

The Association of Antisocial Behavior and Depressive Symptoms Between Partners and Risk for Aggression in Romantic Relationships

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This study examined the extent to which antisocial behavior and depressive symptoms were associated between romantic partners and whether the partner's antisocial behavior and depressive symptoms affected the individual's aggression toward the partner above and beyond the contribution of his or her own symptoms. Questions were examined concurrently and longitudinally for 79 couples from a young, at-risk sample. There were reliable associations between partners' antisocial behavior and depressive symptoms. **Women's antisocial behavior and depressive symptoms were significantly related to concurrent levels of men's physical and psychological aggression. Women's depressive symptoms remained significant in predicting men's psychological aggression over time.** Overall, men's risk factors had little effect on their partners' aggression. Findings suggest that interventions to reduce partner violence need to consider the potential influence of partner, as well as perpetrator, characteristics.

Understanding the developmental pathways that lead to aggression in romantic relationships in adulthood has become a major focus of research in the past decade, and empirical information on this issue is urgently needed as a basis for prevention programs. Findings from prospective, developmental studies have indicated that conduct problems or antisocial behavior in childhood or adolescence significantly predict later aggression toward a partner for young men (Andrews, Foster, Capaldi, & Hops, 2000; Capaldi & Clark, 1998; Ehrensaft et al., 2003; Magdol, Moffitt, Caspi, & Silva, 1998; Woodward, Fergusson, & Horwood, 2002) and young women (Andrews et al., 2000; Ehrensaft et al., 2003; Giordano, Millhollin, Cernkovich, Pugh, & Rudolph, 1999; Magdol et al., 1998; Marshall, Holtzworth-Munroe, Bates, Alexander, & Dodge, 2002; Woodward et al., 2002). Depression is also found to have effects on aggression toward a partner in young women (e.g., Marshall et al., 2002), and several studies have suggested a concurrent association between depressive symptoms and aggression toward a partner in men (Dutton, 1994; Holtzworth-Munroe & Stuart, 1994).

Although many studies have examined individual char-

acteristics associated with aggression in romantic relationships in adulthood, less well studied is the possibility that significant concordance for antisocial behavior and/or depressive symptoms between partners may contribute to the level of aggression in the relationship. Findings of recent developmental studies suggest that antisocial adolescent boys and girls tend to pair off with a partner with similar characteristics in young adulthood and that they are often involved in mutually violent relationships (Capaldi & Crosby, 1997; Moffitt, Caspi, Rutter, & Silva, 2001). Studying both partners' contributions to aggression within the dyad is valuable in developing a comprehensive theoretical model of partner aggression that will increase understanding of the etiology of such behavior.

The first purpose of the current study was to examine whether there was significant concordance between partners, sometimes termed *assortative partnering* (Merikangas, 1982), for antisocial behavior and depressive symptoms. Second, we examined whether depressive symptoms contributed to partner aggression, whether they showed effects over and above those of antisocial behavior, and whether there were interactive effects between the two for men and women separately. The third purpose was to examine whether higher levels of antisocial behavior and depressive symptoms on the part of the young woman were predictive of aggression in the relationship over and above prediction from the young man's antisocial behavior and depressive symptoms and vice versa. These questions were examined concurrently and in predicting change over time in aggression toward a partner for a young adult, at-risk sample of couples.

Associations of Antisocial Behavior and Depressive Symptoms Between Partners and Partner Aggression

Couples in which the young man and young woman show higher levels of antisocial behavior occur disproportionately

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in the population. Krueger, Moffitt, Caspi, Bleske, and Silva (1998) found a strong correlation ($r = .54$) for antisocial behavior between partners. Quinton, Pickles, Maughan, and Rutter (1993) also found that men and women with a history of conduct disorder in childhood tended to have deviant first and current partners in young adulthood. Although few studies systematically examined pathways to assortative partnering by antisocial behavior, it is generally believed that such assortative partnering involves at least two processes. The first process is through active selection of a partner who shares similar behaviors and values. In describing friendship and peer group formations, Kandel (1978) and Cohen (1977) discussed a process termed "homophily" in referring to the tendency for individuals to be attracted to others similar to themselves. Second, engagement in conduct problems and related adjustment failures leads to unintended restrictions in the range of characteristics of potential partners (Capaldi & Shortt, 2003; Moffitt, Caspi, et al., 2001).

