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## Biosocial aspects of domestic violence

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### Abstract

Domestic violence, defined as acts of verbal abuse and physical violence performed against women by current intimate main partners, was surveyed by means of the Conflict Tactics Scale. We examined the relationships between a biological variable (testosterone level), social variables (demographics, social integration), and behaviour (substance use) and self-reported domestic violence. Forced-entry OLS regression models allowed us to study how social and behavioural variables modified the effects of testosterone on this specific violent behaviour.

The sample consisted of 54 men who had a main sexual partner and who identified themselves as Black, White, or Hispanic. The men were recruited from various social-service-agency sites in the area of Miami, Florida, on the basis of their risk factors for HIV/AIDS. The sample can best be described as culturally diverse men of low socioeconomic status who had a main sexual partner. A high percentage of participants reported some level of both verbal and physical aggression towards their partners.

Testosterone levels were significantly associated with levels of both verbal aggression and physical violence self-reported by the men. Testosterone level, demographic characteristics, and alcohol consumption contributed to explaining the variance in self-reported verbal and physical abuse. The high heritability of testosterone level and its association with violent behaviour warrant the inclusion of this variable in studies of antisocial and criminal behaviour including domestic violence. © 2000 Elsevier Science Ltd. All rights reserved.

*Keywords:* Biosocial research; Domestic violence; Testosterone; Verbal abuse

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## **1. Introduction**

Domestic violence is a significant social and health problem and has been studied from a variety of perspectives, including interpersonal, intrapersonal, demographic, cultural, and feminist theory (Holtzworth-Munroe and Stuart, 1994; Perilla et al., 1994), yet we have very little understanding of the root causes of this behaviour (Gortner et al., 1997). It is usually defined as acts of physical violence performed against women by current or former intimate partners, whether spouses or cohabitators (CDC, 1998). It is estimated that over 2 million women are abused by a partner every year and that 50% of all women will be victims of domestic violence at some point in their lives (Walker, 1994), but estimates of lifetime prevalence vary depending upon how the samples were selected and how the violence was measured and/or defined. In studies using the widely employed Conflicts Tactics Scale (CTS, Straus, 1990a), 3.2 to 4.1% of randomly selected women reported being victims of severe domestic violence — being kicked, bitten, hit, choked, or threatened with a knife or gun or having a knife or gun used against them (Straus et al., 1980; Straus and Gelles, 1988; Plitcha and Weisman, 1995). A recent study that used questions very similar to those of CTS found that 6% of reproductive-age women in Georgia had experienced domestic violence in the past year (CDC, 1998). ‘In the US, a woman is more likely to be assaulted, injured, raped, or killed by a male partner than by any other type of assailant’ (Wiehe, 1998:82).

Although the basic causes of domestic violence remain unclear, certain social factors are consistently associated with it. These factors fall into three general categories: socio-demographic factors (age, SES, race/ethnicity), substance use (alcohol and drug use), and social integration (marital status, employment, religious involvement, participation in social activities). Most studies have documented more domestic violence among the young (Grisso et al., 1991; Wilt and Olson, 1996) and among individuals of lower socioeconomic status (SES), as measured by education, income, and occupation (Coleman et al., 1980; Gin et al., 1991; CDC, 1998). The influence of race/ethnicity, if any, is unclear because high proportions of minority groups are also of low SES, but when SES was controlled for, no independent effect of race/ethnicity was found (Centerwall, 1984; Lockhart, 1987). Frequent alcohol use/abuse has also been associated with increased domestic violence (Leonard and Jacob, 1988; Amaro et al., 1990; Bergman and Brismar, 1994). At the time of the abuse, the partners of 60% of battered women who filed charges were under the influence of alcohol, almost one third were reported to use drugs, and 21% used both alcohol and drugs (Roberts, 1987), but alcohol or drug use is not a necessary or sufficient cause of partner abuse. Batterers often report drinking to relieve stress, worries, and pains (Fagan et al., 1988) — hence the importance of including psychosocial factors in the study of domestic violence.

Research shows that forms of social integration such as marriage or cohabitation, employment, and religious involvement have positive effects on stress and health overall and are associated with lower levels of domestic violence. These social ties offer psychological and emotional support, a network of individuals who provide social resources, and a normative environment that reduce uncertainty and thus stress,

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