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A Study of the Presence of Relational Aggression in the Adult Population

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A Study of the Presence of Relational Aggression
in the Adult Population

By

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A scholarly thesis submitted to the faculty of
Gardner-Webb University School of Nursing
in partial fulfillment of the requirements for the
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ABSTRACT

Aggression can result in a challenge of the basic human need for safety and security (Plotnik, 1999). Historically there has been extensive research regarding physical aggression. However, only in the past two decades has relational aggression received attention. Most research studies regarding relational aggression have focused upon children, adolescents and young adults. The purpose of this study was to explore the presence of relational aggression in the adult population. The Self-Report of Aggression and Social Behavior Measure tool was used to survey a convenience sample of 67 nursing students. The participants were students enrolled in the school of nursing (associate, bachelor's, master's and doctorate degree nursing programs) on the campus of a private, Christian, university. The mean age of participants was 27 years. Results of the study substantiate the presence of relational aggression in adults. The participants were divided into two groups for comparison. One group was under 21 years of age and the other group was 21 years of age and older. This comparison revealed a mild correlation between age and cross gender relational aggression, and age and cross gender exclusivity.

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CHAPTER ONE

Introduction

Background

People have a basic need to be safe and secure. This occurs second only to those elements necessary to keep the body alive, such as oxygen, water, food, etc. (Plotnik, 1999). The presence of real or perceived aggression can compromise an individual's state of safety and security. Aggression may be physical or non-physical, direct or indirect, overt or covert and may be manifested in many forms. One form of non-physical, covert aggression is relational aggression. Research involving children (Brigham Young University, 2005), adolescents (Crothers, Field, & Kolbert, 2005), and young adults (Werner & Crick, 1999), reveal the presence of relational aggression and the consequential detrimental effects it may have upon emotional, and psychosocial well-being. However, there is limited research of relational aggression in the adult population.

Relational aggression, identified as early as 1969 (Bowie, 2007), has received limited attention until the past two decades. Historically, awareness of the harmful effects of physical aggression has been addressed, but only recently has the detrimental effects of relational aggression received attention. Relational aggression has been identified in children as young as preschool (Brigham Young University, 2005) and studies have confirmed its presence through the age continuum to young adult. Previous research regarding relational aggression has studied the association of relational aggression and gender (Bowie, 2007), adolescent girls (Crothers et al., 2005), Afro-American females (Werner & Crick, 1999), romantic relationships in college students (Bagner, Storch, & Preston, 2007) and has identified methods of relationally aggressing

(Crothers, et al, 2005; Gomes, 2007; Janssen, Craig, Boyce, & Pickett, 2004). Studies have also addressed both the perpetrator and the victim within the adolescent age group (Gomes, Davis, Baker, & Servonsky, 2009).

Aggression can result in a compromise of the need for safety and security. Aggression may involve realistic, imminent threat, or actual occurrence of physical harm, realistic threat or actual occurrence of non-physical harm, or the threat and harm may be perceived. In a bulletin published by The World Health Organization (“Security, insecurity and health“, 2007) the security of people is described as a basic value and an essential requirement or condition of a successful and fulfilling existence that allows people to both physically and mentally develop and live their lives without fear. Security results in a peace of mind and freedom from anxiety and apprehension associated with fear from those who are in a position to inflict harm (“Security, insecurity and health“, 2007).

The significance of this study is to provide nurses with information of the existence of relational aggression in the adult population. Identification of the presence of relational aggression in the adult population is important in order to promote emotional and psychological well-being of adults. In order to provide holistic, optimal patient care of adults, nurses should acknowledge and address the presence of relational aggression. Maslow (Plotnik, 1999) denotes that human needs must be met in an ascending order. Safety and security is the second biological need and must be satisfied before an individual can proceed to the next three levels that involve psychological needs. If an individual is unable to meet the need of safety and security or they implement maladaptive coping methods in attempting to meet the need of safety and security they

may develop dysfunctional, pathological behaviors. Previous studies involving children, adolescents and young adults have revealed the presence of increased problematic behaviors in individuals who are relationally aggressive perpetrators or victims. Some of the dysfunctional behaviors identified are social anxiety, loneliness, depressive symptoms, alcohol and drug abuse (Bagner et al., 2007), borderline personality features, antisocial personality features, bulimia (Werner & Crick, 1999), withdrawal, aggression, moodiness, sleep disturbance, poor school performance and increased school absences (Gomes, 2007).

Limited research has been conducted regarding relational aggression or its' possible detrimental effect in the adult population. This limitation of research of adults prompted this study.

Theoretical Framework

This study will follow the conceptual framework of the Grand Theory, Behavioral System Model, developed by Dorothy E. Johnson (Tomey & Alligood, 2006). Johnson's theory focuses on behavior affected by the actual or implied presence of other social beings and that has shown to have major adaptive significance (Tomey & Alligood, 2006). Johnson's Behavioral System Model is influenced by Nightingale's belief that nursing's goal is to help individuals prevent or recover from disease or injury and to focus nursing practice on the individual, not the disease (Tomey & Alligood, 2006). Johnson's perception of nursing is that of an "external force acting to preserve the organization of the patient's behavior by means of imposing regulatory mechanisms or by providing resources while the patient is under stress" (Tomey & Alligood, p. 390). Following this ideation, nurses have a responsibility to implement regulatory mechanisms and/or

provide resources to the adults who are under stress due to relational aggression in order to preserve equilibrium. Johnson further believes nursing supplies external assistance both before and during system imbalance and therefore requires knowledge of order, disorder and control (Tomey & Alligood, 2006). This requires nurses to have knowledge of the phenomenon relational aggression, its' consequences, and indicated interventions in order to promote equilibrium of adults as a behavioral system.

