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The relationship between the level of alcohol consumption and the incidence of spousal abuse in Euro-American and Hispanic male populations

Gabriela Patricia Gomez

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THE RELATIONSHIP BETWEEN THE LEVEL OF ALCOHOL CONSUMPTION AND THE INCIDENCE OF SPOUSAL ABUSE IN EURO-AMERICAN AND HISPANIC MALE POPULATIONS

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
in
Psychology: Clinical/Counseling

by
Gabriela Patricia Gomez

September 1996
THE RELATIONSHIP BETWEEN THE LEVEL OF ALCOHOL CONSUMPTION AND THE INCIDENCE OF SPOUSAL ABUSE IN EURO-AMERICAN AND HISPANIC MALE POPULATIONS

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Approved by:

David Chavez, Chair, Psychology
Yu-Chin Chien
Michael Weiss
ABSTRACT

The purpose of the present study was to investigate whether there were any differences in level of alcohol consumption, incidence of spousal abuse, and relationships between these two variables in Euro-American and Hispanic males participating in a domestic violence program.

We specifically predicted that the relationship between level of alcohol consumption and incidence of spousal abuse would be stronger for the Hispanic group than the Euro-American group. This study also explored the mental/physical condition of the "violent partner" (i.e., whether he was intoxicated or sober) when the last incident of spousal abuse occurred.

Since, in many cases, alcohol is used as a "sedating" drug instead of an "activator," it was expected that Hispanic and Euro-American males who were participating in a domestic violence program would be significantly different in their mental/physical states when they were physically abusive towards their mates.

The Michigan Alcoholism Screening Test and the Conflict Tactics Scale were used to assess levels of alcohol consumption and abusive behaviors respectively. An acculturation scale was used to measure participants' acculturation levels.

The sample was composed of 42 Hispanic and 55 Euro-American males who were referred to a Domestic Violence
Program. Tests of difference between means for independent groups (i.e., t-test), a test of the difference between two independent correlation coefficients (i.e., z-test), and a Chi-Square Test were used to test the hypotheses.

Significant differences in levels of alcohol consumption or incidence of spousal abuse were found between Euro-American and Hispanic males. The relationship between levels of alcohol consumption and spousal abuse for the Hispanic participants was significantly stronger than for the Euro-American participants.

The findings of this study provide useful information for the exploration of the relationship between alcoholism and spousal abuse as well as for the development and implementation of more effective clinical and social interventions that are culturally sensitive to these problems.
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TABLE 2. Number and Percentage of Participants for Each Group Based on Their Reported Physical State when the Last Incident of Abuse Occurred......... 29
CHAPTER ONE: Introduction

Historically, there have been attempts to establish the genesis of alcoholism as well as aggressive behavior. However, it seems impossible to find a single unique determining factor for those problems due to their multi-causal nature. Faced with multi-causality, systemic theorists have been focusing on studying interactions instead of searching for the genesis of particular events (Broderick, 1971; Heiskanen and Stolte, 1972; Hill, 1971; Steinglass, Bennett, Wolin and Reiss, 1987).

The relationship between alcoholism and spousal abuse has been studied from different theoretical perspectives. Through the years, most of the evidence supports the relationship between alcohol consumption and the expression of aggressive physical behavior (Chermack and Taylor, 1995; Lau and Pihl, 1994; Leonard, Bromet, Parkinson, Day and Ryan, 1985; Zeichner, Pihl, 1980). Based on research outcomes that suggest that alcohol regulates and/or influences aggressive behavior, the treatment goal that has been favored is "sobriety," which assumes that by decreasing the level of alcohol consumption, the level of physical violence will decrease (Cook and Moore, 1993). However, it may not necessarily be true for all situations in which alcohol and spousal abuse are involved, that the alcohol consumption will increase the likelihood of spousal abuse.
It is important for clinicians to discriminate between those situations where alcohol "contributes to violence" from those where it does not contribute to violence even when it is present (Collins and Messerschmidt, 1993). This seems to be particularly important for cases in which the abusive partner tends to behave in a physically aggressive manner when sober and does not behave physically aggressive when he/she is intoxicated. In this case, the best treatment would not be "sobriety." In general, the literature has not addressed cases in which the "alcoholic" partner behaves violently when he/she is sober. However, further research in this area could have important implications for the treatment modalities that have been implemented ("sobriety").

In addition, the literature concerning alcohol consumption and spousal abuse seems to also be lacking cross-cultural consideration. Most of the studies that have suggested that alcohol mediates aggressive behavior were conducted using white samples. However, cultural differences might play an important role in the dynamics of the relationship between alcoholism and spousal abuse. An example of this is the role that "machismo" has in the Hispanic cultures. There is literature that supports the idea that "macho" males are more prone to drink and conceptualize women as objects under their ownership (Panitz, McConchie, Sauber and Fonseca, 1983). However, the relationship between these two variables (alcohol consumption and incidence of spousal
abuse) has not been directly addressed in a cross-cultural context. The present study focuses on the relationship of the incidence of spousal abuse and alcohol consumption and seeks to find out whether there was any difference between Euro-American and Hispanic males in this relationship. As mentioned before, this study also attempted to gather some information about the incidence of aggression while one is intoxicated or while one is sober.

The following literature review summarizes some of the research that has been conducted on alcohol consumption and spousal abuse, as well as cultural differences among Hispanic and American males.

**Alcoholism.**

Alcoholism has been conceptualized in linear terms and more recently in systemic terms. When viewed as a linear event, characteristics such as genetic and/or biological predisposition have been studied. For example, Thomasson and Li (1993), suggested that alcohol dehydrogenase (ADH) and aldehyde dehydrogenase (ALDH) play a role in the susceptibility to developing alcoholism among Chinese.

Theoretical linear perspectives are still trying to find the genesis which will explain the presence of alcoholism, whether it is biological (a genetically transmitted disease), specific personality traits, or cultural patterns. On the other hand, systemic conceptualizations have been providing
tentative explanations of the dynamics involved in alcoholism and how it is not a disease that is inherent to an individual (more difficult to control and/or change), instead, alcoholism is viewed as the result of interactions between two or more factors/individuals.

Some systemic theorists conceptualize alcoholism as a system's symptom that could be serving a function (e.g. maintaining the homeostasis of the system). This definition of alcoholism as a "symptom" of a particular structure of a system suggests multi-causality of the event and also suggests that the whole system is playing a role in the development and maintenance of it through their interactions (Steinglass, et. al., 1987). According to Steinglass, et. al.(1987), a key issue to be observed in order to explain alcoholism in a system is: "...how closely and consistently the drinking pattern of the alcoholic individual fits with the pattern of the system organization" (p.12), meaning that alcoholism can be an important part in the system's organization to maintaining its equilibrium and homeostasis.

In general, alcoholism has also been found to be used as a coping mechanism to deal with stress. This issue has been frequently addressed in cross-cultural studies about coping mechanisms. For example, Pyskoty, Richman and Flaherty (1990) concluded that Hispanics frequently manifested least distress, "higher self-esteem, greater social support but showed ... higher alcohol consumption" (p.581), than black
and white first year medical school students. In this study, Hispanics' alcohol consumption did not decrease over time like the other two groups. This and similar studies stimulate the desire to explore more fully the role that alcohol plays cross-culturally. It seems that Hispanic cultures conceptualize the use of alcohol as "normal." This notion is observed by the presence of alcohol in almost all Hispanic traditions, social events and stressful situations.

Looking at the American population, alcoholism has been an increasing problem for this society. For example, Clark and Midanik (1982), found in their U.S. adult survey that 12% of the males and 3% of the females who participated, reported "heavy" drinking patterns (5 or 5+ drinks per occasion at least 10 times per month). Also, Robins, Helzer and Weissman et al. (1984), reported a lifetime prevalence rate of 13.6% for a diagnosis of alcohol (abuse/dependence) in the American (U.S.) population.

