

## Gender Differences in Relational Aggression and Psychosocial Problems in Romantic Relationships among Youths

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The present study examined the gender differences in relational aggression and psychosocial problems in romantic relationships among youths. Romantic relational aggression and romantic relational victimization scales were used to assess the relational aggression and psychosocial problems were assessed using the scales of social anxiety, loneliness, depression and alcohol use. The sample was comprised of 183 university students. Inconsistent with the past researches, males and females reported significant gender differences in romantic relational aggression. Males reported more relational aggression in romantic relationship, which has not been found in any previous research. Due to lack of responses on alcohol use, it was not included in the analysis.

**Keywords:** Romantic Relational Aggression, Victimization, Social Anxiety, Loneliness, Depression, Alcohol Use.

The early adolescent years are critical transitional period because it is during this time that boys and girls progress from same-sex to other-sex relationships, including involvement with romantic partners (Connolly & Goldberg, 1999; Furman, 1999). Romantic relationships are integral feature of adolescent development. These relationships typically begin around 14 to 15 years of age, initially as an extension of involvement in mixed gender peer groups (Feiring, 1996). By age 16, a majority of adolescents report having had a romantic relationship (Carver, Joyner & Udry, 2003). The romantic relationship is associated with both positive mental health such as the provision of social support, the enhancement of self-esteem, preparation for adult relationships, and the development of intimacy (Connolly & Goldberg, 1999) and negative mental health such as feelings of depression, especially among adolescent girls (Davila, Steinberg, Kachadourian, Cobb & Fincham, 2004). Not much literature is available on how romantic relational aggression and victimization affects

psychosocial functioning. Linder, Crick and Collins (2002) found that college students who reported using relational aggression within their romantic relationships were less trusting of their current or most recent partner, and more frustrated, jealous, and clingy in their romantic relationships. In a recent finding, Bagner, Storch and Preston (2007) also found similar results indicating that romantic relational aggression is related with poor psychosocial functioning. The present research is focused on gender differences in romantic relational aggression, romantic relational victimization, social anxiety, loneliness, depression symptoms and alcohol use.

Aggression in romantic relationship is a continuing factor of break-ups, physical assault, kidnapping, acid throwing, rape and even murder. Some other examples of relational aggression in romantic relationships include flirting with others to make a romantic partner jealous, threatening to break up with a partner if the partner will

not comply, or giving a partner the silent treatment when angry. Media has highlighted many such cases in the capital of India and other metro cities. Recently some researches have been conducted on romantic relational aggression in western culture. Very few researchers have studied romantic relational problems in India. Therefore, the present research is on romantic relational aggression and psychosocial functioning among Indian youths further highlight the importance of the study.

Relational aggression particularly in romantic relationship is of great concern due to its negative individual and societal impact (Werner & Crick, 1999). It has been found that adolescents who date, particularly those who experience stress in their romantic relationships, report higher levels of depressive symptoms than their non-dating peers (Davila et al., 2004). Linder et al. (2002) and Bagner, Storch and Preston (2007) examined romantic relational aggression and found that men and women experienced romantic relational aggression at similar rate and that romantic relational aggression predicted a negative perception of relationship quality. In view of these findings, it is especially critical to identify gender differences in aggression in romantic relationship.

There is a strong relationship between romantic relational aggression and relational victimization in romantic relationship. Relational aggression with peers and being the target of relational aggression in the peer group are associated with loneliness, depression, and peer rejection (Crick, 1996; Crick & Grotpeter, 1995). Romantic relational aggression and victimization have been found to be associated with antisocial and borderline personality features in men and women and depression in women in young adulthood (Morales & Crick, 1999; Morales & Cullerton-Sen, 2000). These findings further highlight the study of aggression in

romantic relationship and its association with relational victimization.