Most of the studies on assortative partnering are based on either retrospective or cross-sectional information and therefore cannot rule out the possibility that the strong cross-partner associations found are, in fact, due to consequences of interactions and influence within the dyad. One exception is Moffitt, Caspi, et al.'s (2001) prospective longitudinal study where antisocial behavior in adolescence significantly predicted the characteristics of the intimate partners in young adulthood. Men and women who had higher levels of antisocial behavior during adolescence were more likely at age 21 years to form a union with a partner who was delinquent. In addition, it was found that having an antisocial partner contributed to individuals' level of antisocial behavior at age 21 years, above and beyond the contribution of their own prior antisocial behavior. No studies have prospective data available for both partners, a shortcoming that is addressed in the present research.

Although Moffitt, Caspi, et al.'s (2001) study, and other studies on assortative partnering, did not examine aggression toward a partner as an outcome of similarities between partners, the findings are suggestive of possible consequences of assortative partnering on aggression in couples. It is plausible to expect that having a partner with higher levels of antisocial behavior will contribute to the individual's aggression toward a partner above and beyond the contribution of his or her own antisocial behavior (i.e., additive influence). It is also possible that the partner's level of antisocial behavior can moderate the influence of the individual's antisocial behavior on partner aggression. That is, when an antisocial individual pairs off with a partner who also has higher levels of antisocial behavior, the partner's behavior could further facilitate the individual's aggressive behaviors by frequent exchanges of negative behaviors. In contrast, a partner with lower levels of antisocial behavior may weaken the influence of the individual's antisocial behavior by efforts to discourage the individual's aggressive behavior.

Until recently, antisocial behavior as a risk factor for aggression toward a partner has generally been considered a male phenomenon (Holtzworth-Munroe & Stuart, 1994).

Therefore, there is very limited evidence on differential effects of antisocial behavior by gender on partner aggression. Moffitt, Caspi, et al. (2001) found a gender difference in the effects of a partner's antisocial behavior on the continuity of the individual's general antisocial behavior. The partner's antisocial behavior moderated the continuity of antisocial behavior into adulthood for women, but the same was not true for men. This finding suggests a possible gender difference in the partner's influence on an individual's aggression toward a partner. For women, having an antisocial partner may further aggravate her own aggressive behavior and thus increase her level of aggression toward a partner. Conversely, the women's antisocial behavior may have relatively little influence on men's behavior.

Although the association between partners' concordance on depression and aggression is not well understood, evidence does indicate that concordance on depression does occur (e.g., Maes et al., 1998; McLeod, 1995; Merikangas & Spiker, 1982) and that depression is associated with hostility and aggression in relationships. Specifically, Holtzworth-Munroe and Stuart (1994) found that higher levels of antisocial behavior and depressive symptoms characterized some aggressive men. In addition, couples with a depressed spouse (typically, a depressed wife) show interactional difficulties, including elevated levels of hostility, sad affect, lack of affection, and negative communication styles (Gottlib & Hooley, 1988). McCabe and Gottlib (1993) compared couples having a depressed wife and a nondepressed husband with nondepressed couples and found that both partners in the wife-depressed couples group showed higher levels of verbal negativity during marital interactions. In addition, the depressed wife's negativity increased over the course of the interactions.

