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## An Examination of the Association between Difficulties with Emotion Regulation and Dating Violence Perpetration

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### Abstract

The perpetration of aggression in dating relationships is a prevalent problem among college students. Research that examines factors related to perpetrating dating violence is needed, as this could help guide prevention programming. This study examined how emotion regulation is related to dating violence perpetration among male and female college students ( $N = 440$ ). Findings showed that the association between broad difficulties with emotion regulation, as well as more specific emotion regulation problems, were associated with dating violence perpetration and could differentiate individuals who had perpetrated and not perpetrated aggression. These findings varied slightly depending on the gender of the perpetrator and the type of aggression examined. Implications of these findings for prevention programs and future research are discussed.

### Keywords

aggression; college students; dating violence; emotion regulation

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Dating violence is a prevalent and serious problem throughout the United States and the world (Straus, 2008). Violence between young intimate partners occurs in three distinct forms, including psychological, physical, and sexual aggression (Shorey, Cornelius, & Bell, 2008b). In general, the perpetration of psychological aggression occurs in approximately 80% of dating relationships, the perpetration of physical violence occurs in 20% to 30% of dating relationships, and the perpetration of sexual aggression occurs in 10% to 20% of dating relationships (Shorey et al., 2008b).

There is a wealth of research on whether males and females perpetrate similar rates of aggression in their dating relationships, with research often demonstrating conflicting results on gender differences. For instance, in a review of research on dating violence among college students, research has shown that males perpetrate more physical and psychological aggression than their female counterparts (Shorey et al., 2008b), whereas other research has shown that females perpetrate more physical and psychological aggression than males (Archer, 2000; Hines & Saudino, 2003; Katz, Kuffel, & Coblenz, 2002). Other research indicates that males and females perpetrate similar amounts of aggression in their dating

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relationships, with the aggression often being bidirectional in nature (Cornelius, Shorey, & Beebe, 2010; Hines & Saudino, 2003). One generally consistent finding across studies of dating violence is that males perpetrate more sexual aggression than females (Hines & Saudino, 2003).

Regardless of whether or not the victim of dating violence is male or female, victimization is often associated with numerous mental and physical health problems, including depression (Kaura & Lohman, 2007; Prospero, 2007), anxiety (Harned, 2001; Hines, 2007), somatic complaints (Kaura & Lohman, 2007), and physical role limitations (Straight, Harper, & Arias, 2003).

Given the high prevalence of dating violence and its extensive negative consequences, a number of programs aimed at preventing dating violence have been developed (e.g., Foshee et al., 2005; Schwartz, Magee, Griffin, & Dupuis, 2004). Unfortunately, these prevention efforts have been met with only minimal success in reducing aggressive behavior (see Cornelius & Resseguie, 2007, and Whitaker et al., 2006, for reviews). One reason dating violence prevention programs might have had limited success in reducing aggressive behaviors could be the result of a primary focus on changing attitudinal correlates of dating violence (i.e., beliefs about aggression), which has not produced substantial behavior change despite changes in attitudes (Cornelius & Resseguie, 2007). However, recent research has shown that males and females are motivated to perpetrate dating violence for a variety of reasons, a number of these factors might vary across males and females, and many of these factors could be malleable to intervention (Shorey, Meltzer, & Cornelius, 2010). For instance, Shorey et al. (2010) found that males were more motivated to perpetrate physical aggression because of anger and wanting to get their partner's attention, whereas females were more motivated to retaliate for being emotionally hurt and to express feelings they could not express in words. Thus, researchers have advocated for an investigation of correlates of dating violence that can be targeted and changed in prevention programming, giving participants long-lasting skills that might keep them from engaging in aggressive behavior (Shorey, Cornelius, & Bell, 2008a).