The constructs of Johnson's Behavioral Systems Model consist of the concept that a behavioral system includes the patterned, repetitive, and purposeful method of behaving. The methods of behaving result in the interaction between the person and his or her environment, and create the relationship of the person with objects, situations and events within the environment (Tomey & Alligood, 2006). A person as a behavioral system tries to acquire stability and balance by adjustments and adaptations. The behavioral system is usually flexible enough to adjust to influences affecting it. If the behavioral system stress tolerance is not flexible enough to adjust to those influences affecting it, there will be a disturbance in the equilibrium (Tomey & Alligood, 2006).

The behavioral system identified by Johnson consists of seven subsystems that are open, linked and interrelated. The seven subsystems are attachment-affiliation, dependency, ingestive, eliminative, sexual, achievement, and aggressive-protective. All of the seven subsystems experience the components of input and output (Tomey & Alligood, 2006).

Equilibrium is another concept described in Johnson's Behavioral Systems Model. It is defined as "a stabilized but more or less transitory, resting state in which the individual is in harmony with himself and his environment....It implies that biological

and psychological forces are in balance with each other and with impinging social forces" (Toomey & Alligood, 2006, p.389). Tension is a cue to the presence of disturbance of equilibrium. An external or internal stimulus that produces tension and results in some degree of instability comprises the construct of a stressor. A stressor resulting in tension can affect any, or several of the open, linked, and interrelated subsystems.

Based upon these definitions the adult population is the behavioral system that may experience the input of real or perceived relational aggression as an internal or external stressor. This stressor (relational aggression) can affect any of the seven subsystems and result in an output of behaviors resulting from relational aggression. This output will result in tension and manifest as equilibrium or lack of equilibrium depending upon the flexibility of adjustment and adaptation of the system. Figure 1 reflects relational aggression as an input within Johnson's Behavioral System Model.

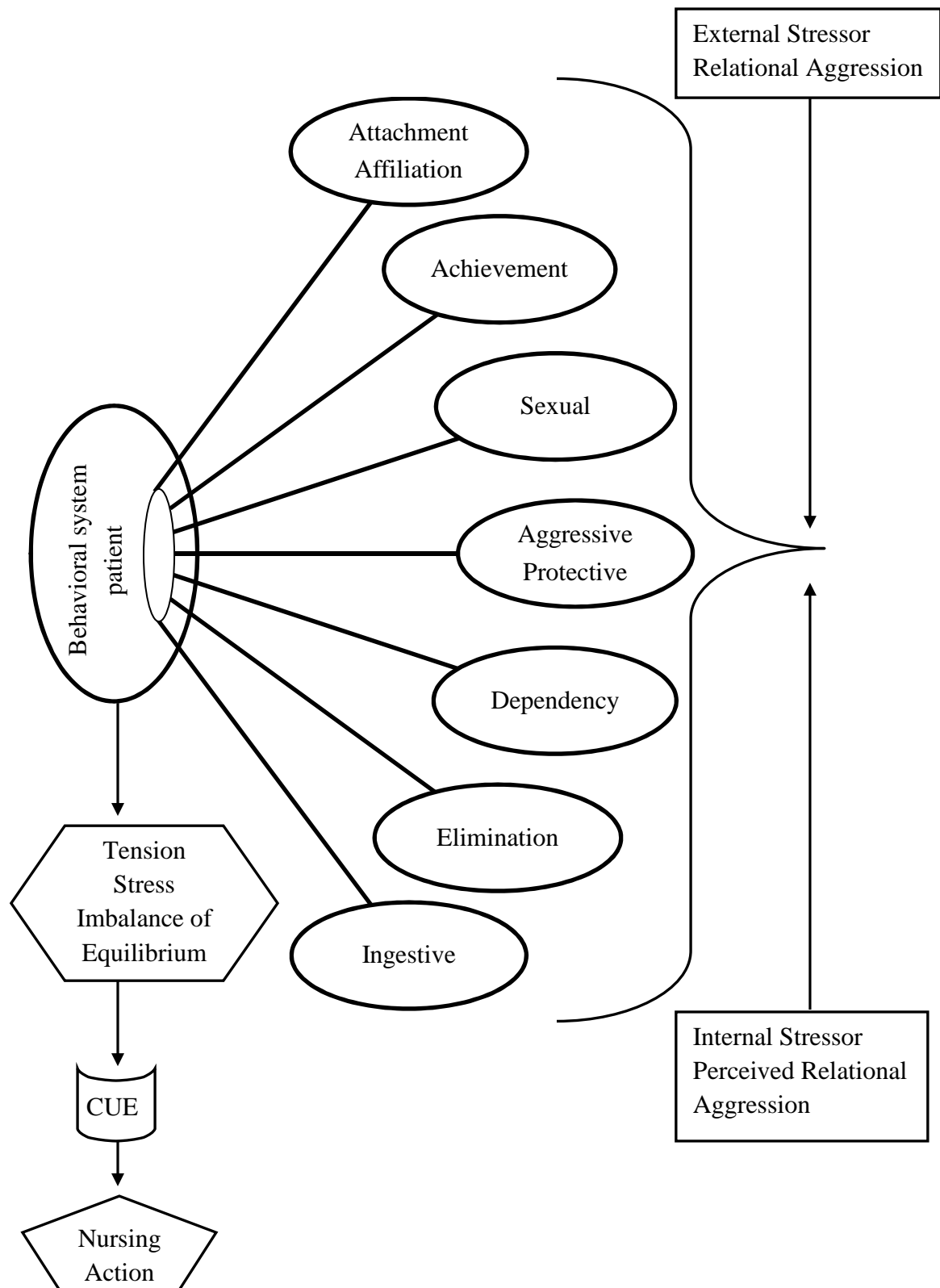
The adult population within the confines of the study is defined as individuals 18 to 60 years of age. Relational aggression is defined as the intentional intent to inflict harm on another through a social relationship. Examples of relational aggression identified in previous studies of younger populations are, but not limited to, withholding friendship, exclusion from social activities, gossiping about peers (Gomes, 2007), social ostracism, spreading malicious rumors (Werner & Crick, 1999) and cyber-bulling by means of internet, email and mobile phones (Schultze-Krumbholz & Scheithauer, 2009).

