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Medication Moderates Link Between ADHD and Some Intimate Partner Violence Measures

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**Presentation Title:** Medication Moderates Link Between ADHD and Some Intimate Partner Violence Measures  

**Faculty Sponsor:** Dr. Jamie Wood  
**Presenter:** Griffin D. Williams  
**Other Authors:** Butcher, M., Johnson, C., Stafford, A., Patterson, J., Ettinger, K.  
**Pittsburg State University (KS)**

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**Introduction**

Intimate partner violence (IPV) is a significant public health concern involving physical or psychological victimization of one partner by a current or former intimate partner. [1] This may occur with college students, which increases the risk for intimate interpersonal violence (IPV) [1, 2]. Many studies have been linked to IPV, we focused on Attention-Deficit/Hyperactivity Disorder (ADHD) and related variables.

ADHD is now widely recognized to pose significant problems in adulthood, including college student populations. Weyandt and DuPaul [1] indicated that 2% to 8% of college students have clinically significant ADHD symptoms and impairment, including difficulties with interpersonal relations (e.g., Barkley et al., 2006). While several studies have noted significant correlations between ADHD and IPV victimization and perpetration (Fang, Massetti, OuYang, Gorse, & Mercy, 2011; Theriault & Holmberg, 2000; Wymbs et al., 2012), the role of ADHD in IPV beyond mere association has been questioned. Wymbs, Dawson, Suhr, Burford, N. and Gibbons (2012) examined whether ADHD posed an additional additive risk of IPV when combined with previously established predictors of IPV (Lifestyle maltreatment, primary care, drug use, and whether mental health has impaired control of power of these other variables. While they found that students with greater ADHD symptom severity reported higher rates of IPV perpetration, and higher rates of psychological IPV victimization, ADHD symptoms were not additive risk factors of psychological IPV perpetration and victimization (when affected students possessed the other aforementioned risk factors). For example, students reporting any alcohol abuse or illicit drug use endorsed higher rates of psychological IPV perpetration and victimization, regardless of their level of ADHD symptoms. Thus, it appears that the value of ADHD symptom level as a predictor for IPV perpetration and victimization may be limited, except in the uncommon individual of having severe levels of ADHD symptoms without any other risk factors. Despite the understanding of the role of ADHD in IPV, researchers such as Wymbs et al. (2011) have noted that the extant research has failed to examine whether ADHD plays a role in the severity of IPV. Importantly, investigations focusing on the relationship of ADHD to IPV have failed to include potentially salient variables related to ADHD such as whether individuals are being treated with psychotropic medication and how they are adhering to treatment (how often). These multiple investigations have not examined these additional medications for the treatment of ADHD in adults (Biederman, 2013), which individuals who take medication may have a different level of risk for physical and/or psychological IPV.

**Aims of the Current Study**

The current study examines the relationship of ADHD symptom severity, medication treatment, and adherence to treatment (medication) in predicting levels of severity and symptom of multiple subscales of IPV victimization and perpetration. If this were the case, the level of symptoms and/or severity of one or more of the subscales could be predicted by knowing the level(s) of one or more of the three predictor variables.

**Methods**

Participants and Study

Three hundred twenty-nine students at a Midwestern public university responded to a campus wide email inviting students to participate in a study on relationships. Those who participated had the opportunity to provide their email address for a $50.00 Amazon gift certificates. One hundred twenty-four participants failed to answer four or more questions on the survey. These participants' data were removed prior to final analyses leaving a group of 205 participants. The survey was composed of questions from the Conflicts Ratings Scale – II, the Adult ADHD Self-Report Scale (ADHS-v1.1) Symptom Checklist, and additional questions about medication treatment and adherence to this treatment, in applicable cases.

**Measures**

IPV perpetration and victimization. The Conflict Tactics Scale –II (CTS-II) [3]; Strass, Hambry, Boney-McCoy, & Sugarman, 1996) is the most widely used measure of IPV perpetration, victimization and severity. The CTS-II is reliable with college students (r = .79 to .86; Straus, 2004). It contains 78 items, which are divided into four subscales: Psychological Aggression, Physical Aggression, Sexual Coercion, and Physical Coercion. The CTS-II has been previously utilized in research investigating IPV perpetration and victimization among college students. Weyandt and DuPaul (2013) indicated that 2% to 8% of college students have clinically significant ADHD symptoms and impairment, including difficulties with interpersonal relations (e.g., Barkley et al., 2006). While several studies have noted significant correlations between ADHD and IPV victimization and perpetration (Fang, Massetti, OuYang, Gorse, & Mercy, 2011; Theriault & Holmberg, 2000; Wymbs et al., 2012), the role of ADHD in IPV beyond mere association has been questioned. Wymbs, Dawson, Suhr, Burford, N. and Gibbons (2012) examined whether ADHD posed an additional additive risk of IPV when combined with previously established predictors of IPV (Lifestyle maltreatment, primary care, drug use, and whether mental health has impaired control of power of these other variables. While they found that students with greater ADHD symptom severity reported higher rates of IPV perpetration, and higher rates of psychological IPV victimization, ADHD symptoms were not additive risk factors of psychological IPV perpetration and victimization (when affected students possessed the other aforementioned risk factors). For example, students reporting any alcohol abuse or illicit drug use endorsed higher rates of psychological IPV perpetration and victimization, regardless of their level of ADHD symptoms. Thus, it appears that the value of ADHD symptom level as a predictor for IPV perpetration and victimization may be limited, except in the uncommon individual of having severe levels of ADHD symptoms without any other risk factors. Despite the understanding of the role of ADHD in IPV, researchers such as Wymbs et al. (2011) have noted that the extant research has failed to examine whether ADHD plays a role in the severity of IPV. Importantly, investigations focusing on the relationship of ADHD to IPV have failed to include potentially salient variables related to ADHD such as whether individuals are being treated with psychotropic medication and how they are adhering to treatment (how often). These multiple investigations have not examined these additional medications for the treatment of ADHD in adults (Biederman, 2013), which individuals who take medication may have a different level of risk for physical and/or psychological IPV.