One of the few studies that has addressed alcoholism from a cross-cultural perspective is that of Caetano and Kaskutas (1995), who conducted a longitudinal study from 1984 to 1992 exploring changes in the drinking patterns among Whites, African Americans and Hispanics. They found a greater consistency of heavy drinking among African American (51%) and Hispanic males (43%). In addition, only the White population showed a reduction of heavy drinking patterns during this period of time. However, the authors were not
able to fully explain the significant differences among these groups. Their tentative explanation focused on the levels of education reported by the three different groups and suggested that prevention programs (education) may be important to decrease alcohol consumption.

The Role of Machismo in Alcoholism.

Some of the cross-cultural literature has suggested that cultural values are important for the development of "pathological" behaviors such as alcoholism. An example of this is discussed by Panitz, et al., (1983) who described the role that "machismo" plays in the level of alcohol consumption in Hispanic cultures. They concluded that Hispanic cultures have accepted and reinforced/encouraged alcoholism as a normal "macho" male behavior. Machismo "can be defined as the cult of male superiority" (Contreras, 1987, p. 117). The concept "connotes sexual prowess and aggressive behavior, which is equated with maleness" (p. 35 Wolfe in Panitz, et al., 1983). Aramoni (1972), listed the following as characteristics of "macho" values and behaviors:

1) Lack of respect of human life and dignity: treatment of women as objects.

2) Contempt for the rules of established activities: manifested in high rates of general criminality and alcoholism.
Machismo, as well as other cultural values might be playing an important role in the drinking patterns of the members of each culture. Therefore, when studying alcoholism it is important to take these factors into consideration.

Spousal Abuse.

According to the 1994-1995 national statistics, domestic violence is the cause of 50% of all injuries that brought women to the emergency room in the United States (House of Ruth, 1996). Also, the 1988 U.S. Department of Justice FBI records showed that in the U.S. a woman is beaten every 15 seconds.

House of Ruth is a local shelter for battered women who reside in the San Bernardino County. During 1994-95, this institution received 3,688 hotline calls reporting incidents of domestic violence. The fact that House of Ruth served 15,437 persons during 1994-95, demonstrates the growing problem that our society is facing.

Some of the latest statistics regarding spousal abuse reported by House of Ruth (1996) are:

1) 79% of spousal abuse is committed by men who are divorced or separated from their wives.

2) Only 7% of spousal assaults are reported to the police.

3) One out of three women killed in the United States are killed by their partners.
In addition, the Ontario Police Department reported a total number of 1,020 domestic violence cases in the County of San Bernardino during 1995. From those, 839 were cases of spousal abuse. As of May 20, 1996 there have been 353 cases of domestic violence reported; 280 have been cases of spousal abuse. In a total of 307 cases from the 1995 statistics, Hispanic males were the perpetrators, while in 190 cases, Euro-American males were the perpetrators. As of May 20, 1996, of the total reported cases of Domestic Violence, 209 of the perpetrators were Hispanic males and 103 were Euro-American males (Ontario Police Department, 1996).

Like alcoholism, spousal abuse and violence in general, has also been conceptualized from both linear and systemic theoretical perspectives. From a linear perspective violence has been tied to a possible "physiologically based typology of male batterers" (Gottman, Jacobson, Rushe, Wu Shortt, Babcock, La Taillade and Waltz, 1995, p.243); personality traits (aggressive or sadistic personality) (Ornduff, Kelsey, and O'Leary, 1995); and cultural influences (e.g. machismo, power distributions between males and females). However, as suggested by Margolin, Gordis, Oliver and Raine (1995), there is "very little information" about the genesis or single causes of aggressive behavior of males oriented towards their partners.

Margolin, et al. (1995), also mentioned the mismatch between theory and research in this area. This is largely due
to the ethical implications that made it nearly impossible to study aggression in human beings. Since, inducing humans to behave aggressively towards their partners, is unethical, most of the research in this area has been based on animal ethology studies, self-report questionnaires and some experimental research utilizing the Taylor paradigm (providing electroshocks to a fictitious opponent).

On the other hand, systemic approaches have suggested different contextual dynamics that might play a role in the occurrence and maintenance of aggression. For example, Stahly and Lie (1994), mentioned the "subculture of violence hypothesis," which implies that "a violent act may be a response to sub-cultural values, attitudes and rituals which define violent behavior as normative" (p. 3). The general systemic theory of violence between family members (Straus, 1973), conceptualizes violence as a "systemic product rather than a product of individual behavior pathology" (p. 105). According to this model, the dynamics involved in the occurrence and maintenance of violence among family members is characterized by "positive feedback processes" (an upward spiral of violence), (Kornblit, 1986; Straus, 1973, p. 105).

Straus (1973), also listed some of the social elements that might be playing a role in the existence and expression of family violence. Some of these are:

1) Familial variables affecting intra-family violence such as: family organization (power structure; sex role
segregation; problem solving ability); family position in 
social structure (social class, ethnic group, residence); 
values, beliefs and personality (individualism vs. 
familiarism, self concepts).

2) Individual characteristics of family members such as:
personality traits (education, aggressiveness); 
psychopathological traits (alcoholism, drug addiction); 
occupational roles (p.108).

Straus' model seems to include all the potential 
elements involved in the dynamics of violence and focuses on 
how all these elements interact with each other as a system 
that might result in aggressive behaviors.

Examining spousal abuse, most of the literature tends to 
cite males as the "perpetrators" and wives as the "victims." 
This does not mean that females are not physically aggressive 
towards their mates. In fact, female violence towards males 
may be significantly under-reported. This situation can be 
explained through a brief analysis of gender role 
stereotypes. The expectations and specific conceptualizations 
of "personal power" are part of explicit and implicit 
cultural and family messages that each individual 
internalizes through his/her developmental process. These 
internalized views of personal power "embody the messages of 
the appropriateness of the use of aggression to establish 
social power and control" (Stahly and Lie, 1994, p.6). The 
literature suggests that gender and power are playing major

Spousal Abuse and Alcohol Consumption.

As suggested by the literature, violence and spousal abuse seem to be multi-causal problems. There are several variables that seem to be influencing aggressive behaviors. In particular, there is increasing interest in research about the role that alcohol plays in the explanation of spousal abuse. However, there is an ongoing controversy about the relationship between alcohol consumption and domestic violence.

Domestic violence, specifically spousal abuse and alcoholism have been an increasing problem for the U.S. society. In 1995, 1020 incidents of domestic violence were reported in San Bernardino County. Of these cases, only 12 involved narcotics, and in only two cases was alcohol involved during the incident. As of May, 1996, 353 cases have been reported in this County. There are only six cases in which it was reported that narcotics were present during the incident and a charge of narcotic use was made in addition to the charge of assault and battery (Ontario Police Department, 1996).

Information published by the House of Ruth, a local shelter for battered women suggests that "episodes of problem
drinking and incidents of domestic violence often occur separately and must be treated as two distinct issues." (House of Ruth, 1995, p.2).

Research on the relationship between alcohol and aggressiveness, in general, appears to suggest that alcohol use is correlated with an increase in the expression of aggressive behaviors (Pihl, 1983; Taylor and Chermack, 1993; Zeichner and Pihl, 1979). More recently, the majority of the experimental research has employed frequency, duration and intensity of electroshocks that sober and intoxicated participants have administered to a fictitious opponent as a measure of aggression.

For example, in a laboratory study by Chermack and Taylor (1995), the pharmacological and expectancy effects of alcohol and physical aggression in American males were evaluated. The authors found that higher doses of alcohol resulted in higher levels of aggression when compared to the placebo group. However, the participants' expectations that alcohol influences aggressive behavior seemed to play a role during conditions of high provocation (of aggression). Based on their findings, the authors concluded that "the pharmacological effects of alcohol play a primary role in the relationship between alcohol ingestion and aggression" (p.449). But, they could not state the same about the "expectancy effect."
Moreover, Zeichner and Pihl (1980), found similar results in an earlier study looking at similar variables. Also, Lau and Pihl (1994), found significant results to support the idea that alcohol interferes with the "ability to integrate previously acquired knowledge in the formulation of behavioral strategies" (p.701).

