrawal and isolation (Pineles, Street, & Koenen, 2006), which may reduce one's access to support providers. Furthermore, even with high levels of general PSS, victims of severe psychological aggression may not believe that social network members would be available to help them cope with this form of victimization. Thus, future research should examine whether feelings of shame interact with PSS and enacted support in predicting alcohol problems among victims of psychological aggression.

Consistent with research showing that PSS is greater for females, the stress-buffering effect of PSS on the sexual victimization-alcohol association was stronger for females. However,

it should be noted that beneficial effects of high PSS was still observed for males, suggesting that male sexual aggression victims perceive others will be available to help them cope. Given that victims of sexual aggression who consume alcohol are at an increased risk for experiencing sexual revictimization (Mohler-Kuo, Dowdall, Koss, & Wechsler, 2004), the finding that high PSS mitigates the impact of prior sexual victimization on alcohol problems is important, as it indicates a readily available protective factor for victims. Additionally, increased PSS may have helped victims reduce self-blame, as previous research indicates that sexual assault victims often blame themselves for their victimization experiences, with self-blaming increasing among victims with less social support (Ullman, Starzynski, Long, Mason, & Long, 2008). In an effort to reduce the negative feelings associated with self-blame, sexual assault victims often turn to alcohol to cope (Ullman et al., 2008). Thus, in the current study high PSS may have reduced self-blame among sexual aggression victims which, in turn, may have protected them from increased alcohol consumption. Thus, future research should investigate the extent to which PSS helps sexual aggression victims reduce self-blame and, in turn, alcohol problems.

In regard to the effect of PSS on victims of physical aggression, results suggested that males and females indeed differed from each other. However, decomposition of the simple slopes for males and females did not reveal any significant difference on the relationship between physical victimization and alcohol problems at low or high levels of PSS. There was a trend, however, for physical victimization to be related to less alcohol problems at high levels of PSS relative to low levels of PSS, and this trend was especially evident among female victims. This trend showed that greater PSS was related to a decrease in alcohol consumption for female victims of physical aggression, suggesting that PSS may be more beneficial for female physical aggression victims. However, these findings should be interpreted with caution, as significant

effects were not observed for simple slope analyses. Thus, future research should attempt to clarify the role of PSS on the relationships between physical aggression and alcohol problems.

Finally, findings indicated that increased enacted support did not serve a traditional or a reverse stress-buffering role for victims of physical or sexual aggression. Given that the measure of enacted support only asked about support received in the past month, it is possible that physical and sexual victimization occurred prior to this time period, as these forms of victimization did not occur with great frequency. Thus, victims may not have sought support for these types of aggression in the past month. Additionally, it is possible that social network members may not be advocating increased alcohol consumption in response to these forms of aggression victimization, but may also not be providing as beneficial support as one would hope. Therefore, future research would benefit from using prospective, daily diary designs to capture the type of enacted support that is received close in time to violence victimization.

#### *Prevention and Intervention Programming Implications*

It is important to note that PSS had different effects on alcohol problems depending on the frequency of aggression victimization. That is, as the frequency of aggression increased, the beneficial effects of PSS diminished, suggesting that PSS may be most beneficial when aggression victimization occurs relatively infrequently. This indicates that support interventions for victims of infrequent aggression should focus on increasing PSS. Unfortunately, interventions designed to increase PSS have been only minimally effective (see Hogan, Linden, & Najarian, 2002). However, recent research suggests that PSS is primarily a relational construct, such that it reflects a unique match between a support provider and support recipient (Neely et al., 2006). Thus, interventions for victims of dating violence could focus their attention on matching victims with support providers with whom they personally connect, or by involving

existing social network members in treatment programs, and employing cognitive-behavioral strategies designed to alter beliefs and cognitions related to PSS (e.g., Brand, Lakey, & Berman, 1995). By teaching participants cognitive-behavioral strategies aimed at increasing support perceptions, participants will have long-lasting skills to help themselves during times of stress.

Findings from the current study also have implications for primary prevention programming for dating violence. Primary prevention programs are designed for individuals who have yet to report experiencing aggression (Cornelius & Resseguie, 2007), and these programs could begin to teach participants adaptive and empathetic responses in response to violence victimization disclosure (Cornelius, Shorey, & Kunde, 2009), thereby increasing the likelihood of effective social support provision. Emphasis could be placed on fostering supportive environments where support-seeking is encouraged, one that does not stigmatize victims due to their gender or form of abuse experienced, and one where empathic, adaptive support responses are provided when sought.