Recently, research has focused on difficulties with emotion regulation among perpetrators of dating violence (e.g., Gratz, Paulson, Jakupcak, & Tull, 2009; Harper, Austin, Cercone, & Arias, 2005). In fact, some researchers have speculated that aggression might serve the function of regulating emotions among perpetrators (Jakupcak, Lisak, & Roemer, 2002; Shorey et al., 2008a). Therefore, difficulties with emotion regulation might be an important area of investigation, as this could be a readily amenable risk factor for dating violence that could become a target of intervention efforts (Shorey et al., 2008a). For the purposes of this article, we adopt the theoretical definition of emotion regulation put forth by Gratz and Roemer (2004):

Emotion regulation may be conceptualized as involving the (a) awareness and understanding of emotions, (b) acceptance of emotions, (c) ability to control impulsive behaviors and behave in accordance with desired goals when experiencing negative emotions, and (d) ability to use situationally appropriate emotion regulation strategies flexibly to modulate emotional responses as desired in order to meet individual goals and situational demands. (pp. 42–43)

Recently, Harper and colleagues (2005) examined the association between emotion regulation and the perpetration of psychological aggression among college men in a current dating relationship. They found that increased difficulty with emotion regulation was associated with increased psychological aggression perpetration. This study did not examine physical or sexual aggression and restricted their sample to males only. Gratz and Roemer (2004) also investigated the association between emotion regulation and aggression

perpetration using the Difficulties in Emotion Regulation Scale (DERS), a scale they developed to provide researchers with a comprehensive measure of emotion regulation. Using the definition of emotion regulation provided earlier, Gratz and Roemer's measure contains an overall total score that assesses broad difficulties in emotion regulation and six subscales, including Nonacceptance of Emotional Responses (NER), the tendency to not accept distress or to have negative secondary emotions (e.g., shame) in response to primary emotions; Difficulties Engaging in Goal-Directed Behavior (GDB), the tendency to not accomplish goals and tasks or concentrate when experiencing negative emotions; Impulse Control Difficulties (ICD), the tendency to lose control of one's behavior when experiencing negative emotions; Lack of Emotional Awareness (LEA), the tendency to be unaware or inattentive to one's negative emotions; Limited Access to Emotion Regulation Strategies (LAERS), the tendency, when upset, to believe that there is not much that can be done to regulate emotions; and Lack of Emotional Clarity (LEC), the tendency to not be aware of and know the emotions one is experiencing (Gratz & Roemer, 2004).

In their initial investigation of the DERS, Gratz and Roemer (2004) examined correlations between the DERS total score and subscales and the perpetration of physical aggression against an intimate partner among male undergraduate students. For males, results showed that the overall DERS total score and the GDB, ICD, and LAERS subscale scores were associated with perpetration, such that increased emotion regulation difficulties were related to increased physical aggression perpetration. More recently, using a different sample of undergraduate students, Gratz and colleagues (2009) examined the association between the overall DERS subscale and the perpetration of physical aggression among male undergraduate students. Consistent with the findings of Gratz and Roemer (2004), the DERS total score was associated with more frequent physical aggression perpetration for males. No subscales of the DERS were reported in this study.

Gratz and Roemer (2004) and Gratz and colleagues (2009) also investigated the association between the DERS and female-perpetrated aggression. Gratz and Roemer (2004) found only the ICD subscale was associated with increased physical aggression perpetration for females, not the total score or any other subscales. In a separate study by Gratz and colleagues (2009), the overall DERS total score was not associated with physical aggression perpetration for females (none of the DERS subscales were examined). These findings were interpreted as evidence for gender differences in motivations for aggression perpetration, such that females might be more likely to engage in this behavior in self-defense and men more likely to engage in aggression for emotion regulation purposes (Gratz et al., 2009). However, there is an increasing amount of research supporting the notion that self-defense is not the most common reason females engage in physical aggression in dating relationships, and that they might be motivated by a diverse set of factors (Hettrich & O'Leary, 2007; Shorey et al., 2010). Furthermore, other research suggests that motivations for dating violence are fairly consistent across gender (Shorey et al., 2010; Straus, 2008), and it is possible that only very specific problems with emotion regulation (e.g., impulse control), not broad difficulties (as measured by the DERS total score), are associated with female-perpetrated aggression.