In contrast, there are some studies that found that alcohol was not a precipitant of aggression (Bennett, Buss and Carpenter, 1969; Lang, Goeckner, Adesso and Marlatt, 1975). There are some studies that concluded that alcohol use may "actually prevent violence" (Bennett, 1995, p. 761). An example of these studies is the one conducted by Leonard and Blane (1992). The researchers used a randomly selected sample of 485 White factory workers. The variables were: alcohol use/abuse, woman abuse, hostility, and marital satisfaction. Their results showed that woman abuse was correlated with the combination of alcohol abuse, marital satisfaction, hostility, and socio-demographic factors, but not with alcohol use alone.

Another aspect that has been explored through research that evaluates the relationship between alcohol and spousal abuse is marital communication. Some studies have explored the role of alcohol and verbal communication in marital relationships. For example, Leonard, et al. (1985), found that a dysfunctional pattern of alcohol consumption along with a diagnosis of alcohol abuse or dependence (within three
years previous to the study), were related to physical marital conflict independently from socio-demographic factors for blue-collar workers (males).

Also, another study found that among eight couples, more positive verbalizations were significantly expressed by the non-alcoholic spouses when the partners were intoxicated than when the partners were sober (Frankenstein, Hay and Nathan, 1985). However, there is also some evidence that supports that couples with an alcoholic member have distressed communications (Kennedy, 1976; McGrady and Weiner, 1978).

A lack of consistency has been demonstrated with regard to the relationship of alcohol consumption and violence/spousal abuse among the existing literature. Researchers in this area have also found it difficult to establish effective methodologies that can lead to results that possess practical import. However, it is important to note that both alcoholism and spousal abuse are multi-causal. More research is needed to explore the dynamics of abusive couples that have an alcohol problem, as well as to explore the frequent relationship that is found between alcohol consumption and violence, and whether this can be cross-culturally generalized.
The Role of Acculturation in the Individual's Perception of His/Her Own Culture.

Acculturation has been defined as "the process of changes in behavior and values by individuals" (Gordon, 1964 in: Marin, Sabogal, Van Oss Marin, Otero-Sabocal, Perez-Stable, 1987, p.184). The United States, especially the border States, have been characterized as being multicultural as a result of the number of immigrants from other countries (e.g. Central and South American countries). When a person immigrates to another country, he/she is exposed to new cultural patterns (mainstream ones) that sometimes require modifications on his/her own beliefs, values, traditions, behaviors, norms and attitudes (Berry, 1980; Dohrenwend, 1962).

Different individuals go through the acculturation process at their own pace and cope with it according to their personal and social resources. When studying populations that have immigrated to a different country, it is important to rule out acculturation as a confounding variable. As Torres-Matrullo (1980; in Marin, et.al., 1987) pointed out, "the measurement of acculturation is important not only as a way of identifying individual or personality differences but also because it has been reported to be related to other important variables " (p.184).
Acculturation has been found to be related to alcoholism (Padilla, Padilla, Ramirez, Morales & Olmedo, 1967; Padilla, Padilla, Ramirez, Morales & Olmedo, 1967; Padilla, Padilla, Ramirez, Morales & Olmedo, 1967; Padilla, Padilla, Ramirez, Morales & Olmedo, 1967; Padilla, Padilla, Ramirez, Morales & Olmedo, 1967; Padilla, Padilla, Ramirez, Morales & Olmedo, 1967; Padilla, Padilla, Ramirez, Morales & Olmedo, 1967). Acculturation has also been found to be related to the health status of a person (Golding, Burnam, Timbers, & Karno, 1985) and with deviancy (Berry & Annis, 1967; Padilla, Padilla, Ramirez, Morales & Olmedo, 1967).

Summary, research that is intended to address situations that have immigrated, must consider acculturation as a variable that might be playing a role in the phenomena that have been measured. Unfortunately, there is no existing cultural literature that directly evaluates or explores the extent that acculturation might have in the relationship between alcohol consumption and spousal abuse.

Statement of the Problem.

The present study measured the levels of alcohol consumption and the incidence of spousal abuse as well as the relationship between these two variables (alcohol consumption and spousal abuse) in Euro-American males and Hispanic males participating in a domestic violence program. The objective of the study was to evaluate whether there were significant differences between Euro-American and Hispanic male participants in the level of alcohol consumption, the incidence of spousal abuse reported by them, and the relationship between these two variables (alcohol consumption and spousal abuse). In addition, the study explored whether
the alcohol using partner was intoxicated or sober when the last incident of spousal abuse occurred.

Statement of the Hypotheses.

Four hypotheses are proposed in this thesis:

1) Hispanic males who were participating in a domestic violence program would report significantly higher levels of alcohol consumption than the Euro-American counterparts. This is based on the fact that alcohol has played an important social role in the Hispanic culture.

2) Euro-American males who were participating in a domestic violence program would report significantly higher incidence of spousal abuse than the Hispanic counterparts. This hypothesis was generated on the basis that the concept of "machismo," is generally held in the Hispanic culture. Since aggression is considered to be an indication of macho male behavior, violent incidents are thus less likely to be conceptualized and to be reported as abuse in the Hispanic group as compared to the Euro-American group.

3) The strength of the relationship observed between the level of alcohol consumption and the incidence of spousal abuse for the Hispanic group would be significantly different from that observed for the Euro-American group.

4) Hispanic males and Euro-American males who were participating in a domestic violence program would be significantly different in reports of their mental states
(intoxicated vs. sober) when the last incidence of abuse occurred.

The information concerning levels of acculturation were used to assist with interpretations of the results.
CHAPTER TWO: Method

Design.

A two independent groups quasi-experimental design was used to test the hypotheses. The quasi-independent variable was the cultural background of the participants. There were two levels of the quasi-independent variable to which the participants were self assigned according to their cultural background: a) Hispanics (Participants who were born in Mexico or any other Central or South American Country); b) Euro-American (participants who were born in the United States of America and were not Mexican-American). The study included three dependent variables: a) the level of alcohol consumption, as measured by the Michigan Alcoholism Screening Test (MAST); b) the incidence of spousal abuse episodes as measured by the Conflict Tactics Scale and; c) the relationship between the levels of alcohol consumption and the incidence of spousal abuse calculated on the bases of their cultural background (Hispanic or Euro-American). In addition, other information such as the mental/physical stage (if sober or intoxicated) of the participants when the last incident of abuse occurred was also collected.

In addition, the level of acculturation was measured by a brief acculturation scale developed by Marin, et.al. (1987).
Participants.

The participants were 42 Hispanic males and 55 Euro-American males who were currently participating in a Domestic Violence Program. They were recruited from Domestic Violence programs in the San Bernardino County on a voluntary basis. Participants were treated in accordance with the APA's Ethical Guidelines for Psychologists (1992).

Materials.

Three questionnaires, the Michigan Alcoholism Screening Test, the Conflict Tactics Scale, and the Short Acculturation Scale along with a demographic sheet, were used in data collection.

The demographic (see Appendix A) included questions such as age, place of birth, family background, economic status, level of education, if there has been an arrest due to spousal abuse, type of referral to the domestic violence program (probation officer, family court, CPS, wife, relative, friend, voluntary), current drug intake (other than alcohol), current living status, number of marriages, number of children and their ages, length of living in California, and occupation. Additional questions were included in order to explore the mental state of the participants during the last abusive incident(s).
The Michigan Alcoholism Screening Test (MAST) (see Appendix B) was used to measure the level of alcohol consumption. The MAST is a self-reported measure of habits and behaviors of problematic drinking. It was designed to detect alcoholism. The test consists of 25 yes or no self-administered questions. This instrument possesses high test-retest reliability \((r=0.95)\) and validity in identifying alcoholism (Selzer, 1971). According to Zung the full length 1979 version of the MAST possessed higher reliability than the 1971 original version. The questions in the 1979 version are more clear and detailed than those included in the 1971 version. For the present study, the 1979 version of the MAST was utilized. Generally, an score of five or higher has been considered to be reflective of an alcohol problem (Heyman, Jouriles and O'Leary, 1995). For Hispanic participants, a Spanish version of the MAST (appendix B2) was adopted. The author of the present study constructed the Spanish version of the MAST utilizing the back-translation method (Three bilingual individuals translated the questionnaire items from English to Spanish, and then another three bilingual individuals independently translate them back into English).