Purpose and Rationale

The purpose and rationale of this study is to explore the existence of relational aggression in the adult population. The following research questions were considered for

this study: Does relational aggression occur in the adult population? What is the correlation of age and relational aggression in the adult population?

Figure 1: *Johnson's Behavioral System Model—Reflecting Relational Aggression Input*



Chapter II

Review of the Literature

A limited review of research literature is included. Database searches including CINAHL, Google Scholar and Medline were used with the following key words: aggression, relational aggression, indirect aggression, adolescents and relational aggression, bullying, cyber-bulling, covert aggression.

Relational aggression, the purposeful intent to inflict harm upon another individual through a social relationship has recently gained increased recognition. The concept of relational aggression is also loosely referred to as relational bullying, social aggression, covert aggression and indirect aggression (Gomes, 2007). In a concept analysis conducted by Gomes (2007) the antecedents of the concept relational aggression are the existence of a relationship between individuals, the need for a sense of control, the willingness to inflict pain on another individual and desensitization to others suffering. Gomes (2007) identified defining attributes as an imbalance of power, manipulation, torment, a lack of empathy and unsuspecting on the part of the victim. Examples of relational aggression include withholding friendship, exclusion from peer network, telling tales or gossiping about a peer, spreading rumors and reputation slandering (Gomes, 2007). The need to understand relational aggression is imperative due to negative implications such as anxiety, depression, poor school performance, withdrawal, physical symptoms, increased school absence, sadness and crying (Gomes, 2007). Current research lends insight into the phenomenon relational aggression and its' correlation to other factors such as gender, ethnic groups, age, technology arenas, popularity perception and physical characteristics.

Gender differences in aggression have frequently been studied and reported to exist (Burton, Hafetz, & Henninger, 2007). Burton et al. (2007) conducted a retrospective, descriptive-correlational study involving a sample of one hundred and thirty-four (93 female, 41 male) university students. The goal of the research was to evaluate gender differences in patterns of personality and emotional behavior associated with both physical and relational aggression. Instruments of measurement included the Neo Five-Factor Personality Inventory, the Beck Depression Inventory, the Beck Anxiety Inventory, the Bar-On Emotional Quotient Inventory, the Physical Aggression Questionnaire and the Relational Aggression Questionnaire. Male participants reported greater physical aggression than did female participants. There was no gender differences noted with relational aggression. Female participants had a higher association with lower agreeableness, lower conscientiousness and lower interpersonal skills with relational aggression and male participants had a higher association with neuroticism and lower agreeableness with relational aggression. For both male and female participants, higher relational aggression was related to poorer emotional understanding and functioning overall. This study provides information regarding relational aggression and its' different manifestation in males and females.

To examine the presence of interrelations between relational aggression and social-psychological adjustment in young adults and to explore gender differences in the patterns of association between relational aggression and adjustment Werner and Crick (1999) conducted a retrospective, descriptive-correlational study. A convenience sample of 225 undergraduate students from a large Midwestern university participated in the study. The participants ranged from 18 to 23 years of age with a mean age of 19.5 years

and 55% female. A peer-nomination instrument was used to assess aggressive behavior, prosocial behavior and peer sociometric. Eating Attitudes Test and the Satisfaction With Life Scale measured self-reported indexes of social-psychological adjustment. The Personality Assessment Inventory, a self-reporting instrument, was used to assess recent stressors, provide a measurement of the level and quality of perceived social support and identify depressive symptoms, antisocial personality features and borderline personality features. The results of the study revealed relational aggression was significantly associated with multiple indexes of maladjustment. The researchers concluded the adjustment correlation of relational aggression in college student was similar to those found in past research with younger participants. The study also found peer estimations of relational aggression correlated with higher levels of peer rejection and antisocial personality features and lower levels of prosocial behavior. Borderline personality features and bulimia were associated with relational aggression with bulimia occurring more frequently among females. Otherwise, both genders revealed similar adjustment difficulties associated with relational aggression. The results of this research leads to the need for continued study of relational aggression. The similarity of correlation of relational aggression in college students and previously studied children suggests there may be substantial continuity over time indicating a need for long-term longitudinal study.