The initial findings of Gratz and Roemer (2004) and Gratz and colleagues (2009) suggest male-perpetrated physical aggression might be influenced by more broad difficulties in emotion regulation than female-perpetrated physical aggression. Therefore, additional research is warranted to examine the association between emotion regulation and physical aggression among males and females and how they might differ. In addition, no known research has examined the association between specific types of emotion regulation problems with the perpetration of psychological and sexual aggression, or whether perpetrators of dating violence have more emotion regulation difficulties than

nonperpetrators. Knowledge on this issue could provide dating violence prevention programs with important information that could be used to increase their effectiveness at reducing aggression.

Therefore, the purpose of this study was to investigate the association between difficulties with emotion regulation and the perpetration of psychological, physical, and sexual aggression among male and female college students in current dating relationships. In addition, we sought to determine whether perpetrators of aggression had more difficulties with emotion regulation than their nonperpetrator counterparts. Using the DERS measure of emotion regulation, we expected that perpetrators would have more overall difficulties with emotion regulation than nonperpetrators. In addition, we expected that all three forms of aggression would be positively associated with more overall difficulties with emotion regulation. As a result of the lack of research on the association between DERS subscales and aggression perpetration, we did not have definitive hypotheses for subscale associations with aggression.

## METHOD

### Participants

College students from psychology courses at a large Southeastern U.S. university were recruited for participation in the study ( $N = 440$ ). Students who were currently involved in a one-month or longer dating relationship and were at least 18 years of age were eligible for participation. In return for participation, students received course credit in their psychology course. The majority of the participants were heterosexual (97.3%) and female (57.5%,  $n = 253$ ). Academically, 65% were freshman, 21.6% were sophomores, 10.7% were juniors, 2.3% were seniors, and 0.5% were postgraduates. The ethnic composition of participants was 85% non-Hispanic White, 9.1% African American, 2.1% Asian, and 3.8% identified as “other.” The ethnic composition of participants is demographically similar to the larger university where this study was conducted. The average length of a participant’s current dating relationships in months was 11.02 ( $SD = 12.28$ ). The mean age of participants was 19.18 ( $SD = 1.47$ ). Males and females did not differ significantly on any demographic variable other than age, with males ( $M = 19.4$ ,  $SD = 1.6$ ) being slightly older than females ( $M = 19.0$ ,  $SD = 1.3$ ),  $t(434) = 2.753$ ,  $p < .01$ .

### Procedure

Participants completed all measures using an online survey website that uses encryption to ensure confidentiality of responses. Students deemed eligible for participation were first provided with an informed consent that they also completed online. After giving consent, students were provided with standardized instructions for all measures. Once students had completed all measures, they were provided with a list of local referrals for assistance with dating violence.

### Measures

**Demographics**—A basic demographic questionnaire asked participants to indicate their gender, age, academic level, ethnic background, sexuality, 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 the perpetration of psychological, physical, and sexual aggression in participants’ dating relationships. Participants were instructed to indicate their frequency of psychological, physical, and sexual aggression perpetration during the past six months. Scores were obtained by summing the frequency of

each behavior, with scores for each item ranging from 0 to 25. Higher scores on the CTS2 correspond to more frequent aggression perpetration. Previous research with the CTS2 has demonstrated good internal consistency, ranging from .79 to .95 (Straus et al., 1996). Internal consistency for this study was .64 (Sexual Coercion), .74 (Psychological Aggression), and .86 (Physical Assault). In this study, all three perpetration subscales were skewed and were log-transformed to reduce skewness prior to performing analyses.

**Emotion Regulation**—The DERS (Gratz & Roemer, 2004) was used to examine participants' emotion regulation skills. The DERS is a 36-item self-report measure that examines the six different aspects of emotion regulation described earlier (NER, GDB, ICD, LEA, LAERS, and LEC). Subscales can be calculated to reflect each of the six aspects of emotion regulation, and a total score is calculated to examine broad deficiencies in emotion regulation that encompass each subscale. Participants rank their response to each item using a 5-point scale ranging from 1 (*almost never*) to 5 (*almost always*) to specify how frequently the items pertain to themselves. Higher scores on the DERS are reflective of greater difficulties with emotion regulation. The DERS has exhibited good internal consistency and also provides good construct and predictive validity (Gratz & Roemer, 2004). For this study, internal consistencies were: .94 (total score), .90 (NER), .84 (GDB), .83 (ICD), .78 (LEA), .89 (LAERS), and .76 (LEC).