The Conflict Tactics Scale (CTS) (see Appendix C) was used to measure the incidence of spousal abuse. The CTS was designed to measure the coping strategies used when dealing with conflict within the family (Straus, 1979). This instrument consists of 14 items that represent possible
actions one may have done in dealing with marital conflict. The CTS is composed of three subscales according to the "Catharsis Theory" of violence control (Reasoning, verbal aggression, and violence). The reasoning scale contains four items ("a" through "d"). The verbal aggression scale consists of four items ("e" through "h"). The violence scale has six items ("i" through "n"). For the purposes of the present study, the results of subscales two and three (Verbal and physical) were combined and analyzed. The reliability of the scale was obtained through the correlation of an item analysis and total scores (r ranges from .70 to .87). The CTS possess appropriate construct, concurrent, and content validity (Straus, 1979). For Hispanic participants, a Spanish version of the CTS (appendix C2) was adopted. The author of the present study constructed the Spanish version of the CTS utilizing the back-translation method.

As an attempt to interpret the results more accurately, participants' acculturation levels were measured. The Short Acculturation Scale (SAS) (Marin, et.al., 1987) was utilized. The SAS consists of 12 items that measure acculturation. The instrument includes items related to three factors:

1) Language use and ethnic loyalty (items 1 to 5): measures the language used as an adult, language used when interacting in different settings (people).

2) Media (items 6 to 8): measures the use and preference for electronic and printed media (language).
3) Ethnic social relations (9 to 12): measures the ethnicity of friends for self and for one's children. The instrument possesses an Alpha coefficient of reliability of .92. The general validity index of the instrument was between .65 and .83 depending on each of the three factors as measured by Marin, et.al. (1987).

Procedure.
Initial contact was made with the domestic violence programs in the San Bernardino County to explain the research and explore the possibility of participation by the program in the research. The author met with the persons in charge of the groups and trained them to administer the questionnaires. The announcement and invitation to participate voluntarily was made before the group session. Volunteers were informed about their rights as participants and the confidentiality of their responses. A package that included: a) informed consent form; b) demographics sheet; c) Short Acculturation Scale; d) MAST; and e) CTS was given to each participant.

Participants were also informed that the study was not related to or part of their legal programs or requirements. They were told that at the end of the study only group data would be reported. The volunteers signed the informed consent sheet before they answered the questionnaires. They were asked to answer all the questions as truthfully as possible.
The questionnaires were filled out at the end of the group session. A debriefing sheet informing the participants of the purpose of the study and information concerning how to obtain a copy of the results was given to each participant after completion of the questionnaires.

Scoring and Analysis.

As mentioned in the materials section, the Michigan Alcoholism Screening Test is composed of 25 yes or no items. The instrument has a score range from zero to 38 or higher (depending on the number of arrests reported on question number 24). Each one of the items scores 1 point if the answer is "yes" and zero points if the answer is "no," with the exception of items number 9, 20, 21 and 24. Questions 9, 20 and 21 are diagnostic questions. A "yes" response to any of these questions will score five points. Each arrest reported on question 24 will score two points. A score less than or equal to three indicates non alcoholism (low level of alcohol consumption), a score of four suggests indications of alcoholism (medium level of alcohol consumption), and a score of five or more indicates alcoholism (high level of alcohol consumption). For this study, the actual score received by each participant was used in analyses. Participants were not classified into different levels of alcoholism.

The Conflict Tactics Scale is composed of 14 items that are further divided into three subscales. Each item has a
score range from zero to five. The CTS has a score range of zero to seventy. The reasoning scale (items a, b, c, d) has a score range of zero to twenty. The verbal aggression scale (items e, f, g, h) can range from zero to twenty and, the violence scale (items i, j, k, l, m, n) has a score range of zero to thirty. The simplest method of scoring each scale is to add the points of each answer. For this study, the combined score of the verbal aggression and the violence scales were used in the analysis.

The Short Acculturation Scale is composed by 12 likert items that range from one to five each. The SAS then, has a score range from 12 to 60. The higher the score, the higher the acculturation level to the American culture. A lower score reflects less acculturation to the American culture.

T-tests were used to test the first and second hypotheses to evaluate whether Hispanic males who were currently participating in a domestic violence program were significantly different in the reported levels of alcohol consumption and incidents of spousal abuse from the Euro-American counterparts. A Z-test was used to test the third hypothesis to evaluate whether or not the strength of the relationship observed between the level of alcohol consumption and the incidence of spousal abuse for the Hispanic group would be significantly different from that observed for the Euro-American group.
A Chi-square test was utilized to test the fourth hypothesis to evaluate whether or not there were differences in the reports of the physical state of the "perpetrator" of the violent act (whether he was alcohol intoxicated or not) of Hispanic and Euro-American males when the last incidence of abuse occurred. Finally, a t-test was used to evaluate whether there were any significant differences in the level of acculturation between the Euro-American and Hispanic participants.
CHAPTER THREE: Results

The results with regard to levels of alcohol consumption, incidents of spousal abuse, and levels of acculturation are given in Table 1. As can be seen from Table 1, the Euro-American participants reported a higher level of alcohol consumption (M=15.40) than the Hispanic participants (M=12.45); however, the difference was not significant. The Euro-American participants also reported a higher number of incidents of spousal abuse (M=15.47) than the Hispanic participants (M=12.78). Again, the difference was not significant.

Table 1

Mean Ratings, Standard Deviations, and t-test of the Levels of Alcohol Consumption, Spousal Abuse and Level of Acculturation for Hispanic and Euro-American Males.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Euro-American°</th>
<th>Hispanic°</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Level of Alcohol Consumption</td>
<td>15.40</td>
<td>25.72</td>
</tr>
<tr>
<td>Spousal Abuse</td>
<td>15.47</td>
<td>9.07</td>
</tr>
<tr>
<td>Level of Acculturation</td>
<td>52.94</td>
<td>8.14</td>
</tr>
</tbody>
</table>

° Number of participants: Euro-American (N=55); Hispanic (N=42).
* p<.01.
The results concerning the relationship between the level of alcohol consumption (LAC) and incidence of spousal abuse (ISA) are summarized as follows: A significant positive relationship between LAC and ISA was detected for the Hispanic group ($r(41)=.58, p<.01$). A positive relationship between LAC and ISA ($r(54)=.15$) was also found for the Euro-American group; however, this relationship was not significant. The results further indicated that the strength of the relationship observed between LAC and ISA for the Hispanic group was significantly different from that observed for the Euro-American group ($z=2.37, p<.05$).

Table 2 summarizes the results with regard to the participants' reports of their mental states (intoxicated vs. sober) when the last incident of spousal abuse occurred. Considering the Euro-American group, significantly more participants reported that they were sober ($n=28$) than they were intoxicated ($n=12$), $X^2 (1, N=40)=6.4, p<.05$. This difference was not detected for the Hispanic group. The number of Hispanic participants who reported that they were sober ($n=16$) was approximately the same as those who reported that they were intoxicated ($n=15$) (only 40 out of 55 Euro-American participants and 31 out of 42 Hispanic participants provided answers for this analysis).
Table 2
Number and Percentage of Participants for Each Group Based on Their Reported Physical State when the Last Incident of Abuse Occurred.

<table>
<thead>
<tr>
<th>Physical State</th>
<th>Group</th>
<th>Sober</th>
<th>Intoxicated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Euro-American</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>28</td>
<td>12</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>70.00</td>
<td>30.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>16</td>
<td>15</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>51.61</td>
<td>48.39</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

N= 71

Now consider the information concerning levels of acculturation. As can be seen from the related data given in Table 1, in general, the Hispanic participants indicated significantly lower levels of acculturation as compared to the Euro-American participants (t(95)=13.88, p<.05).
As indicated by the results reported in this thesis, Hispanic males who participated in a domestic violence program did not report significantly higher levels of alcohol consumption than their Euro-American counterparts. This set of results failed to support our prediction as well as results reported in several other cross-cultural studies which have suggested that Hispanic groups indicated higher levels of alcohol consumption as compared to other ethnic groups (Caetano and Kaskutas, 1995; Pyskoty et al., 1990).