Still, findings from the current study indicate that high levels of support from social network members may not be sufficient to help all victims cope with the aftermath of aggression victimization, especially victims of psychological aggression. This indicates that prevention programming may want to encourage victims to seek professional help (i.e., counseling) as the frequency of abuse increases. This is especially important given recent research indicating that victims of dating violence rarely seek the help of professionals for their experiences with aggression (Prospero & Vohra-Gupta, 2008). In fact, only 16% of victims (defined as experiencing one act of physical, psychological, or sexual aggression) reported seeking the help of a mental health professional in this study. Thus, it seems warranted for prevention

programming to educate participants not only on the beneficial effects of support networks but also their limits, and recommend seeking professional help as the frequency of abuse increases.

In addition to increasing social support, prevention programming should address problematic alcohol use. Unfortunately, prevention programming for dating violence has largely ignored the influential role of alcohol problems in the perpetration and victimization of aggression. Thus, primary and secondary prevention programming could begin by educating participants on the harmful effects of alcohol consumption, such as increasing one's risk for victimization in all its forms, as well as for perpetrating aggression. Additionally, brief motivational intervention approaches (e.g., Borsari & Carey, 2005) could be employed to increase participants' motivation to reduce alcohol consumption and increase positive coping skills, as these approaches have shown reduced alcohol consumption among college students (Borsari & Carey, 2005). Given that alcohol use is related to victimization and perpetration of dating violence, it is likely that targeting problematic alcohol use will help disrupt the cyclical nature of dating violence (Whitaker, Haileyesus, Swahn, & Saltzman, 2007).

### *Limitations*

In interpreting the findings of the current investigation it is important to mention its limitations. Due to the cross-sectional design, inferences about causality between study variables cannot be made. Thus, longitudinal investigations are needed to clarify the causal directions among victimization, social support, and alcohol problems. Additionally, social support measures asked about general support that individuals receive/perceive during times of stress and were not specific to dating violence victimization. It is possible that victims of dating violence receive/perceive different levels of support for their victimization than they do for more general life stressors (e.g., college exams, friend problems, etc.). Thus, future research is needed to

determine the validity of this claim. Lastly, the sample of participants was primarily of non-Hispanic Caucasian descent, limiting the generalizability of these findings to more diverse populations.

Despite these limitations, the findings of the current study highlight the detrimental impact of dating violence victimization, and psychological aggression victimization specifically, as well as the complex nature of social support in the lives of victims. That is, results showed that (1) increased social support does not always produce advantageous effects, (2) PSS may protect against problematic alcohol use to a greater extent at low levels of aggression victimization relative to high levels of victimization, (3) males and females both benefit from PSS and (4) increased enacted support does not appear to produce beneficial effects. Thus, intervention and prevention programs for dating violence victims should focus their efforts on increasing positive perceptions of available support, teach social network members adaptive responses to the disclosure of abuse, encourage participants to seek the help of mental health professionals as the frequency of abuse increases, and employ motivational interventions aimed at reducing alcohol consumption.



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## Appendices

Table 1.

## Bivariate Correlations, Descriptive Statistics, and Differences between Males and Females among Study Variables

	1.	2.	3.	4.	5.	6.	7.
<b>Males (n = 187)</b>							
1. Psychological Abuse	---	.62***	.42***	-.34***	.04	.18*	.08
2. Physical Abuse		---	.52***	-.32***	-.01	.08	.04
3. Sexual Abuse			---	-.19**	.15*	.07	-.04
4. Perceived Support				---	.14	-.14	-.16*
5. Enacted Support					---	-.05	.20*
6. AUDIT						---	.18*
7. LES							---
<b>Females (n = 253)</b>							
1. Psychological Abuse	---	.51***	.39***	-.17**	.01	.20***	-.02
2. Physical Abuse		---	.36***	-.19**	-.01	.05	.02
3. Sexual Abuse			---	-.12	-.01	.26***	.08
4. Perceived Support				---	.26***	-.07	-.09
5. Enacted Support					---	.03	.01
6. AUDIT						---	-.11
7. LES							---
<b>Males</b>							
M	8.9	3.6*	3.4	40.8	61.8	8.3**	25.0
SD	13.50	10.43	8.30	5.23	26.82	7.32	41.18
<b>Females</b>							
M	8.1	2.7	3.1	42.1*	73.1***	6.2	24.3
SD	13.88	11.56	8.10	5.19	30.89	6.10	37.53

Note: N = 440; AUDIT = Alcohol Use Disorders Identification Test; LES = Life Experiences Survey.