In order to better intervene therapeutically it is important to identify risk factors contributing to aggression. The objectives of a descriptive exploratory study conducted by Herrenkohl, et.al. (2007) was to document the percentage of youth who engage in physical and/or relational violence and to assess the extent that the two behaviors share

underlying risk factors in order to better understand the etiology of each behavior. Herrenkohl et al. identified potential risk factors using an ecological framework that considers the domains of family, school, community, peer, and individual. The data collected was part of the International Youth Development Study, a binational investigation of students from Washington State, United States and Victoria, Australia. Due to unavailability of data from Australian students, this study only included students in the seventh and ninth grades in the United States. Findings were obtained from a study sample consisting of 1,929 students chosen using a probability proportional sampling procedure. The procedure for the student survey consisted of a self-report instrument, adapted and extended from the Communities That Care Youth Survey. Results revealed 6.0% of the participants perpetrated physical violence alone, 11.9% of the participants perpetrated relational aggression alone, and 3.4% perpetrated both physical violence and relational aggression. The percentage of relationally aggressive youth was higher for females and the percentage of youth who were physically aggressive was higher for males. Risk factors identified for relational aggression perpetrators included childhood impulsivity, rebelliousness, family conflict, sensation seeking and gender. The authors denote any of the risk factors could serve as a target for preventive interventions.

The purpose of a study conducted by Gomes, Davis, Baker, and Servonsky (2009) was to examine the relationship of the experience of peer relational aggression victimization (PRAV) and feelings of depression in the African American adolescent female population. This was a retrospective, descriptive-correlational study conducted at a historically black college campus in Southeastern United States. A convenience sample of 241 African American female college freshman, age 18 years and older were studied.

A power analysis to determine study size was used to avoid wrongly accepting the null hypothesis. Using demographic questionnaire, Beck Depression Inventory II and Self-Report of Aggression and Social Behavior Measure, Gomes et al. concluded PRAV as a detrimental phenomenon did exist in the population studied and PRAV significantly correlates with depression. The researchers identified the need for nurses to understand and be able to recognize PRAV. Once PRAV is identified, implementation of interventions is indicated. This study supports the need for recognition of warning signs of depression and potential presence of PRAV.

Overweight and obesity in children is associated with many negative social and psychological implications. The purpose of a study conducted by Janssen, Craig, Boyce, and Pickett (2004) was to examine the relationships between overweight and obesity status with different forms of bullying behaviors. One of the forms of bullying behaviors studied was relational aggression. The research sample consisted of 5,749 Canadian elementary and high school students eleven to sixteen years of age. Overweight and obese children were based upon the body mass index measurement. Bullying behavior measurement and classifications were determined by the Health Behavior in School-Age Children Survey. Results from the study revealed a positive correlation between body mass index and relational aggression. This study lends to the need for interventions to help overweight and obese youth recognize and adjust to social issues such as relational aggression.

In a descriptive correlational study conducted by Pearce, Boergers, and Prinstein (2002), the goal was to examine the relationship of obesity and peer victimization. A group of 416 adolescents (215 girls and 201 boys) in grades nine through twelve was

included in the study. The group ethnicity was diverse, from a small southern New England city, and of median socioeconomic status. The body mass index score determined obesity and the Revised Peer Experience Questionnaire measured peer victimization. The results revealed obese girls reported experiencing more relational victimization than average-weight peers did. Results from this study suggest obesity may negatively influence the social and psychological health of obese female adolescents and they are at greater risk of relational victimization.

School nurses are in an ideal situation to identify warning signs of relational aggression and provide therapeutic intervention. The purpose of a study conducted by Raskauskas and Stoltz (2004) was to equip school nurses with knowledge in identifying covert forms of bullying. They also provided additional information concerning warning signs, intervention strategies and prevention programs. Raskauskas and Stoltz found existing research did not provide a description of whether victims of relational aggression actually recognized that they are being victimized and in need of help. A convenience sample of 116, eighth grade girls participating in a local youth event were included in a descriptive, pilot study. The study participants completed a survey questionnaire used to measure their perception of bullying. Results from the survey revealed 95% believed teasing had long-term negative effects and 92% reported the presence of bullies at their school. However, a significant percentage did not consider starting rumors, giggling and passing notes as bullying and over 82% did not consider social exclusion as bullying. These findings revealed adolescent girls often cannot identify instances of relational aggression which increases their risk for self-blame and adjustment difficulties. Raskauskas and Stoltz concluded findings from this study and supporting literature

confirmed the need for school nurses' awareness of relational aggression and the need to assess and intervene in the presence of relational aggression.

Historically, sociometric popularity aligns with indices of positive adjustment. Recent attention has however, been directed to perceived popular youth in relation to types of aggression and emotional adjustment (Rose & Swenson, 2009). Rose and Swenson (2009) conducted a retrospective descriptive-correlational study to determine if the buffering effect of perceived popularity is stronger for overt or relational aggression. The study sample consisted of 439 seventh and ninth grade students from small communities near a large university in the Midwest. Youth completed questionnaires assessing perceived popularity, sociometric status, physical and verbal aggression, and relational aggression. The Children's Depression Inventory and the Children's Manifest Anxiety Scale-Revised measured internalized symptoms. Rose and Swenson (2009) found perceived popular overt aggressors were not protected from elevated internalizing symptoms. However, they found perceived highly popular adolescents exhibiting relational aggression does not lend to internalizing symptoms. The study revealed the less the popularity of the aggressor the greater the risk for internalizing symptoms. The authors concluded the research supported the importance to intervene regarding popular relational aggressors due to their given impact on others (Rose & Swenson, 2009). They also point out the difficulty this may incur due to the lack of internalizing symptoms the popular aggressor may experience that may lead to resistance and limited motivation to change.