To explain this set of unexpected results, one may follow the suggestions about alcohol abuse given by Clark and Midanik (1982). According to Clark and Midanik, alcohol abuse has been detected as an increasing problem for the United States population. This claim is supported by related 1995 statistics (Focus West Program, 1996). In addition, Robins et al. (1984), reported that there is a lifetime prevalence rate of 13.6% for a diagnosis of alcohol abuse and/or dependence in the United States. Together, these findings suggest that problems with alcohol are significant and increasing in the U.S. This increase of alcohol consumption in the Euro-American population might decrease the difference between these two ethnic groups in levels of alcohol consumption.
Another probable explanation for this set of unexpected results is related to the shared background of our participants. Both the Euro-American participants and the Hispanic participants were recruited from domestic violence programs; drinking practices derived from this shared background may supersede possible differences in levels of alcohol consumption between these two ethnic groups. Further research with control participants from the general population is necessary for disentangling the ambiguities.

In this study, Euro-American males did not report significantly higher numbers of spousal abuse incidents than their Hispanic counterparts. This set of results failed to support our prediction that Hispanic males would under-report spousal abuse incidents. This prediction was based on the assumption that women would be perceived as property due to the concept of machismo that is described in the Hispanic culture literature (Aramoni, 1972; Contreras, 1987; Panitz, et.al., 1983; Wolfe in Panitz, et.al., 1983).

One explanation of this set of unexpected results, is that Euro-American males may also have some of the characteristics and/or share some of the values and beliefs attached to the "macho" concept. If, in fact, the "macho" concept is not specific to Hispanics, the culturally biased concept of Hispanics as the primary group that fits the "macho" profile will need to be discarded. In effect, this might lead to a more comprehensive description of individual
characterological, cognitive and behavioral patterns of interaction that might be playing a role in abusive relationships.

An alternative explanation of these non-significant results may be that all the participants had a shared background (the domestic violence program). Because these individuals share membership in a group who are by definition assaultive may present a relatively equal number of abusive behaviors with no cultural variation.

As predicted, there was a significant difference in the strength of the relationships between levels of alcohol consumption and incidents of spousal abuse between the two groups. Specifically, there was a significant positive relationship between levels of alcohol consumption and spousal abuse incidents for the Hispanic group but a non-significant relationship for the Euro-American group.

A significant positive correlation between levels of alcohol consumption and incidence of spousal abuse for the Hispanic group suggest that alcohol consumption may constitute one reason for spousal abuse although one cannot infer causal relationship based on correlation results.

It appears that regardless of causal direction, spousal abuse and alcoholism go hand in hand in the Hispanic group; however, alcoholism and spousal abuse seem to be two independent problems in the Euro-American group. Future research will need to clarify these unique relationships.
The results of this study demonstrated that more participants of the Euro-American group reported that they were sober when the last incident of abuse towards their wives/mates occurred. The Hispanic group reported no significant difference between the number of spousal abuse incidents when they were alcohol intoxicated than when they were sober. This set of results is counter to predictions based on the alcoholism and spousal abuse literature. This suggests that the role of alcohol in the battering of wives/mates is more complex than is generally believed. Future research is necessary to unravel these complexities.

These results support the findings that Leonard and Blane (1992) reported when studying the elements involved in violence. They found that alcohol use alone was not a precipitant of violence in a Euro-American sample of factory workers.

As a result of this, it is necessary to continue to explore all the elements that may play a role in the development and maintenance of domestic violence (e.g. marital interaction, family of origin, etc.). It will also be necessary to replicate the present study including control groups of people that are not participating in a domestic violence program to evaluate whether the recovery program itself or the legal situation of the subjects who were Court mandated and/or on probation, played a role in the way in which the subjects responded to the questionnaires. In
addition, it will be necessary to evaluate the validity of self-report as a measurement tool with regard to these specific items on assaultive histories.

Limitations of the Study

This study represents a necessary first step in the cross-cultural exploration of alcoholism and spousal abuse; however, it also contains limitations that should be addressed in future studies.

One of the limitations was the lack of control groups of non-abusive men. Many of the non-significant results regarding culture may be explained by the fact that the participants shared the same background: all of them were participating in a domestic violence program.

Although validity was high for the standard measures utilized, some items central to the analyses were developed for this project and therefore lack validation scores. There is a possibility that the participants answered these items based on what they believed that the researcher was expecting them to answer. Another possibility is that since most of the participants were referred to the domestic violence program by the probation department, there is a possibility that they under-reported their alcohol consumption and the number of incidents of spousal abuse. Due to these limitations, the results obtained in the present study must be carefully considered in order that they not be generalized to the
Hispanic and Euro-American populations that have alcohol and/or domestic violence problems.

Another limitation of this study is the lack of instruments to measure interactions and other systemic variables. In order to evaluate the relationship between the level of alcohol consumption and the incidence of spousal abuse from a systemic perspective, it would be necessary to develop appropriate measurement tools.

The present study didn't include a measurement of marital satisfaction and a measurement of coping-mechanisms (to deal with stress). These two variables, among others, might be useful in explaining some of the results obtained in this study.

**Implications for Future Research and Clinical Interventions.**

Future studies should attempt to examine the relationship between levels of alcohol consumption and spousal abuse within these two ethnic groups by utilizing control groups of non-abusive males in order to tease out issues of ethnicity and battering status. In addition, these studies should attempt to utilize a systemic and contextual framework for conceptualization and investigation of relevant variables (e.g. marital satisfaction, stress, and coping).

However, the results in this study suggest significant implications for the conceptualization, development and implementation of treatment plans for these two populations.
The results suggest that it is necessary for the clinician or for any other health professional working with these populations, to:

a) Be culturally sensitive to each particular individual.

b) Not assume that just because an individual presents himself as violent and also drinks, that the ideal treatment goal will be to help them to stop drinking. If in that particular case, the individual becomes physically aggressive when he is sober, the treatment plan will become part of the problem. In these cases, it will be extremely important to develop more functional and healthier alternatives to deal with and express anger, so that the individual will have tools to cope and behave when angry even when he is sober. Also, the person might be using alcohol as a sedative drug to calm down his anger, in this cases it will be important for the individual to learn alternative relaxation and self-regulation techniques.

c) It will also be important to evaluate and take into consideration the role or function that alcohol and domestic violence play in the marital and family relationships. Once that is taken into consideration, the clinician will have a broader perspective of intervention to help the individual to find healthier ways to maintain the family's homeostasis without having to have such costly and dysfunctional symptoms.
This study examined the relationship between the level of alcohol consumption and incidence of spousal abuse in Euro-American and Hispanic male populations. The findings suggest that this relationship is more complex than is often depicted. It is suggested that future studies and clinical interventions take a systemic and contextual approach.
APPENDIX A.1: Demographics

English Version.

1) Place of Birth: ____________
2) Age: __________
3) Marital Status (Circle one):
   a) Married
   b) Single
   c) Separated
   d) Divorced
   e) Living together
   f) Other, explain: ________________________
4) Source of referral to the domestic violence program (circle one):
   a) Probation officer
   b) Family Court
   c) CPS
   d) Wife
   e) Relative
   f) Friend
   g) Voluntary
   h) Other, explain: ________________________
5) How many sons and daughters do you have? ____
   Please write the ages of each one of your kids: ________________________
6) Your monthly income is: __________
7) Occupation ________________________
8) Highest grade of education ______
9) Have you ever been arrested?  Yes___  No___
   If YES, please mention how many times you've been arrested and why

____________________________
10) Are you currently taking any drugs? 
   Yes ___   No ___  
   If YES, what kind of drugs? __________________________

   If NO, have you ever taken any drugs? 
   Yes ___   No ___  
   What kind? __________________________

11) How long have you been living in California? __________________________

12) Have you ever pushed, slapped, beat or have any physical fights with your wife or significant other?  Yes ___   No ___  
   If yes, had you drank any alcohol the day that this happened (the last time that it happened)?  Yes ___   No ___  
   If yes, how many drinks did you have? __________________________  
   Were you drunk when the fight or incident happened? Yes ___   No ___

13) Have you ever pushed, slapped, beat, or have any physical fights with your wife or significant other when you were sober?  Yes ___   No ___
APPENDIX A.2: Demographics

Spanish Version.