Studies on marital interaction and depression further indicate that behaviors by the depressed spouse and the partner's reaction to the depressed partner may differ by gender. Johnson and Jacob (1997) found that couples with a depressed wife showed higher levels of negativity and lower levels of positivity than did couples with a depressed husband. Capaldi and Crosby (1997) also found that depressive symptoms and low self-esteem were concurrently associated with physical and psychological aggression toward a partner in late adolescence (average age of 18 years) for young women, but not for young men. This suggests that depression among wives could be more detrimental for marital interactions than depression among husbands. Despite these findings on gender differences associated with depression in marital interaction, relatively little attention has been paid to possible gender differences in the prediction of aggression toward a partner from depressive symptoms or to differential conjunction of these associations with antisocial behavior.

Work on the co-occurrence of antisocial behavior and depressive symptoms also suggests the need to consider both of these areas of psychopathology in relation to partner aggression. Considerable evidence indicates that in childhood and adolescence antisocial behavior and depressive symptoms co-occur more often than would be expected by chance (for a review see Zoccolillo, 1992) and that such

Table 4
 Concurrent Hierarchical Regression Models for Aggression Toward a Partner at Time 2 (T2)

T2 behaviors	Physical aggression (T2)						Psychological aggression (T2)					
	Model 1		Model 2		Model 3		Model 1		Model 2		Model 3	
	β	SE	β	SE	β	SE	β	SE	β	SE	β	SE
Young men's aggression												
His antisocial behavior	.22 [†]	.11	.07	.12	.07	.13	.35**	.11	.14	.11	.25*	.12
His depressive symptoms	.02	.11	-.06	.10	-.08	.11	.15	.11	.05	.10	.08	.10
Her antisocial behavior			.14	.11	.12	.12			.23*	.11	.25*	.11
Her depressive symptoms			.36**	.10	.38**	.10			.43***	.09	.42***	.10
His Antisocial Behavior \times Her Antisocial Behavior					.12	.11					-.15	.14
His Depressive Symptoms \times Her Depressive Symptoms					.10	.11					.00	.12
His Antisocial Behavior \times Her Depressive Symptoms					-.14	.13					-.17	.12
His Depressive Symptoms \times Her Antisocial Behavior					-.06	.15					.09	.14
Adjusted R square	.03		.13		.10		.16		.34		.34	
R square change	.05		.12**		.02		.18**		.19***		.04	
Young women's aggression												
Her antisocial behavior	.37***	.09	.37**	.10	.35**	.10	.24*	.11	.22*	.12	.23*	.12
Her depressive symptoms	.32**	.07	.32**	.09	.34**	.09	.50***	.09	.49***	.10	.49***	.11
His antisocial behavior			-.01	.10	-.02	.11			.05	.12	.12	.14
His depressive symptoms			.01	.09	-.01	.09			-.00	.11	.01	.11
His Antisocial Behavior \times Her Antisocial Behavior					.10	.12					-.12	.15
His Depressive Symptoms \times Her Depressive Symptoms					.07	.11					.02	.13
His Antisocial Behavior \times Her Depressive Symptoms					-.09	.11					-.10	.13
His Depressive Symptoms \times Her Antisocial Behavior					-.00	.12					.04	.15
Adjusted R square	.24		.22		.19		.32		.30		.28	
R square change	.26***		.00		.01		.33***		.00		.02	

Note. $N = 79$.

[†] $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

sive symptoms made a significant incremental contribution beyond the contribution of the young men's own characteristics in accounting for variability in his psychological aggression. The young men's antisocial behavior was not significant when his partner's antisocial behavior and depressive symptoms were included in the model (Model 2); however, it was significant in Model 3, which included the interaction term. The antisocial behavior and depressive symptoms of the women had unique effects on their partners' psychological aggression. Again, none of the interaction terms were significant in predicting the young men's psychological aggression concurrently at T2.