With our present technological abilities, the new arena of cyberspace presents as a necessary area for exploration. A pilot study conducted by Schultze-Krumbholz and

Scheithauer (2009) was designed to assess the quality of measurement instruments for application in a later study with a larger sample and to identify characteristics of cyberbullies and cybervictims to be targeted as potential risk and/or protective factors in future studies. This pilot study included 26 boys and 47 girls of an average age of 14 years who attended a German secondary school. The participants were asked to complete an anonymous questionnaire that included self-report and peer report instruments (Schultze-Krumbholz & Scheithauer, 2009). The Chat Bully and Chat Victim scales and the partly revised Olweus Bully/Victim Questionnaire (BVQ) were adapted and extended to include using e-mail, mobile phones and internet. The partly revised BVQ was used to assess school victimization and school bullying. Peer Estimated Social Intelligence, Peer Estimated Empathy, and Perspective Taking Scale from the Interpersonal Reactivity Index assessed social intelligence, empathy, and perspective taking. Relational aggression was assessed through peer ratings using the Children's Social Behavior Scale. The participants reported 15.5% had been victimized by internet with 14.1% reporting it occurring at least two-three times each month (Schultze-Krumbholz & Scheithauer, 2009). The participants also reported 5.6% had been victimized by mobile phone and 4.2% by e-mail. Of the participant, 16.9% identified themselves as cyberbullies (Schultze-Krumbholz & Scheithauer, 2009). Compared to traditional bullying (9.9% victims and 7.0% bullies), cyberbullying was reported more often in this sample (Schultze-Krumbholz & Scheithauer, 2009). Cyberbullies also reported being cybervictims. Both cyberbullies and cybervictims revealed significantly less empathy than students not involved in cyberbullying did, and both showed significantly higher levels of relational aggression (Schultze-Krumbholz & Scheithauer, 2009). The study

noted no significant difference for perspective taking or comparison between social intelligence and victims and non-victims. The study confirmed a need for further research with attention to the findings of higher frequency of cyberbullying compared to traditional bullying, the overlap of cyberbullying and cybervictims, and the decrease of empathy and the increase of relational aggression of cyberbullies and cybervictims.

Summary

Relational aggression is gaining increased attention with greater awareness of the need for further understanding of the phenomenon. Research conducted supports the need for an appreciation of the phenomenon of relational aggression as a factor in the healthy development and well-being of children, adolescents and young adults (Bowie, 2007, Gomes et al., 2009, Pearce et al., 2002, Werner & Crick, 1999). Literature review reveals researchers of psychological and sociological professions have generated most studies. Limited nursing studies and limited studies of the adult population lends to the need for nursing research of relational aggression.

Chapter III

Methodology

Design, Setting, and Sample

In order to explore the presence of relational aggression in the adult population this study followed a typical descriptive survey design. A descriptive survey design is indicated to gain more information about phenomena as they naturally exist and identifies phenomena and clarifies variables related to the phenomena (Burns & Grove, 2009). A descriptive study design provides a useful structure when the need to acquire knowledge in an area in which little research has been conducted is identified (Burns & Grove, 2009). This study did not involve the manipulation of variables or the involvement of treatments or interventions, further supporting the appropriateness of a descriptive study design (Burns & Grove, 2009).

A convenience sampling method was utilized in determining participants for the study. This sampling method involves participants being "in the right place at the right time" (Burns & Grove, 2009, p. 353). The study included students enrolled in the school of nursing (associate, bachelor's, master's and doctorate degree nursing programs) on the campus of a private, Christian, Baptist-related university. Criteria for inclusion in the study required the participant be at least 19 years of age. Sixty-seven students volunteered to participate in the study and completed the study questionnaires.

Instrument

The instruments used to collect data include a demographic questionnaire developed by the researcher and the Self-Report of Aggression and Social Behavior Measure (University of Minnesota: Institute of Child Development, 2010). Data gleaned from the demographic questionnaire includes age, gender, marital status, and ethnicity. The Self-Report of Aggression and Social Behavior Measure involves behaviors evaluated using a 7-point Likert scale with the direction such that a higher number is associated with higher incidence of the behavior. The 7-item Self-Report of Aggression and Social Behavior Measure evaluates behaviors including, but not limited to, use of the "silent treatment", damaging reputation with gossip, excluding and ignoring others and threatening to share private information. Descriptive statistics implementing SPSS (Field, 2009) was conducted using the data obtained from the questionnaires

Ethical Consideration

Permission to complete this study was obtained from the Institutional Review Board (IRB) of Gardner Webb University (Appendix A). Permission to use the Self-Report of Aggression and Social Behavior Measure was obtained from the instrument author (Appendix B). Participants agreeing to take part in the study received a cover letter assuring anonymity and voluntary participation (Appendix C), and a copy of the Demographic Questionnaires (Appendix D) and the Self-Report of Aggression and Social Behavior Measure (Appendix E). Completion of the questionnaire served as implied consent.

Procedure

After receiving permission for the study from the university IRB, the survey questionnaires with the cover sheet, serving as informed consent, was distributed to the participants. The researcher was not present during the completion of most of the surveys. Completion of the questionnaires occurred on the university campus and adequate time was allowed for each participant.