Social anxiety means the fear of being negatively evaluated by others. These evaluative concerns lead to unwanted anxious feelings, thoughts, and sensations in (real or anticipated) situations. To limit contact with these unwanted experiences, socially anxious people exert a great deal of effort to avoid and control anxiety and the situations that might induce it (Clark & Wells, 1995; Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Socially anxious people are more socially isolated, less likely to be married or in romantic relationships, and have unsatisfactory social relationships (Wittchen, Fuetsch, Sonntag, Muller, & Liebowitz, 2000). There is minimal work on romantic relationship and social anxiety. In a recent study, Bagner et al. (2007) found that romantic relational aggression was positively related with social anxiety in case of females.

Loneliness is a state of emotional distress arising from a discrepancy between one's desired and achieved level of social interaction (Peplau & Perlman, 1982). It is distressing particularly in romantic relationships. Most studies have asked subjects whether or not they are lonely, calculated percentages, and computed correlations with personality or other demographic variables. Loneliness as a subsequent maladjustment in romantic relationships and has been overlooked in romantic relationship research literature. The present study examined loneliness as the consequence of aggression in romantic relationship in India youths.

Studying romantic relationship aggression is very important because youths are more vulnerable to alcohol and drug use due to minimal supervision. Studies have shown that more than 25 % of adolescents are victims of dating aggression (Wolfe & Feiring, 2000) resulting in romantic break-ups which in turn, lead to drinking, victim

killings, suicidal ideation, attempts and completion (Brendt et al., 1993; Joyner & Udry, 2000; Monroe, Rhode, Seeley, & Lewinsohn, 1999). Peer pressure further facilitates the perpetration of aggressive acts in romantic relationships. Thus, by understanding the relationship between aggression in romantic relationships and adjustment difficulties, more effective interventions for these individuals can be implemented.

Studying depression in romantic relationship is of much interest because depression is the most prevalent problem during adolescence (particularly for girls) and is associated with romantic dysfunction at later ages (Whisman, 2001). Symptoms of depression and social anxiety are common characteristics of adolescence (Birmaher et al., 1996; La Greca & Lopez, 1998; Petersen et al., 1993) and may be risk factors for impairment in adulthood (Aalto-Setälä, Marttunen, Tuulio-Henriksson, Poikolainen, & Loennqvist, 2002; Devine, Kempton, & Forehand, 1994). Symptoms of depression and social anxiety may also be precursors to more severe psychopathology, including major depressive disorder and social anxiety disorder, which are chronic disorders that often originate in adolescence and continue into adulthood (Birmaher et al., 1996; Moutier & Stein, 1999). Depression is the most common maladjustment problems in romantic relationships.

Further, data suggests that there are significant gender differences in the extent to which males and females use romantic relational aggression, and these differences may be differentially related to perpetrators' psychosocial adjustment and relational victimization. To understand the aggression in romantic relationships and its ramification, the present study was examined to see the gender differences in aggression in romantic relationships, experience of victimization and their association with social anxiety,

loneliness, depression and alcohol use. On the basis of this the following hypotheses were made.

1. There would be a significant gender difference in aggression in romantic relationship and experience of romantic relational victimization among youths.

Linder et al. (2002) and Bagner et al. (2007) found no gender difference in romantic relational aggression. However, some research indicates that females are more likely than males to use relational aggression during childhood, but gender differences are less clear in adolescence and young adulthood. Based on this, it was hypothesized to see the gender difference in romantic relational aggression among Indian youths.

2. There would be significant gender difference in social anxiety, loneliness, depression and alcohol use among youths.

In contrast to past researches (Prinstein et al., 2001; Bagner et al., 2007), it was expected that there would be significant gender differences in social anxiety, loneliness, depression and alcohol use among youths.

## Method

### **Sample:**

The sample was collected from 183 undergraduate university students (73 male and 110 female) in the age range of 16-22 who reported being in a current romantic relationship or has been in such relationships during past year. Data were collected from 200 subjects; however, data from 17 subjects were incomplete and therefore were not used. Most of the adolescents came primarily from middle-class socioeconomic backgrounds.