\* $p < .05$ , \*\* $p < .01$  \*\*\* $p < .001$

Table 2.

## First and Second Order Effects Predicting Alcohol Problems with PSS as Moderator

	<i>F</i>	<i>df</i>	<i>B</i>
<i>Psychological Victimization</i>			
First Order Effects:	7.391***	4, 439	
PSS			-.072
Life Stress			.004
Gender			-1.894***
Victimization			.954***
Second Order Effects:	5.863***	7, 439	
PSS X Victimization			.154***
PSS X Gender			.180
Gender X Victimization			-.051
<i>Physical Victimization</i>			
First Order Effects:	4.203***	4, 439	
PSS			-.113
Life Stress			.004
Gender			-1.922***
Victimization			.292
Second Order Effects:	2.680**	7, 439	
PSS X Victimization			.060
PSS X Gender			-.163
Gender X Victimization			.133
<i>Sexual Victimization</i>			
First Order Effects:	6.936***	4, 439	
PSS			-.096
Life Stress			.004
Gender			-1.930***
Victimization			1.012***
Second Order Effects:	4.924***	7, 439	
PSS X Victimization			.070
PSS X Gender			.171
Gender X Victimization			.970

Note: PSS = Perceived social support

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Table 3.

First and Second Order Effects Predicting Alcohol Problems with Enacted Support as Moderator

	<i>F</i>	<i>df</i>	<i>B</i>
<i>Psychological Victimization</i>			
First Order Effects:	7.045***	4, 439	
Enacted Support			-.003
Life Stress			.005
Gender			-1.947**
Victimization			1.030***
Second Order Effects:	4.721***	7, 439	
Enacted Support X Victimization			.017
Enacted Support X Gender			.023
Gender X Victimization			-.268
<i>Physical Victimization</i>			
First Order Effects:	3.388*	4, 439	
Enacted Support			-.002
Life Stress			.006
Gender			-2.012**
Victimization			.443
Second Order Effects:	2.091*	7, 439	
Enacted Support X Victimization			.003
Enacted Support X Gender			.022
Gender X Victimization			-.306
<i>Sexual Victimization</i>			
First Order Effects:	6.314***	4, 439	
Enacted Support			-.004
Life Stress			.006
Gender			-2.006**
Victimization			1.087***
Second Order Effects:	4.664***	7, 439	
Enacted Support X Victimization			.017
Enacted Support X Gender			.023
Gender X Victimization			.886