Chapter IV

Results

The participants of this study consisted of nursing students at a private Christian university with over 4,000 students enrolled. The School of Nursing consists of five nursing programs: an Associate of Science in Nursing Program, a four-year Bachelor of Science in Nursing Program, the RN to Bachelor of Science in Nursing Program, the Master of Science in Nursing Program and the Doctor of Nursing Practice Program. The School of Nursing has over 500 students enrolled. The study participants represented all of the programs in the School of Nursing except for the four-year Bachelor of Science in the Nursing program. These students were not enrolled in nursing courses at the time of the study. Study participants were divided into two groups: students younger than 21 years of age and students 21 years of age and older. Both groups were well represented in the study sample with 29 participants being under the age of 21 years and 38 participants being 21 years of age or older. Of the 67 participants participating in the study, the mean age was 27.04 years ($SD = 10.75$) with participants ranging in age from 19 to 55 years. The majority of the study sample was unmarried, female, and Caucasian. Table 1 gives the frequency and percent of all demographic data for the study sample.

Table 1: *Demographic Data*

		Frequency	Valid Percent
Gender	Male	6	9.0
	Female	61	91.0
Race/Ethnic	Black/African American	2	3.0
	White/Caucasian	63	94.0
	Native American	2	3.0
Marital Status	Single	47	70.1
	Married	18	26.9
	Divorced	1	1.5
	No Data	1	1.5

Data obtained from the Self-Report of Aggression and Social Behavior Measure survey tool was analyzed using descriptive statistics, central tendencies and correlations. The Self-Report of Aggression and Social Behavior Measure instrument measures relational and physical aggression. Physical aggression measures were not included as part of the study questions and therefore will not be included in the report. Only data that represented relational aggression was analyzed.

The Self-Report of Aggression and Social Behavior Measure survey tool determines the degree of relational aggression in reference to aggressor, victim and exclusivity. The means and standard deviations were used to identify the presence of relational aggression in the adult population. This analysis revealed minimal difference between the two adult age groups, as shown in Table 2.

Table 2: *Mean and Standard Deviation of Subjects report of relational aggression*

	Age/Years	Mean	Standard Deviation
Relational Aggression			
Proactive	< 21	1.35	.72
Proactive	≥ 21	1.18	.34
Reactive	< 21	1.67	.79
Reactive	≥ 21	1.63	.70
Cross-Gender	< 21	1.41	.60
Cross-Gender	≥ 21	1.73	.53
Relational Victimization			
Cross-Gender	< 21	1.61	1.19
Cross-Gender	≥ 21	1.61	.96
Peers	< 21	3.08	1.57
Peers	≥ 21	3.08	1.51
Exclusivity			
Cross-Gender	< 21	2.01	1.03
Cross-Gender	≥ 21	2.49	1.14
Peers	< 21	1.99	1.09
Peers	≥ 21	1.60	.67

An independent samples *t*-test revealed a statistical significance regarding cross gender relational aggression. Levene's test for equality of variances was not significant revealing equal variances and meeting the *t*-test assumption of homogeneity of variance between the two groups.

Statistical analysis utilizing Pearson's correlation revealed a mild non-significant positive correlation between age and cross gender exclusivity ($r = .13$), and cross gender relational aggression ($r = .12$). Pearson's correlation analysis also revealed minimal non-significant negative correlations between age and proactive relational aggression ($r = -.09$), reactive relational aggression ($r = -.136$), cross gender relational victimization, ($r = -.04$), peer relational victimization ($r = -.15$), and peer exclusivity ($r = -.06$).

Chapter V

Discussion

The purpose of this study was to explore the presence of relational aggression in the adult population. Results of the study substantiate the presence of relational aggression in adults. Homogeneity strengthens the research determination that relational aggression is present in the adult population.

Pearson's correlation reveals a mild correlation of age and cross gender exclusivity. Cross gender exclusivity measurement refers to the subjects' desire to exclusively socialize with their romantic partner and they become jealous and upset when this fails to occur. Pearson's correlation reveals a mild correlation of age and cross gender relational aggression. Cross gender relational aggression consists of the person's threat to end the romantic relationship if they do not get what they want, the use of intentional behavior to make their romantic partner jealous, withholding verbal interaction when their feelings are hurt and cheating on their romantic partner when they are angry with them.

The mean age of the study subjects is 27 years. Erik Erikson (Plotnik, 1999) described this age group as intimacy versus isolation. This is the time young adults are developing loving, meaningful relationships. The mild correlation of cross gender relational aggression and exclusivity reflects behaviors targeting this developmental step.

Pearson's correlation reveals a negative correlation of age and proactive relational aggression. Proactive relational aggression consists of intentional negative actions in relationship to their friendship with someone if they do not get what they want. These negative actions may be the threat to share private information about their friend or the

intentional spreading of rumors to hurt the person. Pearson's correlation also reveals a negative correlation of age and reactive relational aggression. When someone is angry with another person and they intentionally hurt them by excluding them from social gatherings, spreading harmful rumors about them or flirting with their romantic partner in an effort to break-up the relationship is an example of reactive relational aggression. Pearson's correlation reveals a negative correlation of age and cross gender relational victimization. Cross gender relational victimization occurs when the person's romantic partner withholds attention when they are angry or until they get their partner to give-in to a request. Pearson's correlation reveals a negative correlation of age and peer relational victimization. The victim of peer relational aggression may have a friend who distances himself or herself when they are angry with them, shares private information about them with others, excludes them from social events and wants other friends to be against them. The negative correlation of age reveals a decrease of relational aggression with aging and the above listed relational aggression items.