## RESULTS

Table 1 presents means and standard deviations for the study variables. Raw scores, not log-transformed scores, for the CTS2 are presented in Table 1 for interpretive purposes. Males and females did not differ on the overall DERS total score or any subscales other than LEA, with males having less emotional awareness than females,  $t(438) = 3.636, p < .001$ . Males and females did not differ on physical or psychological aggression, although males perpetrated more sexual aggression than females,  $t(438) = 2.838, p < .01$ .

Correlations among study variables are presented in Table 2. The overall DERS total score, and the subscales of ICD, LAERS, and LEC were associated with increased psychological aggression perpetration for males and females. Only ICD was related to increased physical aggression perpetration for males and females. For females specifically, the subscales of NER and LEA were also associated with increased psychological aggression perpetration. Also for females, in addition to ICD, all other subscales with the exception of GDB, LEA, and the total DERS score were associated with physical aggression perpetration. No difficulties with emotion regulation were associated with female-perpetrated sexual aggression. The pattern of results for psychological and physical aggression for males was consistent with the results for females. Thus, male and female physical and psychological aggression were related similarly to difficulties with emotion regulation, although females' experience with violence had more associations to DERS subscales than males' perpetration and victimization. However, for males specifically, the ICD and GDB subscales were associated with sexual aggression perpetration, whereas no subscales were associated with female-perpetrated sexual aggression.

Next, differences between male perpetrators and nonperpetrators of aggression were examined with respect to the DERS. We classified individuals as perpetrators of each type of aggression separately if they endorsed perpetrating at least one act of psychological, physical, or sexual aggression on the CTS2, which is a common approach for classifying aggression for studies on dating violence (Bell & Naugle, 2007; Cornelius et al., 2010; Harned, 2001; Hines & Saudino, 2003; Rhatigan & Street, 2005; Shorey, Cornelius, & Bell, 2011). For males, 74.9% ( $n = 140$ ) perpetrated psychological aggression, 28.3% ( $n = 53$ ) physical aggression, and 36.8% ( $n = 69$ ) sexual aggression. For females, 78.3% ( $n = 198$ )

perpetrated psychological aggression, 33.6% ( $n = 85$ ) physical aggression, and 23.7% ( $n = 60$ ) sexual aggression. Next, each type of aggression was examined separately with emotion regulation.

As displayed in Table 3, male perpetrators of psychological aggression had more difficulties with overall emotion regulation,  $t(185) = 2.736, p < .01$ ; more difficulties in GDB,  $t(185) = 2.225, p < .05$ ; more ICD,  $t(185) = 2.193, p < .05$ ; more LAERS,  $t(185) = 2.038, p < .08$ ; and more LEC,  $t(185) = 2.477, p < .05$ , relative to nonperpetrators. In addition, the difference between male perpetrators of psychological aggression and nonperpetrators approached significance for LEA,  $t(185) = 1.927, p < .06$ . When examining effect size estimates between perpetrators and nonperpetrators, a medium effect size was observed for the total DERS score (Cohen, 1988), with a number of other differences falling at the high end of a small effect size (see Table 3).

For physical aggression, male perpetrators had more ICD than nonperpetrators,  $t(185) = 2.235, p < .05$ . No other significant differences were found for physical aggression. For sexual aggression, male perpetrators had more difficulties in GDB,  $t(185) = 2.423, p < .05$ ; more ICD,  $t(185) = 2.244, p < .05$ ; and more LAERS,  $t(185) = 2.019, p < .05$ . The differences between male perpetrators of sexual aggression and nonperpetrators on overall difficulties with emotion regulation approached significance,  $t(185) = 1.879, p < .06$ , although the effect size approached the medium range.