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

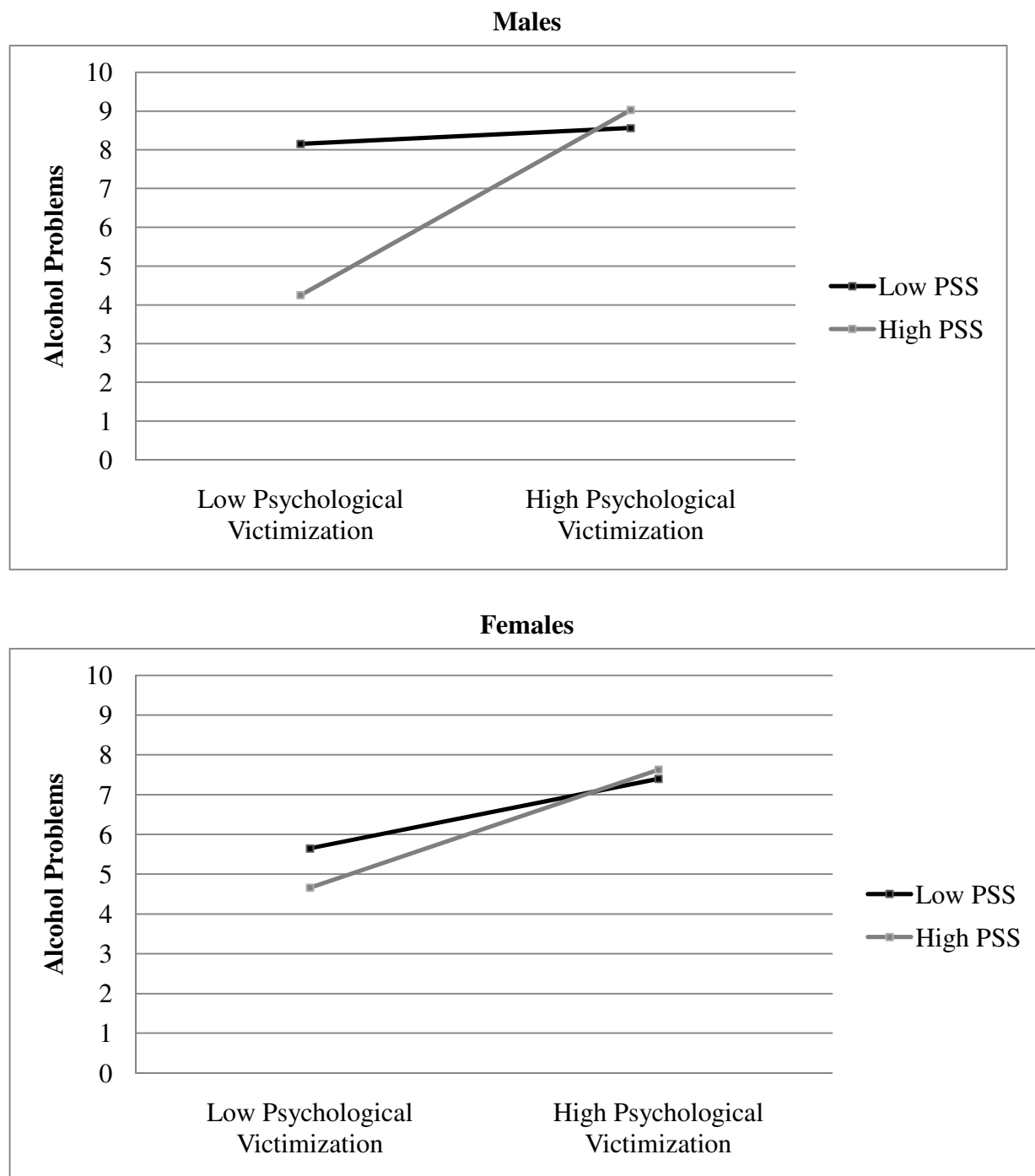


Figure 1.

The moderating effect of PSS on alcohol problems for victims of psychological aggression