The women's own antisocial behavior and depressive symptoms had strong effects on their physical aggression toward the young men, as indicated by the adjusted R square of .24 (lower portion of Table 4, Model 1), and such effects remained significant even in the presence of the young men's antisocial behavior and depressive symptoms. The addition of the young men's antisocial behavior and depressive symptoms (Model 2) did not account for additional variance in their partners' physical aggression. The interac-

tion terms did not account for additional variance in the women's physical aggression, and none of them were significant (Model 3).

Similarly, the young men's antisocial behavior and depressive symptoms did not account for any additional variance in their partners' psychological aggression over and above her own antisocial behavior and depressive symptoms. Neither of the men's risk factors was significantly related to the women's psychological aggression, whereas the antisocial behavior and depressive symptoms of the women remained significant. Again, none of the interaction terms were significant.

Prospective associations. A similar series of longitudinal hierarchical regression models were analyzed, predicting from each partner's antisocial behavior and depressive symptoms at T2 to the two aggression outcomes (physical and psychological aggression) an average of 3 years later at T3. Analyses were conducted separately for the young men's and their partners' aggression outcomes. Aggression at T2 was first entered into the model to control for the effects of the previous level of aggression (Model 1). The

risk characteristic (i.e., depressive symptoms); therefore, it is important to account for effects of the co-occurrence of multiple risk characteristics in predicting to aggression toward a partner, particularly for women.

The importance of studying the association of both antisocial behavior and depressive symptoms with couples' aggression, particularly for women, was further confirmed by findings from the multivariate models that included predictors for both partners. Overall, the women's antisocial behavior and depressive symptoms accounted for significant additional variance in concurrent levels of the young men's physical and psychological aggression. In contrast, the young men's antisocial behavior and depressive symptoms were not significant in predicting the women's aggression beyond the contribution of her own antisocial behavior and depressive symptoms. An interesting finding was the relatively strong association of the women's depressive symptoms with the men's concurrent physical and psychological aggression. The women's depressive symptoms also had significant effects over time on the young men's psychological aggression at T3. Similar to the findings from the concurrent analyses, young men's antisocial behavior and depressive symptoms did not contribute significantly to their partners' aggression at T3.

The fact that women's depressive symptoms were the strongest predictor for the young men's concurrent physical and psychological aggression was an unexpected finding. It was expected that women's depressive symptoms would have additive effects in predicting the young men's aggression but not that they would be the only significant predictor of the young men's concurrent level of physical aggression in the multivariate model. In prediction to men's physical aggression over time, controlling for previous levels of aggression, men's antisocial behavior was the only significant predictor. However, women's depressive symptoms were still significantly predictive of men's psychological aggression over time. In addition, there was a significant interactive effect of the men's and women's antisocial behavior at T2 on the young men's psychological aggression at T3, indicating that the woman's antisocial behavior was only positively related to the men's psychological aggression over time when his level of antisocial behavior was low (below the median). This suggests that there may be somewhat different developmental interactional pathways for the two kinds of aggression, with men's antisocial behavior being more predictive of men's physical aggression and women's depressive symptoms and antisocial behavior being more predictive of men's psychological aggression.

Although prior studies have examined women's depressive symptoms in relation to negativity and hostility in marital relationships (e.g., Brummett et al., 2000), they have generally stopped short of considering the association to psychological or physical aggression. In prior work, depressive symptoms have been considered characteristic of men who are aggressive toward a partner but have rarely been considered in relation to women's aggression (Holtzworth-Munroe & Stuart, 1994). Coyne (1976) argued that depressed individuals tend to interact with others in ways that evoke negative reactions from them. On the basis of this

conceptualization, many studies on depressive symptoms and marital function have found that couples with a depressed partner differ from couples with a nondepressed partner in perception and expression of negative affect, in addition to other behaviors such as problem-solving skills, supportive behavior, and self-disclosure (Biglan et al., 1985; Cutrona & Suhr, 1994; Davila, Bradbury, Cohan, & Tochluk, 1997; Gotlib & Whiffen, 1989). Depressed spouses tend to show high levels of conflict, tension, negativity, ambivalence, hostility, and criticism during problem-solving tasks (see Gotlib & Beach, 1995, for a review). Irritability, which is symptomatic of depression, is associated with aggressive negative affect and thus with the communication problems described above.