Next, female perpetrators were compared to their nonperpetrator counterparts on difficulties with emotion regulation. These findings are displayed in Table 3. For psychological aggression, the only significant difference was for LEA, with perpetrators having a greater lack of emotional awareness than nonperpetrators,  $t(251) = 2.258, p < .05$ .

For physical aggression, female perpetrators had significantly more difficulties with emotion regulation overall,  $t(251) = 3.873, p < .001$ , and for all six subscales. That is, female perpetrators of physical aggression had more NER,  $t(251) = 3.376, p < .01$ ; more difficulties engaging in GDB,  $t(251) = 2.241, p < .05$ ; more ICD,  $t(251) = 3.575, p < .001$ ; more LEA,  $t(251) = 2.166, p < .05$ ; more LAERS,  $t(251) = 3.122, p < .01$ ; and greater LEC,  $t(251) = 2.786, p < .01$ , relative to nonperpetrators. Effect size estimates indicated that a medium effect size was present for the DERS total score for physical aggression, and all other effect sizes were on the high end of small effect sizes (see Table 3). There were no significant differences between female perpetrators of sexual aggression and nonperpetrators on difficulties with emotion regulation.

## DISCUSSION

This study sought to examine the association between difficulties with emotion regulation and the perpetration of dating violence among male and female college students in dating relationships, as well as whether or not difficulties with emotion regulation can differentiate perpetrators from nonperpetrators of dating violence. To our knowledge, this is one of the first studies to examine how specific emotion regulation difficulties are related to psychological, physical, and sexual aggression among male and female college students. Partially supporting our hypotheses, a number of DERS subscales were positively associated with aggression perpetration, although a number of differences were evident depending on the gender of the perpetrator.

It is notable that the majority of DERS subscales, as well as overall difficulties with emotion regulation, were associated with psychological aggression perpetration for males and females, with the exception of difficulties engaging in GDB for females and NER and LEA for males. Therefore, broad emotion regulation problems appear to be an important correlate

of psychological aggression perpetration. Yet, when examining whether perpetrators of psychological aggression had more emotion regulation difficulties than nonperpetrators, males and females differed substantially. Whereas only LEA differentiated female perpetrators from nonperpetrators, every subscale except NER differentiated male perpetrators from nonperpetrators. Thus, it appears that college males who perpetrate psychological aggression have significantly poorer emotion regulation skills in multiple domains relative to nonperpetrators. With respect to women college students, although differences between female psychological aggression perpetrators and nonperpetrators did not achieve statistical significance, examination of effect sizes shows there were small effects (i.e.,  $d > .2$ ) with perpetrators of psychological aggression scoring higher on the DERS total score and three of the six subscales.

Contrary to previous research (i.e., Gratz et al., 2009), the DERS total score was associated with increased physical aggression perpetration for females but not for males. One possible explanation for this discrepancy is that our study used a different measure of physical aggression than Gratz and colleagues (2009), and these measures might be capturing different aspects of physical aggression. Nevertheless, findings showed that every DERS subscale differentiated female perpetrators of physical aggression from nonperpetrators, suggesting that a large portion of females' perpetration might be related to emotion regulation problems. Indeed, this is consistent with research that asks females for their perceived motivations for perpetrating physical aggression in dating relationships, which has shown emotion regulation problems to be an important motivation (Shorey et al., 2010).

In contrast to their female counterparts, results showed that male perpetrators of physical aggression only had significantly more ICD than nonperpetrators. In fact, ICD also differentiated male perpetrators of psychological and sexual aggression from nonperpetrators, indicating that impulsivity when under negative emotions is an important correlate of male dating violence. Research with community and treatment samples of males and females has shown impulsivity to be an important correlate of violence perpetration (Cunradi, Todd, Duke, & Ames, 2009; Shorey, Brasfield, Febres, & Stuart, 2011; Stuart & Holtzworth-Munroe, 2005), and this study is one of the first to demonstrate specific conditions under which impulsivity might be an important correlate of male dating violence (i.e., negative emotions). Although speculative, it is possible that males are impulsively engaging in aggression in an attempt to regulate their emotions, as researchers have hypothesized that aggression might be used in an attempt to control negative emotions (Jakupcak et al., 2002; Shorey et al., 2008a) and future research should examine this possibility.