1) Lugar de Nacimiento: ____________
2) Edad: ____________
3) Estado Civil (Encierre su respuesta en un circulo):
   a) Casado
   b) Soltero
   c) Separado
   d) Divorciado
   e) Union Libre
   f) Otro, explique: ____________________________
4) ¿Quien lo refirio a este programa de violencia domestica? (Encierre su respuesta en un circulo):
   a) Su oficial de probacion
   b) Corte familiar
   c) CPS
   d) Esposa
   e) Pariente
   f) Amigo
   g) Voluntariamente
   h) Otro, explique: ____________________________
5) ¿Cuantos hijos tiene? ______
   Por favor escriba las edades de cada uno de sus hijos(as): ____________________________
6) Su ingreso mensual es: ____________
7) Ocupacion ____________________________
8) ¿Hasta que año estuvo en la escuela? ______
9) ¿Esta es la primera ves que lo arrestan?
   Si___ No___
Si su respuesta es NO, por favor diga cuantas veces ha sido arrestado anteriormente y por qué:

10) ¿Esta usando alguna droga?   Si  ____  No  ____
    Si su respuesta es SI, ¿que clase de drogas?

    Si la respuesta es NO, ¿alguna vez ha usado drogas?
    Si  ____  No  ____
    ¿Cuáles/que clase? ______________________________________

11) ¿Cuánto tiempo tiene viviendo en California?

12) ¿Alguna vez a empujado, aventado, cacheteado, o golpeado a su esposa o su novia con la que esta viviendo actualmente?
    Si  ____  No  ____
    Si su respuesta fue si: ¿Habia tomado el dia que eso paso? (La ultima vez que esto paso):
    Si  ____  No  ____
    ¿Cuanto habia tomado ese dia (numero de cervezas y/o tragos)? ________________
    ¿Estaba tomado cuando la pelea o el incidente ocurrio?
    Si  ____  No  ____

13) ¿Alguna vez a empujado, aventado, cacheteado, o golpeado a su esposa o su novia con la que esta viviendo actualmente cuando estaba sobrio?
    Si  ____  No  ____
APPENDIX B.1: The Michigan Alcoholism Screening Test

English Version.

1. Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people).
   Yes ___ No ___

2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?
   Yes ___ No ___

3. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?
   Yes ___ No ___

4. Can you stop drinking without a struggle after one or two drinks?
   Yes ___ No ___

5. Do you feel guilty about your drinking?
   Yes ___ No ___

6. Do friends or relatives think you are a normal drinker?
   Yes ___ No ___

7. Do you ever try to limit your drinking to certain times of the day or to certain places?
   Yes ___ No ___

8. Are you able to stop drinking when you want to?
   Yes ___ No ___

9. Have you ever attended a meeting of Alcoholics Anonymous?
   Yes ___ No ___

10. Have you gotten into physical fights when drinking?
    Yes ___ No ___

11. Has your drinking ever created problems between you and your wife?
    Yes ___ No ___
12. Has your wife, husband (or other family member) ever gone to anyone for help about your drinking?
   Yes ___  No ___

13. Have you ever lost friends or girlfriends/boyfriends because of your drinking?
   Yes ___  No ___

14. Have you ever gotten into trouble at work because of drinking?
   Yes ___  No ___

15. Have you ever lost a job because of drinking?
   Yes ___  No ___

16. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?
   Yes ___  No ___

17. Do you ever drink before noon?
   Yes ___  No ___

18. Have you ever been told you have liver trouble? Cirrhosis?
   Yes ___  No ___

19. Have you ever had Delirium Tremens (D.T.'s) or severe shaking, or heard voices or seen things that really weren't there after heavy drinking?
   Yes ___  No ___

20. Have you ever gone to anyone for help about your drinking?
   Yes ___  No ___

21. Have you ever been in a hospital because of drinking?
   Yes ___  No ___

22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization?
   Yes ___  No ___

23. Have you ever been seen at a psychiatric or mental health clinic or gone to any doctor, social worker or clergyman for help with any emotional problem, where drinking was part of the problem?
   Yes ___  No ___
24. Have you ever been arrested even for a few hours, because of drunk behavior?
   Yes ___  No ___
   (If Yes, how many times? ____).

25. Have you ever been arrested for drunk driving or driving after drinking?
   Yes ___  No ___
APPENDIX B.2: The Michigan Alcoholism Screening Test

Spanish Version.

1. ¿Siente usted que es un bebedor normal? (Normal quiere decir que usted toma menos o igual que la mayoría de la gente).
   Si ___    No ___

2. A la mañana siguiente, después de haber tomado, ¿ha despertado sin acordarse de lo que hizo el día anterior durante el tiempo que estuvo tomando?
   Si ___    No ___

3. ¿Alguna vez su esposa, esposo, uno de sus padres o algún otro familiar cercano se ha preocupado o quejado de la forma en que usted toma?
   Si ___    No ___

4. ¿Puede parar de tomar, sin problema, después de uno o dos tragos?
   Si ___    No ___

5. ¿Se siente culpable por su manera de beber?
   Si ___    No ___

6. ¿Sus amigos o parientes piensan que usted es un bebedor normal?
   Si ___    No ___

7. ¿Alguna vez a tratado de solo tomar a ciertas horas del día o en ciertos lugares?
   Si ___    No ___

8. ¿Se siente capaz de dejar de tomar cuando usted lo decida?
   Si ___    No ___

9. ¿Alguna vez a asistido a una junta de Alcoholicos Anonimos?
   Si ___    No ___

10. ¿Se ha visto involucrado en peleas cuando a tomado?
    Si ___    No ___

11. ¿Alguna vez su forma de tomar le ha creado problemas con su esposa?
    Si ___    No ___
12. ¿Alguna vez su esposa(o) o algún otro miembro de la familia ha pedido ayuda debido a la forma en que usted toma?  
Si ___  
No ___

13. ¿Ha perdido amistades, novias(os) a causa de su manera de beber?  
Si ___  
No ___

14. ¿Alguna vez ha tenido problemas en el trabajo debido a su forma de beber?  
Si ___  
No ___

15. ¿Alguna vez ha perdido su trabajo por su forma de tomar?  
Si ___  
No ___

16. ¿Alguna vez ha desatendido sus obligaciones, su familia o trabajo por dos o más días seguidos, porque ha estado tomando?  
Si ___  
No ___

17. ¿Alguna vez ha tomado antes del medio día?  
Si ___  
No ___

18. ¿Alguna vez le han dicho que tiene problemas con el hígado? ¿Cirrosis?  
Si ___  
No ___

19. Después de haber tomado mucho ¿ha tenido Delirium Tremens, fuertes temblores, o ha escuchado voces o visto cosas que realmente no existen?  
Si ___  
No ___

20. ¿Alguna vez ha pedido o buscado ayuda para su forma de tomar?  
Si ___  
No ___

21. ¿Alguna vez ha estado hospitalizado por su manera de beber?  
Si ___  
No ___

22. ¿Alguna vez ha estado internado en un hospital psiquiátrico o del departamento psiquiátrico de un hospital general en el que su forma de tomar fue parte del problema que lo llevó al hospital?  
Si ___  
No ___
23. ¿Ha asistido a consultas psiquiátricas o clínicas de salud mental, o visto algún médico, trabajador social o clérigo, buscando ayuda para resolver problemas emocionales en los que su forma de beber es parte del problema?
   
   Si _____   No _____

24. ¿Alguna vez lo han arrestado o puesto en custodia aunque haya sido por pocas horas debido a cómo se estaba portando cuando estaba bajo la influencia del alcohol?
   