In the same line of research, some of the studies found gender differences in the association between depression and marital interaction. For instance, Johnson and Jacob (1997) found that couples with a depressed wife showed less positive communication than couples with depressed husbands, even though depressed husbands had higher levels of depression than did depressed wives in their sample. This finding suggests that depression among women may have more detrimental consequences for couples' interactions than does depression among men. The current findings are in keeping with this argument; women's, but not men's, depressive symptoms significantly contributed to the young men's psychological aggression.

For women's aggression, the young men's risk factors did not contribute significantly to prediction of aggressive behaviors in multivariate models concurrently or over time. The women's risk factors, particularly prior aggression, were significant in predicting their physical and psychological aggression over time, even after including prior aggression and the young men's risk factors in the model. These findings indicate that characteristics of women may drive their aggressive behavior to a greater degree than has generally been considered. This suggests that women's aggression toward a partner is not just in self-defense or even always in reaction to the men's behavior at all. In fact, the findings of the current study support the possibility that the men's aggressive behavior is more determined by characteristics of the women than vice versa.

Few studies have examined partner aggression for men and women and investigated how both partners' risk factors contribute to each individual's aggressive behavior toward a partner. The current findings suggest that both partners' levels of psychopathology increase risk of partner abuse and that there may be gender differences in the mechanisms through which individuals' risk factors exert an influence on partners' aggressive behaviors. Pending replication, our findings provide an important insight into future research directions in the area of partner aggression, namely, that it is important to consider aggression and associated psychopathology for both partners.

Some of the limitations in the current study should be noted. First, specific mechanisms associated with assortative partnering were not examined; thus the possibility that such concordance between partners might be due to other correlates or risk factors for antisocial behavior and depres-

sive symptoms (e.g., socioeconomic status, education, intelligence) or due to shared experiences subsequent to the union cannot be ruled out. The young women were not assessed before the relationship onset; thus, alternative pathways that might lead to such significant associations between partners could not be tested. Second, mechanisms by which antisocial behavior and depressive symptoms lead to aggression among couples were not systematically examined. Additionally, relationship behaviors that may interact with individual risk factors (e.g., poor problem-solving skills, negative communication style, stressful life events) to exert an influence on partner aggression were not examined. Future studies should include individual risk factors and relationship behaviors. Such studies may explain why men's aggression may be more influenced by their partners' characteristics, whereas women may be less influenced by men's characteristics, and why women's depressive symptoms predict men's psychological aggression over time. Third, tests of the moderating effects of relationship duration in the current study did not render a clear conclusion. The possible moderating effects of relationship duration also need further examination.³

Findings of the current study indicating more additive than interactive effects of each partner's characteristics in predicting aggression are consistent with the study by Robins, Caspi, and Moffitt (2000), where each partner's personality showed additive effects on the quality of relationships but no interaction effects. However, the current study included only 79 couples (who stayed together over a 3-year period), which may limit the statistical power to detect interaction effects in the analysis, possibly partly by constraining variance of the variables. However, as Robins et al. (2000) pointed out, the absence of interaction effects should not be interpreted as indicating that "only one member of the couple matters" (p. 258) or that there are no interactional dynamics between the two partners' risk factors. The fact that characteristics of both partners contribute additively to aggression in the relationship indicates that the couple, by definition an interactional dyad, is affected by both partners' characteristics. Furthermore, the way in which both partners' risk factors interact to influence aggressive behaviors is complex, as indicated in the current study. Possible interaction effects of men's and women's risk factors definitely warrant further study.

Finally, although our sample is a community sample, because of the at-risk characteristics of the couples, the level of risk factors and aggression toward a partner may not be comparable to lower-risk samples. Generalizability of the findings to more normative samples or to other ethnic populations remains to be established.