It is also interesting that male perpetrators of sexual aggression had significantly more ICD, DGD, and LAERS than their nonperpetrator counterparts, whereas female perpetrators of sexual aggression did not differ from nonperpetrators on any of the DERS subscales. This finding suggests that male and female perpetrators of sexual aggression might perpetrate for different motivations, at least where emotion regulation is considered. As mentioned earlier, impulsivity, when under states of negative emotions, is a specific condition for which aggression appears to be more likely to occur for males. Because research has shown that some male college students report sexual arousal to aggressive stimuli (Malamuth, Check, & Briere, 1986), it is possible that males with ICD, GDB, and LAERS difficulties are more likely to use aggression for sexual desires because it can direct attention away from their negative emotional states and shift it toward sexual arousal, a more desired emotional state. Alternatively, male-perpetrated sexual aggression is often influenced by the motive of gaining power (Purdie, Abbey, & Jacques-Tiura, 2010), and this might have interacted with emotion regulation difficulties to predict sexual aggression. However, additional research is needed to examine these hypotheses.

## Prevention Programming Implications

A number of researchers have advocated for dating violence prevention programming to implement treatment strategies that focus on modifying amenable risk factors for aggression and teaching participants long-lasting skills to reduce their risk for aggression (Cornelius & Resseguie, 2007; O'Leary, Woodin, & Fritz, 2006; Shorey et al., 2008a). Findings from this study, in combination with previous research (Gratz & Roemer, 2004; Gratz et al., 2009; Harper et al., 2005) suggest that emotion regulation skills training might be an important component of dating violence prevention programs.

Numerous strategies have been developed to enhance emotion regulation skills, with a number of interventions drawing on strategies employed in dialectical behavior therapy (DBT; Linehan, 1993) and acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999). For instance, Gratz (2007) developed a 14-week group therapy for treating self-injury among women with borderline personality disorder (BPD) that focused on increasing emotion regulation skills, specifically skills that can be conceptualized as falling under the DERS definition of emotion regulation. This treatment drew heavily from DBT and ACT, with a specific focus on increasing emotional awareness, impulse control, and nonavoidant emotion regulation strategies, to name a few. Although the vast majority of dating violence perpetrators likely do not meet criteria for BPD or engage in self-injurious behaviors, prevention programming could adapt and modify strategies from the Gratz (2007) study to fit the specific needs of perpetrators of dating violence.

The methods previously described for increasing emotion regulation abilities are similar to cognitive-behavioral interventions designed to target anger. Indeed, there has been a wealth of research on the effectiveness of anger management skills training across a wide range of populations, including perpetrators of domestic violence (Eckhardt, Samper, & Murphy, 2008). Although there has been some controversy surrounding the effectiveness of anger management training, research has shown improvements in anger regulation when treatment approaches include multimodal cognitive-behavioral elements (Del Vecchio & O'Leary, 2004). Thus, researchers have advocated for individualized cognitive-behavioral interventions for perpetrators (Murphy & Eckhardt, 2005), which fit with findings from this study that suggest that perpetrators of specific types of aggression might have different emotion regulation difficulties.

Consistent with calls from researchers who advocate for individualized treatment efforts, prevention programs might benefit from screening participants on emotion regulation and providing specific skills training to only those individuals who lack an adaptive ability to regulate their negative emotions. This risk-factor approach to dating violence prevention has been increasingly advocated, as it is believed that providing individualized prevention components could result in better outcomes than providing the same interventions to each person regardless of his or her risk factors for aggression (Cornelius, Shorey, & Kunde, 2009; Shorey et al., 2008a). That is, where one person might have significant difficulties with regulating emotions, another person might have good emotion regulation skills, but might consume heavy amounts of alcohol. These two different risk factors for aggression could need two different prevention approaches to be effective in reducing risk for aggression. Although it is time consuming to provide individualized screening and treatment, it is possible that this approach could lead to more efficacious outcomes for reducing risk for aggression.