   Si _____   No _____
   (¿Cuántas veces? _____).

25. ¿Alguna vez ha sido arrestado por conducir en estado de ebriedad o bajo la influencia del alcohol?
   
   Si _____   No _____
APPENDIX C.1: The Conflict Tactics Scale

English Version.

Here is a list of things you may have done when you had a conflict or disagreement with your wife. We would like you to try and remember what went on during the last year. Please circle a number for each of the things listed below to show how often your did in the year:

0 = Never
1 = Once a year
2 = Two or three times a year
3 = Often, but less than once a month
4 = About once a month
5 = More than once a month

a. I tried to discuss the issue relatively calmly

b. Did discuss the issue relatively calmly

c. Got information to back up my side of things

d. Brought in someone else to help settle things (or tried to)

e. Argued heatedly but short of yelling

f. Yelled and/or insulted

g. Sulked and/or refused to talk about it

h. Stomped out of the room

i. Threw something (but not at my wife) or smashed something

j. Threatened to hit or throw something at her

k. Threw something at my wife.

l. Pushed, grabbed or shoved her

m. Hit (or tried to hit) her but not with anything

n. Hit (or tried to hit) her with something hard

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APPENDIX C.2: The Conflict Tactics Scale

Spanish Version.

Esta es una lista de las cosas que usted pudo haber hecho cuando se presentó un conflicto con su esposa. Nos gustaría que tratara de recordar lo que ha pasado durante este último año. Por favor circule el número correspondiente a que tan a menudo hizo lo mencionado en cada inciso.

0 = Nunca
1 = Una vez al año
2 = Dos o tres veces al año
3 = Frecuentemente, pero menos de una vez al mes.
4 = Tal vez una vez al mes
5 = Más de una vez al mes

a. Trate de discutir el asunto calmadamente 0 1 2 3 4 5
b. Discuti el asunto relativamente en calma 0 1 2 3 4 5
c. Busque información que apoyara mi punto de vista 0 1 2 3 4 5
d. Recurri a alguien para que ayudara a resolver las cosas (o por lo menos trate) 0 1 2 3 4 5
e. Discuti acaloradamente pero sin muchos gritos 0 1 2 3 4 5
f. Grite y/o insulte 0 1 2 3 4 5
g. Me enfureci y/o me negue a hablar del asunto 0 1 2 3 4 5
h. Me sali enojado del cuarto 0 1 2 3 4 5
i. Avente cosas (pero no a mi esposa) o rompi cosas 0 1 2 3 4 5
j. Amenace con pegarle o tirarle algo a ella 0 1 2 3 4 5
k. Le avente algo a mi esposa 0 1 2 3 4 5
l. La empuje, la agarre con fuerza (estrujar) o la jalonie 0 1 2 3 4 5
m. Le pegue (o trate de pegarle) con la mano 0 1 2 3 4 5
n. Le pegue (o trate de pegarle) con algo pesado 0 1 2 3 4 5
# APPENDIX D.1: The Short Acculturation Scale

## English Version.

Please for each question, circle the number that best describe your experience:

1. **In general, what language(s) do you read and speak?**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only Spanish</td>
<td>Spanish better than English</td>
<td>Both</td>
<td>English better than Spanish</td>
<td>Only English</td>
<td></td>
</tr>
</tbody>
</table>

2. **What was the language(s) you used as a child?**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only Spanish</td>
<td>Spanish better than English</td>
<td>Both</td>
<td>English better than Spanish</td>
<td>Only English</td>
<td></td>
</tr>
</tbody>
</table>

3. **What language(s) do you usually speak at home?**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tr>
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</tbody>
</table>

4. **In which language(s) do you usually think?**

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</tr>
</thead>
<tbody>
<tr>
<td>Only Spanish</td>
<td>Spanish better than English</td>
<td>Both</td>
<td>English better than Spanish</td>
<td>Only English</td>
<td></td>
</tr>
</tbody>
</table>
5. What language(s) do you usually speak with your friends?

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<th>5</th>
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</thead>
<tbody>
<tr>
<td>Only</td>
<td>Spanish</td>
<td>More</td>
<td>Spanish</td>
<td>Both</td>
<td>More</td>
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</tbody>
</table>

6. In what language(s) are the T.V. programs you usually watch?

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<tbody>
<tr>
<td>Only</td>
<td>Spanish</td>
<td>More</td>
<td>Spanish</td>
<td>Both</td>
<td>More</td>
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<tr>
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</tbody>
</table>

7. In what language(s) are the radio program you usually listen to?

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<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only</td>
<td>Spanish</td>
<td>More</td>
<td>Spanish</td>
<td>Both</td>
<td>More</td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

8. In general, in what language(s) are the movies, T.V. and radio programs you prefer to watch and listen to?

<table>
<thead>
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<th>1</th>
<th>2</th>
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<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only</td>
<td>Spanish</td>
<td>More</td>
<td>Spanish</td>
<td>Both</td>
<td>More</td>
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<td></td>
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<td></td>
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</tbody>
</table>

9. Your close friends are:

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<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>Latinos</td>
<td>More</td>
<td>Latinos</td>
<td>About</td>
<td>More</td>
</tr>
<tr>
<td></td>
<td></td>
<td>than</td>
<td></td>
<td>Half</td>
<td>than</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

51
10. You prefer going to social gatherings/parties at which the people are:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Latinos</td>
<td>More Latinos than Americans</td>
<td>More</td>
<td>About Half and Half</td>
<td>More Americans than Latinos</td>
<td>All Americans</td>
</tr>
</tbody>
</table>

11. The persons you visit or who visit you are:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Latinos</td>
<td>More Latinos than Americans</td>
<td>More</td>
<td>About Half and Half</td>
<td>More Americans than Latinos</td>
<td>All Americans</td>
</tr>
</tbody>
</table>

12. If you could choose your children's friends, you would want them to be:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Latinos</td>
<td>More Latinos than Americans</td>
<td>More</td>
<td>About Half and Half</td>
<td>More Americans than Latinos</td>
<td>All Americans</td>
</tr>
</tbody>
</table>
APPENDIX D.2: The Short Acculturation Scale

Spanish Version.

Para las siguientes preguntas, por favor ponga un círculo alrededor del número que mejor describa su experiencia:

1. Por lo general, que idiomas lee y habla usted?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo</td>
<td>Español</td>
<td>Español mejor que Ingles</td>
<td>Ambos por igual</td>
<td>Ingles mejor que Español</td>
<td>Solo Ingles</td>
</tr>
</tbody>
</table>

2. Cual fue el idioma(s) que hablo cuando era niño(a)?

<table>
<thead>
<tr>
<th></th>
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<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo</td>
<td>Español</td>
<td>Español mejor que Ingles</td>
<td>Ambos por igual</td>
<td>Ingles mejor que Español</td>
<td>Solo Ingles</td>
</tr>
</tbody>
</table>

3. Por lo general, en que idioma(s) habla en su casa?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo</td>
<td>Español</td>
<td>Español mejor que Ingles</td>
<td>Ambos por igual</td>
<td>Ingles mejor que Español</td>
<td>Solo Ingles</td>
</tr>
</tbody>
</table>

4. Por lo general, en que idioma(s) piensa?

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<tr>
<th></th>
<th>1</th>
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<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo</td>
<td>Español</td>
<td>Español mejor que Ingles</td>
<td>Ambos por igual</td>
<td>Ingles mejor que Español</td>
<td>Solo Ingles</td>
</tr>
</tbody>
</table>

5. Por lo general en que idioma(s) habla con sus amigos?

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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo</td>
<td>Español</td>
<td>Mas Español que Ingles</td>
<td>Ambos por igual</td>
<td>Mas Ingles que Español</td>
<td>Solo Ingles</td>
</tr>
</tbody>
</table>
6. Por lo general, en que idioma(s) son los programas de televisión que usted ve?