**Results**

We first determined descriptive statistics and correlations for the each of the measures to be employed in regression analyses. These are reported in Table 2. Bivariate correlations were computed to determine the degree to which ADHD symptoms (and covariates) were associated with IPV perpetration and victimization (Table 1). As has been found in previous investigations, ADHD Total Score was significantly associated with Psychological IPV perpetration (r = -.18, p < .05). Those students reporting higher numbers of ADHD symptoms were thus more likely to have reported more psychological IPV Perpetration behaviors. As far as any type of moderating effect of taking medication on total IPV scores at least one standard deviation above the mean, there were two significant findings that are perplexing in combination. First, a positive association was discovered between taking medication and the Psychological Aggression Victimization Score (r = -.14, p < .05). Second, a negative association was found between taking medication for ADHD and the Sexual Coercion Perpetration Score (r = -.2, p < .01). Next we computed bivariate correlations between the various ADHD variables and the Severity indices of four different IPV victimization scales. These results can be found in Table 2. Significant results from these analyses were a significant positive association (albeit moderate) between ADHD Total Score and Psychological Aggression Victimization as well as Physical Aggression Victimization.

**Discussion**

As Wymbs et al. (2017) noted, the ability of ADHD symptom level to provide additional IPV predictive value has been relatively nonexistent when combined with other variables known to strongly associate with IPV (alcohol abuse, etc.). Nonetheless, as other researchers have discovered (Fang, Massetti, OuYang, Gorse, & Mercy, 2011; Theriault & Holmberg, 2001, Wymbs et al., 2012), our analyses from Table 1, ADHD Total Score was significantly correlated with a variety of IPV perpetration and victimization variables. More importantly, our results revealed that taking medication for ADHD was positively associated with Physical Assault Victimization, Sexual Coercion Perpetration and Sexual Coercion Perpetration. While we had anticipated that medications known to control the symptoms of ADHD might therefore lessen symptoms of IPV perpetration and victimization, the opposite was true. Ironically, how well students adhered to the guidelines for taking their medication was not significantly associated with greater (or lesser) rates of IPV perpetration or victimization. One possible explanation may lie in the fact that, as a group, college students have been found to take medications for ADHD on a sporadic and in a manner which is more about their non-medical needs (taking it to study, to stay up longer to party, etc.) than in a manner reflecting a goal of successful treatment of their disorder (Rabiner, 2013). Undoubtedly other explanations will develop over time as these variables are explored in more detail and with other combinations of variables.

As far as providing a rationale for these results, we can only speculate that perhaps similar concerns with medication treatment adherence may be found to play a role. As the first study to assess the role of ADHD treatment variables in predicting the severity of IPV victimization, our findings represent a foundation for future work. As time passes and other studies are performed, the many causes of how ADHD treatment variables predict IPV perpetration and victimization will be revealed.

**Selected References**


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**Table 1. Descriptive Statistics and Inter correlations for Symptom Levels for ADHD and IPV Variables.**

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<thead>
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<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
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<th>p</th>
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<td>14</td>
<td>298</td>
<td>.14</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Take Medication</td>
<td>04</td>
<td>00</td>
<td>298</td>
<td>.00</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>How Often Take Med</td>
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<td>09</td>
<td>298</td>
<td>.01</td>
<td>&lt;.05</td>
</tr>
</tbody>
</table>

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**Table 2. Correlations between ADHD Total Score and IPV Victimization Severity Scales.**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pearson R</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD Total</td>
<td>-16</td>
<td>.14</td>
</tr>
<tr>
<td>Take Medication</td>
<td>.04</td>
<td>.00</td>
</tr>
<tr>
<td>How Often Take Med</td>
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**Key Findings**

1. ADHD Total Score was significantly correlated with Psychological Aggression Perpetration.

2. Taking medication for ADHD was positively correlated with Physical Assault Victimization, Sexual Coercion Perpetration, and Sexual Coercion Victimization.

3. ADHD Total Score was positively correlated with Psychological Aggression Victimization Severity and negatively correlated with Physical Assault Victimization Severity.

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**Presenter’s Bio:**

Griffin D. Williams is a doctoral candidate in Clinical Psychology at Pittsburg State University, working under the mentorship of Dr. Jamie Wood. Griffin is interested in studying relationships between ADHD and intimate partner violence. His research focuses on the role that medication adherence plays in the severity of IPV victimization.