## Limitations

When interpreting the findings from this study it is important to recognize its limitations. First, because the data in this study are cross-sectional (i.e., one-time assessment), the causal



directions among variables cannot be determined. That is, it is possible that difficulties with emotion regulation are a risk factor for perpetrating aggression, a consequence of perpetrating aggression, or both. Longitudinal research is needed to determine whether difficulties with emotion regulation predict the perpetration of aggression across time. Second, we examined each type of perpetration separately, which does not take into consideration individuals who had perpetrated multiple forms of aggression (e.g., psychological and sexual). However, we felt this approach was warranted given the lack of research in this area and because running additional analyses would have further increased our risk of Type I error. Additional research should examine whether individuals who perpetrate multiple forms of aggression have more difficulties with emotion regulation than individuals who perpetrate one form of aggression, and whether the DERS subscales interact with gender in predicting aggression. In addition, the sample of college students used in this study limits the generalizability of these findings to more diverse populations. Further, the majority of participants were non-Hispanic Whites, further limiting the generalizability of these findings. Future research should examine how difficulties with emotion regulation are associated with the perpetration of dating violence among more diverse samples.

Overall, findings from this study indicate that emotion regulation difficulties are an important correlate of perpetrating all three forms of dating violence. Although findings varied somewhat among males and females, as well as the type of aggression, this study suggests that future research that examines how emotion regulation is related to dating violence is warranted. In addition, results from this study indicate that dating violence prevention programs could benefit from targeting emotion regulation, which might provide participants the long-lasting skills needed to refrain from perpetrating aggression.

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TABLE 1

## Means and Standard Deviations among Study Variables

Study variable	Males <sup>a</sup>		Females <sup>b</sup>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Psychological aggression perpetration	7.86	12.36	9.79	15.41
Physical aggression perpetration	2.72	10.01	3.34	11.20
Sexual aggression perpetration	3.67	9.17 *	2.15	6.29
DERS Total	83.87	20.33	82.64	22.77
DERS NER	12.81	4.83	12.86	5.23
DERS GDB	13.31	4.00	13.74	4.72
DERS ICD	12.21	4.44	12.32	4.95
DERS LEA	16.92	4.12 *	15.39	4.51
DERS LAERS	16.71	6.02	16.66	6.60
DERS LEC	11.88	3.59	11.64	3.90

*Note.* DERS = Difficulties in Emotion Regulation Scale; NER = Nonacceptance of Emotional Responses; GDB = Goal-Directed Behavior; ICD = Impulse Control Difficulties; LEA = Lack of Emotional Awareness; LAERS = Limited Access to Emotion Regulation Strategies; LEC = Lack of Emotional Control.

<sup>a</sup>  
*n* = 187.

<sup>b</sup>  
*n* = 253.

\*  
*p* < .001.

TABLE 2

## Bivariate Correlations among Study Variables

	1	2	3	4	5	6	7	8	9	10
Males ( <i>n</i> = 187)										
1. Psychological perpetration	—	.52***	.44***	.19**	.08	.17*	.21**	.08	.16*	.17*
2. Physical perpetration		—	.46***	.13	.06	.05	.19*	.04	.13	.13
3. Sexual perpetration			—	.14	.10	.16*	.16*	-.05	.14	.10
4. DERS Total				—	.81***	.68***	.85***	.39***	.91***	.80***
5. DERS NER					—	.53***	.57***	.14	.73***	.51***
6. DERS GDB						—	.56***	-.07	.62***	.36***
7. DERS ICD							—	.14	.82***	.63***
8. DERS LEA								—	.14*	.51***
9. DERS LAERS									—	.63***
10. DERS LEC										—
Females ( <i>n</i> = 253)										
1. Psychological perpetration	—	.51***	.27***	.23***	.15*	.12	.24***	.15*	.22***	.14*
2. Physical Perpetration		—	.29***	.23***	.23***	.16	.21**	.11	.19**	.17**
3. Sexual Perpetration			—	.08	.05	-.02	.09	.06	.09	.06
4. DERS Total				—	.84***	.77***	.81***	.37***	.92***	.77***
5. DERS NER					—	.63***	.61***	.19	.76***	.60***
6. DERS GDB						—	.61***	.01	.70***	.45***
7. DERS ICD							—	.10	.77***	.49***
8. DERS LEA								—	.16**	.44***
9. DERS LAERS									—	.61***
10. DERS LEC										—