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<thead>
<tr>
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<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo</td>
<td>Mas</td>
<td>Ambos</td>
<td>Mas Ingles</td>
<td>Solo</td>
</tr>
<tr>
<td>Español</td>
<td>Español que por igual</td>
<td>Español que Ingles</td>
<td></td>
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</tbody>
</table>

7. Por lo general, en que idioma(s) son los programas de radio que usted escucha?

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<tr>
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</thead>
<tbody>
<tr>
<td>Solo</td>
<td>Mas</td>
<td>Ambos</td>
<td>Mas Ingles</td>
<td>Solo</td>
</tr>
<tr>
<td>Español</td>
<td>Español que por igual</td>
<td>Español que Ingles</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Por lo general, en que idioma(s) prefiere oir y ver películas, y programas de radio y televisión?

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<tbody>
<tr>
<td>Solo</td>
<td>Mas</td>
<td>Ambos</td>
<td>Mas Ingles</td>
<td>Solo</td>
</tr>
<tr>
<td>Español</td>
<td>Español que por igual</td>
<td>Español que Ingles</td>
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9. Sus amigos y amigas mas cercanos son:

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</thead>
<tbody>
<tr>
<td>Solo</td>
<td>Mas</td>
<td>Casi mitad</td>
<td>Mas</td>
<td>Solo</td>
</tr>
<tr>
<td>Latinos/ Latinos y mitad</td>
<td>Americanos que</td>
<td>Americanos</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanos</td>
<td>Latinos que</td>
<td>Americanos</td>
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</table>

10. Usted prefiere ir a reuniones sociales/fiestas en las cuales las personas son:

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<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo</td>
<td>Mas</td>
<td>Casi mitad</td>
<td>Mas</td>
<td>Solo</td>
</tr>
<tr>
<td>Latinos/ Latinos y mitad</td>
<td>Americanos que</td>
<td>Americanos</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanos</td>
<td>Latinos que</td>
<td>Americanos</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. Las personas que usted visita o que la visitan son:

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</table>

<table>
<thead>
<tr>
<th></th>
<th>Solo</th>
<th>Mas</th>
<th>Casi mitad</th>
<th>Mas</th>
<th>Solo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latinos/Hispanos</td>
<td>que Americanos</td>
<td>que Latinos</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Si usted pudiera escoger los amigos (as) de sus hijos(as), quisiera que ellos fueran:

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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Solo</th>
<th>Mas</th>
<th>Casi mitad</th>
<th>Mas</th>
<th>Solo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latinos/Hispanos</td>
<td>que Americanos</td>
<td>que Latinos</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The study in which you are about to participate is designed to investigate the relationship between marital conflict resolution and drinking patterns among American and Hispanic males. This study is conducted by Gabriela P. Gomez under the supervision of Dr. David Chavez, professor of Psychology. This study has been approved by the Institutional Review Board of California State University San Bernardino.

In this study you will complete paper and pencil questionnaires which will include questions about your demographics, your conflict resolution skills and your drinking patterns. This study requires 15 to 20 minutes to fill out the questionnaires.

Please be assured that any information you provide will be held in strict confidence by the researchers. At no time will your name be reported along with your responses. All data will be reported in group form only. At the conclusion of this study, you may receive a report of the results.

Please understand that your participation in this research is totally voluntary and you are free to withdraw at any time during this study without penalty, and to remove any data at any time during this study.

I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely consent to participate. I acknowledge that I'm at least 18 years of age.

This study is not related or part of your alcohol/recovery program. If you're in probation, this study
is not related or part of your legal requirements.

Participants Signature ___________ Date ___________

Researcher's Signature ___________ Date ___________

For further questions or concerns about the study please contact Gabriela Gomez at (909) 986-7111.
APPENDIX E.2: Informed Consent Form

Spanish Version.

El estudio en el que esta a punto de participar tiene como objetivo la evaluacion de la relacion entre el estilo en que las parejas resuelven sus conflictos maritales y los patrones de ingesta de alcohol en hombres Hispanos y Americanos. El estudio es conducido por Gabriela P. Gomez bajo la supervision del Dr. David Chavez, profesor de la escuela de psicologia. El presente estudio ha sido aprobado por el Consejo Institucional de Revision de la Universidad de California, San Bernardino.

El estudio consiste en completar cuestionarios que incluyen preguntas acerca de sus datos demograficos, su estilo de resolucion de problemas y sus patrones de ingesta de alcohol. El estudio requiere de aproximadamente 15 a 20 minutos para llenar los cuestionarios.

Tenga la seguridad de que toda la informacion que usted provea sera estrictamente confidencial. En ningun momento su nombre o sus respuestas seran publicados. Los resultados del estudio se publicaran en grupo y sin mencionar los nombres o datos personales de los participantes. Si ud. esta interesado, una vez que se complete el estudio, ud. podria recibir una copia de los resultados.

Su participacion en este estudio es completamente voluntaria y usted es libre de dejar el estudio y/o de retirar la informacion que proporciono en cualquier momento sin consecuencias negativas.

Yo hago constar que he sido informado y entiendo la naturaleza y objetivo de este estudio y libremente acepto participar. Yo hago constar que soy mayor de edad (18 anos o mas).

Este estudio no es parte del programa de recuperacion en el que esta participando. Si usted esta en libertad condicional, este estudio no es parte de los requisitos legales con los que usted tiene que cumplir.

Firma del participante ___________________________ Fecha

Firma del investigador ___________________________ Fecha

Si tiene alguna pregunta o comentarios acerca de este estudio, por favor contacte a Gabriela Gomez al (909) 986-7111.
Thank you for participating in this study. As indicated in the informed consent form, the purpose of the study is to evaluate the relationship between conflict resolution styles and drinking patterns among American and Hispanic males. It is hoped that the results of this study will help us gain an increased understanding of the relationship between these variables.

If in responding to this questionnaire several distressing issues were evoked, it might be helpful to know that there are some counseling resources that can help you deal with those distressing issues. The phone numbers are:

San Bernardino Suicide and Crisis Intervention Service
(909) 886-4889.
Alcohol and Drug referral services.
(800) 331-3237
AA Central Office
(909) 825-4700
Boys Town Crisis Services (Bilingual:English/Spanish)
(800) 448-3000
Help Line (Crisis hot-line)
(800) 300-8040

If you have any questions about this research project or would like to find out what the results are when completed, please contact:

Gabriela P. Gomez, Masters of Science Candidate
Advisor: David Chavez, PhD
CSU San Bernardino
Psychology Dept.
5500 University Parkway
San Bernardino, CA 92407
APPENDIX F.2: Debriefing Statement

Spanish Version.

POR FAVOR QUDESE CON ESTA PAGINA

Muchas gracias por su participacion en este estudio. Como se menciono en la forma de consentimiento informado, el objetivo del presente estudio es la evaluacion de la relacion entre el estilo en que las parejas resuelven sus conflictos maritales y los patrones de ingesta de alcohol en hombres Hispanos y Americanos. Se espera que los resultados de este estudio nos ayuden a tener una mejor comprension de la relacion entre estas dos variables.

Si al responder los cuestionarios se evoco en usted angustia y/o afliccion, quizas le sea de ayuda el saber que existen recursos de consejeria disponibles que le pueden ayudar a lidiar con dichos sentimientos. Los numeros de telefono son los siguientes:
Bilingual Family Counseling Services (Agencia de Alcohol y Drogas. Se habla espanol). (909) 986-7111
Boys Town Crisis Services (Se habla espanol. Ayudan a personas en crisis). (800) 448-3000
Alcohol and Drug Referral Services
(800) 331-3237
AA Central Office
(909) 825-4700
San Bernardino Suicide and Crisis Intervention Service
(909) 886-4889
Help-Line (Crisis Hot-line)
(800) 300-8040
o consulte a su consejero o terapeuta si es que ya esta en terapia.

Si tiene alguna pregunta, comentario o desearia recibir una copia de los resultados del estudio, por favor contacte a:

Gabriela P. Gomez, Masters of Science Candidate
Advisor: Dr. David Chavez
CSU San Bernardino
Psychology Department
5500 University Parkway
San Bernardino, Ca. 92407
REFERENCES