### **Measures:**

***Romantic Relational Aggression*** (Morales, Ruh, & Werner, 2002): It is a 42-item scale used to assess aggression in

romantic relationships. It measures the frequency with which the respondent attempts or harms their partner through behaviors such as shunning, purposeful ignoring, and making them jealous (four items; e.g., "I have cheated on my romantic partner because I was angry at him/her"). For the purpose of this study, 8-item romantic aggression scale (4-item romantic relational aggression, and 4-item romantic relational victimization) was used to assess romantic relational aggression and victimization. Responses to the items range from 1 (never) to 7 (all the time) and subscale scores were calculated by computing the mean of all the items in the subscale, with higher scores indicating higher levels of relational aggression and victimization. Both relational aggression and victimization scales have shown relatively good internal consistency in previous studies ( $\alpha = .73$ ,  $\alpha = .72$ ; Linder et al. 2002)

**Social Anxiety Scale for Adolescents (SAS-A)**(La Greca & Lopez, 1998): It is a 22-item self-report measure with three subscales i.e. Fear of Negative Evaluation (FNE), Social Avoidance and Distress Specific to New Situations (SAD-New), and Generalized Social Avoidance and Distress (SAD-General). FNE reflects fears, concerns, and worries regarding negative evaluations from peers (8 items; e.g., "I worry about what others say about me"). SAD-New assesses anxiety in new social situations (6 items; e.g., "I get nervous when I talk to peers I don't know very well"). SAD-General reflects general social anxiety or inhibition (4 items; e.g., "I'm quiet when I'm with a group of people"). Total and subscale scores were obtained by summing all ratings and the ratings for each item in the three subscales. It is a 5-point Likert scale (1 = "definitely not true" and 5 = "definitely true"). Although originally developed for use with adolescents' ages 13 to 18 years, the SAS-A has documented positive psychometric properties with college-age

students (A. La Greca, personal communication, February 14, 2004). In this study, Cronbach's  $\alpha$  for the total score of the SAS-A was .93.

**Loneliness Scale** (Jha, 1997): It is a 36-item self-report measure answered on a 5-point Likert scale (5= totally agree and 1= totally disagree). Higher score on the scale is the indicator of high loneliness and lower score shows less loneliness. The test and retest reliability of the scale is .84.

**Beck Depression Inventory Second Edition** (BDI-II; Beck, Steer, & Brown, 1996): It is a 21-item self-report instrument intended to assess the existence and severity of symptoms of depression. The BDI-II demonstrates strong psychometric properties and reliably distinguishes between clinical and general community samples. It is a four-point scale ranging from 0 to 3. Total score of 0-13 is considered minimal range, 14-19 is mild, 20-28 is moderate, and 29-63 is severe. It has a high coefficient alpha, (.80) and its construct validity has been established

*Alcohol problems* were assessed by seven items related with alcohol-related behaviors and consequences associated with alcohol use and dependence, For example, how often they drink per week and per month.

#### **Procedure:**

The questionnaires were distributed among students with proper instruction with the permission of lectures in the different departments of Guru Jambheshwar University of Science and Technology, Hisar, India. Students completed the measures during group testing sessions; they were informed that participation was voluntary and that the questionnaires were to be completed anonymously. It took around 30 minutes for each participant to complete the questionnaires.

## Results

### Descriptive Analysis

The first set of analysis examined gender differences in romantic relational aggression and social anxiety, loneliness, depression and alcohol use. Means and standard deviations of each variable for the total sample and by gender are shown in Table-1. T-test was applied to examine gender difference in romantic relational aggression, romantic relational victimization

and psychosocial adjustment. A significant gender difference in rates of romantic relational aggression ( $t=3.69$ ,  $p<.01$ ), romantic relational victimization ( $t=4.11$ ,  $p<.01$ ), loneliness ( $t=3.13$ ,  $p<.01$ ), and depression ( $t=3.16$ ,  $p<.01$ ) was found and results are presented in Table 1. Results indicated that there was no significant gender difference in the experience of social anxiety (Table 1). Only seven males and one female reported of taking alcohol so results are not shown in table.