Limitations

Generalization of the findings of the study is limited due to the small sample size. In addition, the use of a convenience sample resulted in the lack of diverse participant representation. The majority of participants were unmarried, female and Caucasian. All participants were at least high school graduates or equivalent, resulting in a lack of academic level representation. Data regarding socioeconomic status was not determined.

Implications for Nursing

In order to give effective nursing care it is important for nurses to be aware of the possible stressors in the population being served. Johnson's Behavioral System Model

identifies input that affects any of the seven subsystems and results in tension or imbalance in equilibrium as a cue to the need of nursing action. Therefore, it is important that nurses are aware of the presence of relational aggression in the adult population. Relational aggression can result in an imbalance of equilibrium, prompting the nurse to intervene.

An assessment of physical and/or sexual abuse is a routine part of nurses' assessments of patients. With the awareness of relational aggression, it may also be indicated to assess the patient for relational abuse. This abuse can be derived from romantic partners or peers. An awareness of the presence of relational aggression should prompt nurses to assess for emotional instability.

Implications for Further Research

There are many questions regarding relational aggression in the adult population that are still unanswered. Is it equally present in all ethnic groups, genders, all socioeconomic groups, etc.? Additional replication of the study involving a greater number of participants is also indicated. In order to promote empirical generalization accumulated evidence from many studies are indicated (Burns & Grove, 2009).

In order to provide optimal patient care, research is indicated regarding the detrimental effects that relational aggression may have upon the adult population. Research of relational aggression and adolescents has revealed an increase in, but not limited to, depression, eating disorders and personality disorders (Werner & Crick, 1999). Additional research regarding relational aggression and its' contribution to physical and psychosocial pathology is indicated and will give guidance for decisions regarding nursing intervention within the adult population.

Longitudinal studies of relationally aggressive perpetrators and victims are indicated and would reveal valuable information. This would provide information regarding relational aggression's influence upon the developmental process of individuals and help identify risk factors related to relational aggression.

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Appendix A

Gardner Webb University IRB Approval Letter



THE INSTITUTIONAL REVIEW BOARD
of
GARDNER-WEBB UNIVERSITY

This is to certify that the research project titled
The Presence of Relational Aggression in the Adult Population

being conducted by Kathy C. Williams

has received approval by the Gardner-Webb University IRB.

Date November 19, 2010

Exempt Research

Signed Cindy Miller
Department/School/Program IRB Representative

Dickie Walker
Department/School/Program IRB Member

Expedited Research

Signed _____
Department/School/Program IRB Representative

Department/School/Program IRB Member

IRB Administrator or Chair or Institutional Officer

Non-Exempt (Full Review)

Signed _____
IRB Administrator

IRB Chair

IRB Institutional Officer

Expiration date November 19, 2011

IRB Approval:

 Exempt Expedited Non-Exempt (Full Review)

Appendix B

Author Permission to Use Measurement Instrument

Kathy Costner Williams
Inbox, Relational Aggression

Monday, November 01, 2010 10:53 AM

Dr Vickie R Wal... Kathy it is. Dr. Walker 10/7/2010

Kathy Costner ... Do you think a copy of this email will be sufficient? Thanks, Kathy 10/7/2010

Peter Ralston [ralst003@umn.edu] Actions

Tuesday, October 05, 2010 10:54 AM

To: Kathy Costner Williams

You forwarded this message on 10/7/2010 12:38 PM.

Kathy,

You can consider this email permission to use or modify these measures with appropriate citations, of course.

Please feel free to contact me if there are any problems or if something more formal is required.

Best,

Pete

Peter Ralston, M.Ed.
Coordinator -- Crick Social Development Lab
Coordinator -- Center On Relational Aggression
Institute of Child Development
University of Minnesota

Appendix C

Participant Cover Letter

I am a graduate student in the Master of Science in Nursing Program at Gardner-Webb University, Boiling Springs, North Carolina. I am conducting a study on the presence of relational aggression in the adult population. You are being asked to participate in this study. This study will yield information regarding the presence of relational aggression in the adult population and provide awareness of this phenomenon to nurses who care for this population.

You are invited to complete an anonymous questionnaire and a demographic data sheet. Your participation in this study will take approximately thirty minutes. Your participation in this study is voluntary and your responses are anonymous. Please do not include your name or any markings on the questionnaires. Your decision regarding participation in this study will not affect your grades, status in school or graduation. There is no anticipation of any risk to you because of your participation in this study.

Results of the study will be shared with all participants and nursing faculty. Data obtained through the study may be used in nursing publications and presentations. If this study is published or used in presentations, individual data and the site of collection will not be identified. Your return of the questionnaire signifies your permission and enrollment in the study and serves as informed consent given. You are free to ask questions about the study or your participation in the study. Direct any questions to: Kathy Williams at 704-473-2263 or kathykathlyn@aol.com. (and/or) Dr. Vickie Walker at 704-406-4384 or vwalker@gardner-webb.edu

Appendix D

Demographic Questionnaire

Research study: The Presence of Relational Aggression in the Adult Population

The following information will assist in the evaluation of the research study regarding the presence of relational aggression in the adult population. All information obtained from this questionnaire will be held in strictest confidence. Thank you for taking time to complete this questionnaire.

Directions: Please indicate the best answer to each question by placing a \checkmark in the appropriate box or by completing the blank.