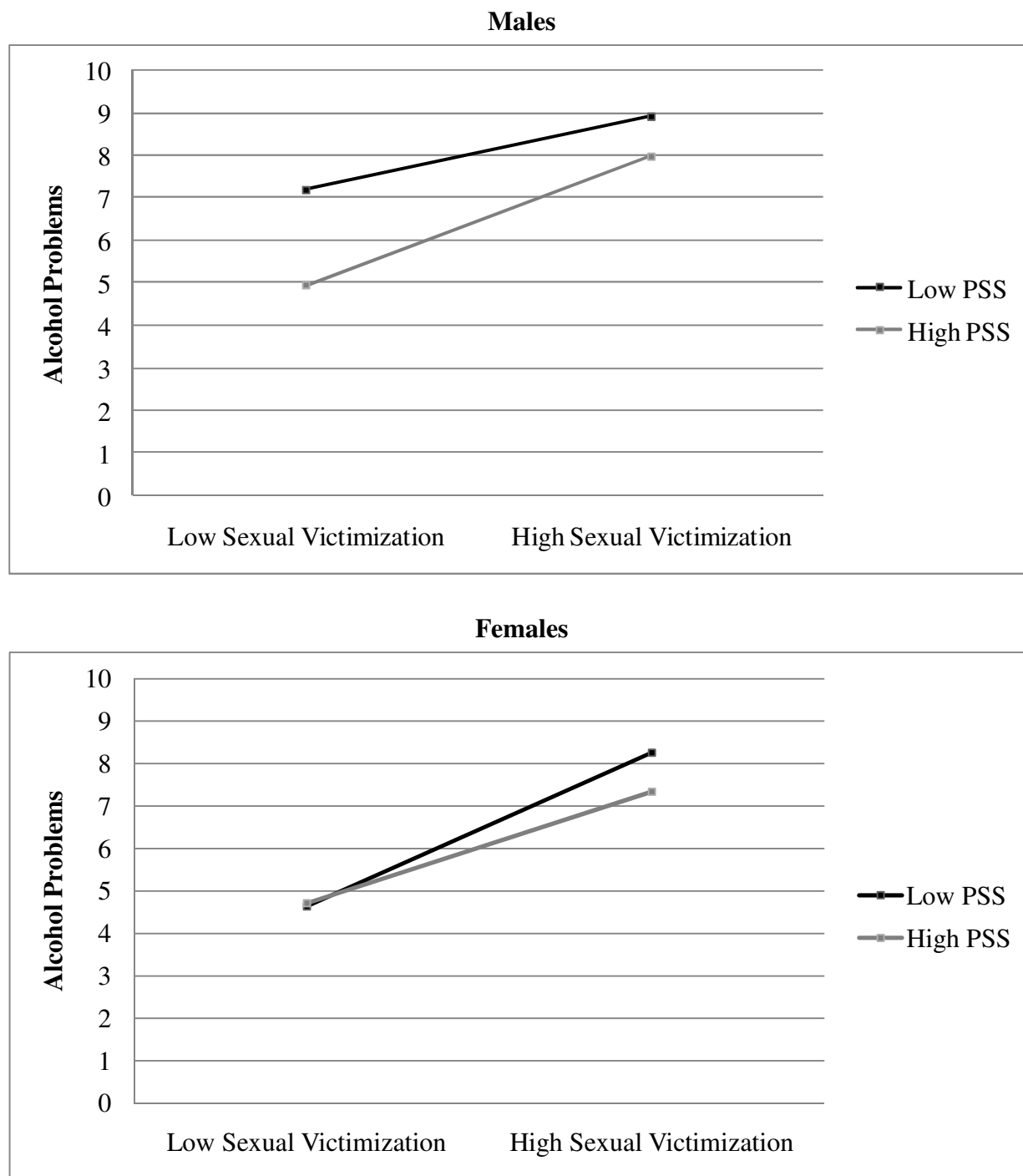


Figure 2.

The moderating effect of PSS on alcohol problems for victims of sexual aggression