**Table 1 Mean and SD of Romantic relational aggression, Romantic relational victimization and Social Anxiety, Loneliness, Alcohol abuse and Depression**

Dependent Variable	Total sample (N=183) Mean (SD)	Gender		t value
		Male (N=73) Mean (SD)	Female (110) Mean (SD)	
Romantic Relational Aggression	10.5 (7.1)	12.8 (7.13)	8.9 (6.6)	3.69**
Romantic Relational Victimization	9.24 (7.2)	11.8 (6.68)	7.5 (7.0)	4.11**
Social Anxiety	75.37 (14.6)	76.95 (10.08)	74.32 (16.8)	1.19
Loneliness	95.48 (14.7)	91.39 (14.7)	98.19 (14.1)	3.13**
Depression	12.7 (10.9)	15.67 (12.0)	10.73 (9.0)	3.16**

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

### Discussion

This study was designed to examine gender difference in the rate of romantic relational aggression, romantic relational victimization, and psychosocial functioning. The first hypothesis was that there would be significant gender differences in the rate of romantic relational aggression and romantic relational victimization. The findings indicate that there is a significant gender difference in romantic relational aggression. Past Researchers have also highlighted the importance of gender differences in the use of aggression for both research and policy (Archer, 2000a, Archer, 200b; Frieze, 2000; O'Leary, 2000; White et al., 2000). The presence of gender difference in romantic relational aggression is consistent with the results of past researches on relational aggression. Throughout middle childhood,

girls are rated by their teachers and peers as using higher levels of relational aggression than boys (Crick et al., 1995). For example, women are most often victimized in close relationships. Therefore it is suggested to consider whether there are gender differences in aggression in romantic relationships. However, the present finding is inconsistent with past researches on two points. One, the most important, gender differences are in favor of males. Males are found to be more relationally aggressive in romantic relationship, which has not been found in any previous researches.

Second, the findings are inconsistent with past researches on gender differences in romantic relational aggression. For example, Bagner et al. (2007) and Linder et al. (2002) found no gender differences in aggression in romantic relationships. Bagner et al. (2007) found no significant gender

differences in rates of romantic relational aggression and psychosocial adjustment. Similarly, Linger et al. (2002) suggest that collegiate males and females report similar level of romantic relational aggression. There are different possible explanations for this. First, there was a big sampling difference in their data. Both studies had higher female sample than males. Second, the present gender difference in romantic relational aggression might be due to cultural difference and developmental issues.

The present findings on the variables loneliness ( $t=3.13$ ,  $p<.01$ ) and depression ( $t=3.16$ ,  $p<.01$ ) shows a significant gender difference among youths. Results are inconsistent with past research (Bagner et al., 2007). This might be due to cultural difference. Mean score indicates that boys feel more loneliness as compared to girls while score on depression are in favor of girls. This can be explained on the ground that girls in India involve in more serious relationships as compared to their western counterpart and get more depressed when rejected or victimized in a romantic relationship. There was no significant difference on the rates of social anxiety which is consistent with Banger et al. (2007) study.

There was not much score on alcohol use but seven boys and one girl reported of taking alcohol. This might be due to that they have underreported their alcohol use. However, recent research has shown significant gender difference in alcohol use or other drug use (Bagner et al., 2007).

To conclude, the present findings on gender differences in romantic relational aggression and psychosocial problems among youths further extend the research literature on significant gender differences on these variables. Limitations of the study should also be noted. First, the participants were university students in India, limiting generalizability and therefore conclusions

cannot be made about romantic relational aggression in other populations. Second, there was a big gender difference in sample. Third, students did not report much on alcohol use. It might be that they have underreported this behavior.

Despite these limitations, the results of the present findings have several practical and clinical implications. Most importantly, the present findings are of important implications in school/college/university setting where such relationships are very common and health care providers can be aware of risk factors involved with romantic relational aggression and victimization so that risky students could be identified and necessary services could be provided and separate intervention could be provided for each gender.

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