Note. DERS = Difficulties in Emotion Regulation Scale; NER = Nonacceptance of Emotional Responses; GDB = Goal-Directed Behavior; ICD = Impulse Control Difficulties; LEA = Lack of Emotional Awareness; LAERS = Limited Access to Emotion Regulation Strategies; LEC = Lack of Emotional Control.

\*  $p < .05$ .

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

**TABLE 3**  
Differences between Male and Female Perpetrators and Nonperpetrators on the Difficulties in Emotion Regulation Scale

	Male				Female					
	Perpetrators		Nonperpetrators		Perpetrators		Nonperpetrators			
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
<b>Psychological aggression</b>										
DERS Total	86.18	19.37**	76.96	21.73	.57	83.64	22.88	79.05	22.21	.20
DERS NER	13.12	4.78	11.88	4.91	.25	12.81	5.20	13.06	5.39	.04
DERS GDB	13.68	3.83*	12.20	4.32	.36	13.78	4.70	13.59	4.82	.03
DERS ICD	12.62	4.31*	11.00	4.62	.36	12.61	5.00	11.30	4.69	.27
DERS LEA	17.25	3.99	15.92	4.39	.31	15.73	4.54*	14.19	4.18	.35
DERS LAERS	17.23	5.85*	15.18	6.31	.33	16.98	6.58	15.50	6.60	.22
DERS LEC	12.25	3.45*	10.77	3.80	.40	11.71	3.85	11.39	4.11	.08
<b>Physical aggression</b>										
DERS Total	87.20	18.01	82.55	21.10	.23	90.23	23.00***	78.81	21.73	.51
DERS NER	12.87	4.53	12.79	4.96	.01	14.40	5.48**	12.09	4.94	.44
DERS GDB	13.73	3.20	13.14	4.28	.15	14.67	4.83*	13.27	4.60	.29
DERS ICD	13.35	4.24*	11.76	4.44	.36	13.85	5.19***	11.55	4.65	.46
DERS LEA	17.10	4.13	16.84	4.13	.06	16.25	4.77*	14.96	4.31	.28
DERS LAERS	17.51	5.69	16.39	6.13	.18	18.45	6.76**	15.76	6.34	.41
DERS LEC	12.61	3.43	11.59	3.62	.28	12.59	3.64**	11.16	3.96	.37
<b>Sexual aggression</b>										
DERS Total	87.50	20.66	81.74	19.92	.44	86.51	22.43	81.44	22.80	.22
DERS NER	13.07	4.71	12.66	4.91	.08	13.62	5.32	12.63	5.19	.18
DERS GDB	14.23	3.88*	12.77	3.99	.37	13.57	4.51	13.79	4.79	.04
DERS ICD	13.15	4.77*	11.66	4.15	.33	13.19	5.31	12.05	4.82	.22
DERS LEA	16.82	3.84	16.97	4.29	.03	16.19	4.63	15.14	4.45	.23
DERS LAERS	17.86	5.98*	16.04	5.96	.30	17.45	6.52	16.42	6.62	.15
DERS LEC	12.33	3.82	11.62	3.43	.19	12.46	3.48	11.38	4.00	.28

Note. DERS = Difficulties in Emotion Regulation Scale; NER = Nonacceptance of Emotional Responses; GDB = Goal-Directed Behavior; ICD = Impulse Control Difficulties; LEA = Lack of Emotional Awareness; LAERS = Limited Access to Emotion Regulation Strategies; LEC = Lack of Emotional Control.

\*  $p < .05$ .

\*\*  $p < .01$ .

\*\*\*  $p < .001$ .