Implications for Application and Public Policy

Although many studies have examined partner aggression, most of these studies have been guided by traditional theories of partner abuse, which limited the scope of research to certain risk factors for men. Consequently, intervention programs and related policies typically target men's behavior only (Capaldi & Gorman-Smith, 2003; Moffitt,

Robins, & Caspi, 2001). However, an increasing number of recent studies have consistently indicated that perpetration rates of partner aggression are similar for men and women (e.g., Archer, 2000) and that women's aggression cannot be fully explained as self-defense. Burman, Margolin, and John (1993) indicated that physically aggressive couples are characterized by husbands and wives who showed reciprocity of hostile affects; one partner's angry and contemptuous behaviors triggered such behaviors from the partner. Despite this growing evidence indicating that some women in aggressive relationships may not be just passive victims but may be responsible for some of the aggression, few researchers have examined partner aggression in the context of the relationship including the characteristics and behaviors of both partners, resulting in a lack of adequate information on which to base effective treatment programs.

Findings from the current study demonstrate that risk factors of both partners contribute to aggression in couples. This finding is in line with those of Moffitt, Robins, and Caspi (2001), where both partners' negative emotionality was found to predict to the level of partner aggression. The current findings also suggest that there may be diverse mechanisms explaining aggression between intimate partners depending on gender and the type of violence (physical vs. psychological). Additionally, depressive symptoms were linked to aggression within a dyad. *para*

These findings suggest a number of implications for intervention. First, characteristics of both partners and dyadic interactions need to be understood in order to treat aggression in couples effectively. Treatment programs in the area of partner violence have largely ignored the fact that partner aggression, like other marital conflict behaviors, occurs in a dyad. It is important to recognize that each partner in an intimate relationship may be characterized as an influential contextual factor for the other. Understanding of both partners can provide specific knowledge on how aggression emerges and changes in the relationship, thus facilitating more effective interventions. Second, the current findings underscore the possibility of multiple pathways of

³ A previous study indicated that length of relationship was associated with aggression toward a partner for the OYS men in late adolescence (Capaldi & Crosby, 1997); therefore, the association of relationship duration and partner aggression was examined in the current study. Consistent with the previous study, young men's physical aggression at T3 was significantly related to length of relationship ($r = .38, p < .01$). The prediction model was then examined with length of relationship as a control, but the results did not change. An interesting finding was that the association between the young men's physical aggression at T2 and length of relationship at T2 was not significant. This result led to consideration of other possible roles of relationship duration in partner aggression, and moderating effects of length of relationships for all aggression outcomes were tested. Relationship duration significantly moderated the effects of young men's antisocial behavior on their psychological aggression at T3 such that when duration was below the median, there was a significant association between young men's antisocial behavior and psychological aggression, whereas when duration was at or above the median, there was no association between the two.

aggression toward a partner. This awareness would help clinicians to assess couples for these diverse factors and pathways to partner aggression and to develop more couple-specific treatment programs. Third, intervention programs for partner aggression should also consider cognitive and behavioral interaction styles related to depressive symptoms that lead to aggressive behaviors toward a partner, particularly for women. Fourth, interventions to prevent the development of antisocial behavior and depressive symptoms for boys and girls in childhood and early adolescence, prior to romantic relationship formation, are indicated.

In sum, as suggested by Moffitt, Robins, and Caspi (2001), it is necessary to develop prevention and intervention programs and policies that encourage treating aggressive women as well as aggressive men. This recommendation is further supported by a prior study with the current sample (Capaldi & Owen, 2001) that found that men are injured as well as women, and that women are more likely to receive injuries when they are frequently physically aggressive toward their partners. The current findings strongly support the argument that any efforts to intervene in violence toward a partner among at-risk, young couples must take into account the potential influence of the partner's characteristics, as well as those of the perpetrator, and should involve both partners when feasible. ^{GIERM/NGS/MNN}

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