1. What is your gender?

☐ Male

☐ Female

2. What is your age?

Years _____

3. Which of the following best describes your racial or ethnic background?

☐ Asian

☐ Black/African American

☐ White/Caucasian

☐ Hispanic

☐ Native American

☐ Other

4. What is your marital status?

☐ Single

☐ Married

☐ Divorced

☐ Widowed

Appendix E

Self-Report of Aggression and Social Behavior Measure

Directions: This questionnaire is designed to measure qualities of adult social interaction and close relationships. Please read each statement and indicate how true each is for you, now and during the last year, using the scale below. Write the appropriate number in the blank provided. **IMPORTANT.** The items marked with asterisks (*) ask about experiences in a current romantic relationship. **If you are not currently in a romantic relationship, or if you have not been in a relationship during the last year, please leave these items blank** (but answer all of the other items). Remember that your answers to these questions are completely anonymous, so please answer them as honestly as possible!

Not at All True			Sometimes True			Very True
1	2	3	4	5	6	7

1. _____ I usually follow through with my commitments.
2. _____ * I have threatened to break up with my romantic partner in order to get him/her to do what I wanted.
3. _____ * My romantic partner tries to make me feel jealous as a way of getting back at me.
4. _____ * It bothers me if my romantic partner wants to spend time with his/her other friends.
5. _____ I try to get my own way by physically intimidating others.
6. _____ I have a friend who ignores me or gives me the "cold shoulder" when s/he is angry with me.
7. _____ I am willing to lend money to other people if they have a good reason for needing it.
8. _____ *When my romantic partner is mad at me, s/he won't invite me to do things with our friends.
9. _____ My friends know that I will think less of them if they do not do what I want them to do.
10. _____ I get jealous if one of my friends spends time with his/her other friends even when I am busy.
11. _____ When I am not invited to do something with a group of people, I will exclude those people from future activities.
12. _____ I have been pushed or shoved by people when they are mad at me.
13. _____ I am usually kind to other people.
14. _____ I am usually willing to help out others.
15. _____ When I want something from a friend of mine, I act "cold" or indifferent towards them until I get what I want.
16. _____ I would rather spend time alone with a friend than be with other friends too.
17. _____ A friend of mine has gone "behind my back" and shared private information about me with other people.
18. _____ *My romantic partner has pushed or shoved me in order to get me to do what s/he wants.
19. _____ I try to make sure that other people get invited to participate in group activities.
20. _____ *I try to make my romantic partner jealous when I am mad at him/her.
21. _____ When someone makes me really angry, I push or shove the person.

Not at All True			Sometimes True			Very True
1	2	3	4	5	6	7

22. _____ I get mad or upset if a friend wants to be close friends with someone else.
23. _____ When I have been angry at, or jealous of someone, I have tried to damage that person's reputation by gossiping about him/her or by passing on negative information about him/her to other people.
24. _____ When someone does something that makes me angry, I try to embarrass that person or make them look stupid in front of his/her friends.
25. _____ I am willing to give advice to others when asked for it.
26. _____ *My romantic partner has threatened to physically harm me in order to control me.
27. _____ When I have been mad at a friend, I have flirted with his/her romantic partner.
28. _____ When I am mad at a person, I try to make sure s/he is excluded from group activities (going to the movies or to a bar).
29. _____ I have a friend who tries to get her/his own way with me through physical intimidation.
30. _____ *I get jealous if my romantic partner spends time with her/his other friends, instead of just being alone with me.
31. _____ I make an effort to include other people in my conversations.
32. _____ When I have been provoked by something a person has said or done, I have retaliated by threatening to physically harm that person.
33. _____ *My romantic partner has threatened to break up with me in order to get me to do what s/he wants.
34. _____ It bothers me if a friend wants to spend time with his/her other friends, instead of just being alone with me.
35. _____ *My romantic partner doesn't pay attention to me when s/he is mad at me.
36. _____ I have threatened to share private information about my friends with other people in order to get them to comply with my wishes.
37. _____ I make other people feel welcome.
38. _____ *When my romantic partner wants something, s/he will ignore me until I give in.
39. _____ When someone has angered or provoked me in some way, I have reacted by hitting that person.
40. _____ *I have cheated on my romantic partner because I was angry at him/her.
41. _____ I get mad or upset if my romantic partner wants to be close friends with someone else.

Not at All True			Sometimes True			Very True
1	2	3	4	5	6	7

42. _____ I have a friend who excludes me from doing things with her/him and her/his other friends when s/he is mad at me.
43. _____ I am usually willing to lend my belongings (car, clothes, etc.) to other people.
44. _____ I have threatened to physically harm other people in order to control them.
45. _____ I have spread rumors about a person just to be mean.
46. _____ When a friend of mine has been mad at me, other people have "taken sides" with her/him and been mad at me too.
47. _____ *I would rather spend time alone with my romantic partner and not with other friends too.
48. _____ I have a friend who has threatened to physically harm me in order to get his/her own way.
49. _____ I am a good listener when someone has a problem to deal with.
50. _____ *My romantic partner has tried to get his/her own way through physical intimidation.
51. _____ *I give my romantic partner the silent treatment when s/he hurts my feelings in some way.
52. _____ When someone hurts my feelings, I intentionally ignore them.
53. _____ I try to help others out when they need it.
54. _____ *If my romantic partner makes me mad, I will flirt with another person in front of him/her
55. _____ I have intentionally ignored a person until they gave me my way about something.
56. _____ I have pushed and shoved others around in order to get things that I want.