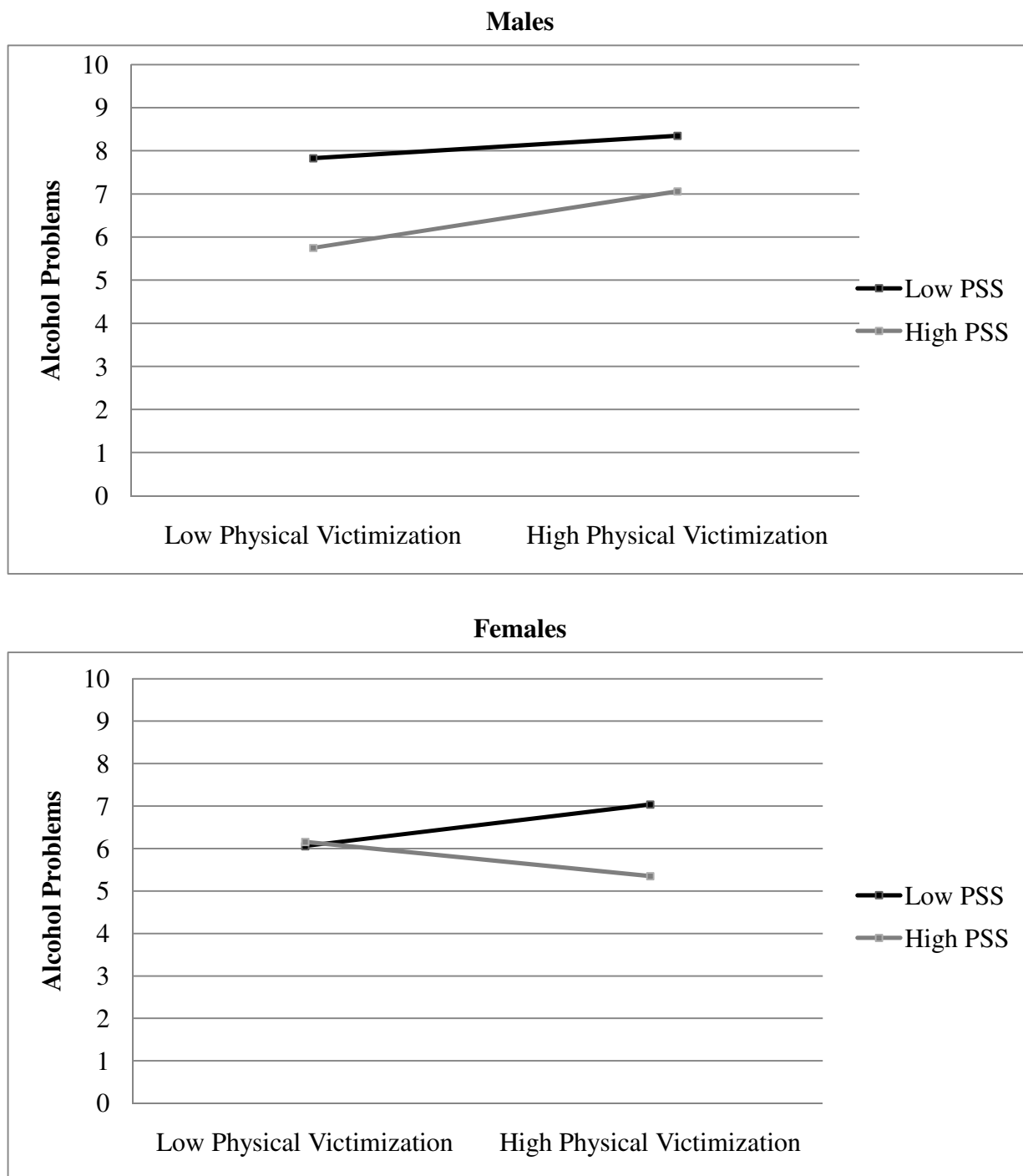


Figure 3.

The moderating effect of PSS on alcohol problems for victims of physical aggression

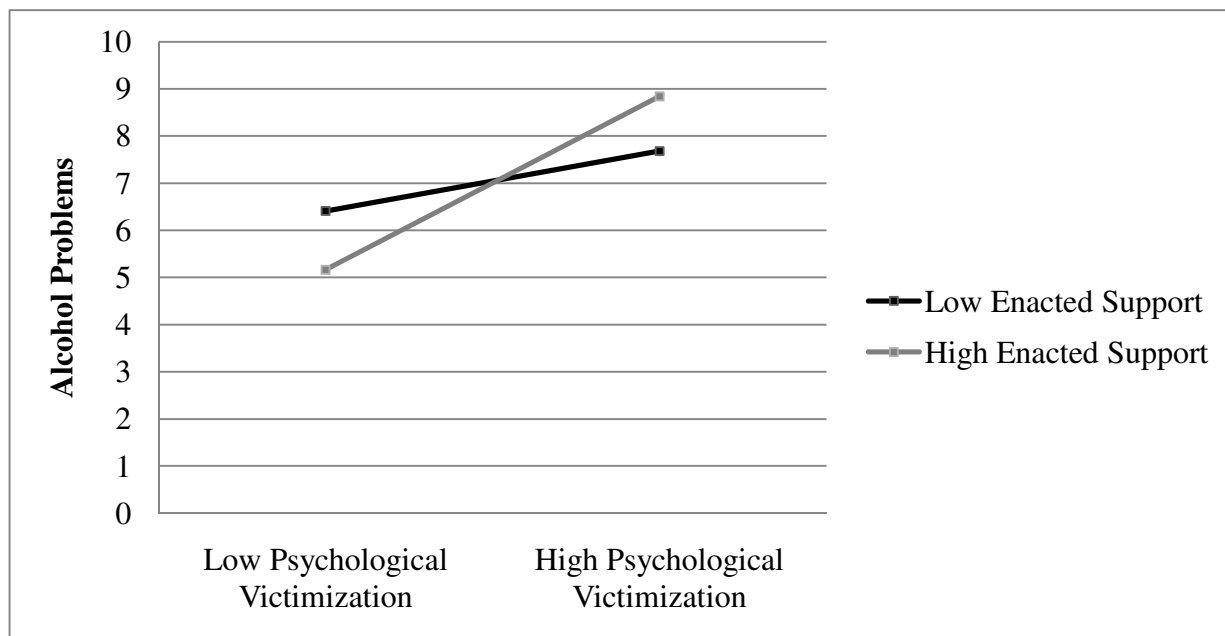


Figure 4.

The moderating effect of enacted support on alcohol problems for victims of psychological aggression



### Vita

I received my B.S. from Grand Valley State University in May, 2008. My current research interests are in the area of domestic violence broadly, including the perpetration of dating violence, aggression victimization in dating and marital relationships, and protective factors for developing mental health symptoms due to abuse (e.g., social support).