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Women's Use Of Intimate Partner Violence: An Examination Of Attachment, Coping, And Gender Ideology

Theresa Elizabeth Magelky

WOMEN'S USE OF INTIMATE PARTNER VIOLENCE: AN EXAMINATION OF ATTACHMENT, COPING, AND GENDER IDEOLOGY

by

Theresa Elizabeth Magelky, M.A.
Bachelor of Science, University of Mary, 2001
Master of Arts, University of North Dakota, 2009

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This dissertation, submitted by Theresa Elizabeth Magelky in partial fulfillment of the requirements for the Degree of Doctor of Philosophy from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done, and is hereby approved.

_____
David Whitcomb, Ph.D.

_____
Kara Wettersten, Ph.D.

_____
Dorlene Walker, Ph.D.

_____
Cheryl Terrance, Ph.D.

_____
Elizabeth Legerski, Ph.D.

This dissertation is being submitted by the appointed advisory committee as having met all of the requirements of the Graduate School at the University of North Dakota and is hereby approved.

_____
Wayne Swisher
Dean of School of Graduate Studies

_____
Date

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Theresa Elizabeth Magelky
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ABSTRACT

Until recently, much of the research on intimate partner violence has focused primarily on male aggressors. However, research has increasingly indicated that women use violence against male intimate partners at higher rates than previously suspected. Significant controversy exists with regard to the context, motivation, and types of violence used by women. The current study explored the degree to which female aggressors' attachment styles are associated with and predictive of their use of intimate partner violence against men. In addition, coping processes and feminine ideology were studied, particularly in combination with attachment style, to determine their relationship with use of partner violence. It was hypothesized that anxious and avoidant attachment styles would be associated with and predictive of various forms of partner violence. Anxious attachment was found to be associated with and predictive of intimate partner violence but avoidant attachment was non-significant. It was also hypothesized that significant differences would be found across women with secure, fearful, preoccupied, and dismissing styles of attachment and their use of violence. Differences were found between secure and fearful attachment styles, as well as between fearful and dismissing styles. These results, which have significant implications for research and clinical practice, are discussed.

CHAPTER I

INTRODUCTION AND REVIEW OF LITERATURE

Intimate Partner Violence

Introduction

Intimate partner violence (IPV) affects millions of individuals in the United States each day from a wide variety of backgrounds and walks of life and is a serious social problem. According to the National Intimate Partner and Sexual Violence Survey conducted in 2010 by the Centers for Disease Control (Black et al., 2011), approximately 4.3 million women and 5 million men reported being slapped, pushed, or shoved by an intimate partner in the 12 months prior to the survey. Further, 3.2 million women and 2.3 million men indicated experiencing severe forms of physical violence by an intimate partner in the previous year, such as being hit with a fist or a hard object, slammed against something, choked or suffocated, burned, kicked, or assaulted with a knife or gun. Even more alarming is that, on an average day in the United States, more than three women and one man are murdered by their intimate partner (Black et al., 2011).

Regarding lifetime rates, more than 35.6% of women and 28.5% of men in the U.S. reported experiencing physical violence, rape, and/or stalking by an intimate partner (Black et al., 2011). Further, nearly 50% of both women and men in the U.S.

have reportedly experienced psychological aggression by an intimate partner in their lifetime through various types of expressive aggression and coercive control.

In addition to the partners who are directly involved in the violence, a wide range of family members are impacted by it as well, including children. Although not a primary emphasis of this study, it is crucial to be cognizant of the consequences of IPV on children. According to frequently cited studies (Straus, 1992; Straus & Gelles, 1986; Straus, Gelles, & Asplund, 1990), as many as 10 million children in the United States suffer from being exposed to IPV each year. In order to provide a snapshot of IPV prevalence rates, a nationwide census was conducted by the National Network to End Domestic Violence, which found that, in a 24-hour period alone nearly 25,000 children in the United States received domestic violence-related services (Black et al., 2011).

Due to the prevalence of IPV, including physical, sexual, and psychological abuse, it ranks as one of the most serious social problems today (Harway et al., 2001). In fact, the Centers for Disease Control and Prevention (CDC; Black et al., 2011) has designated IPV as a major health problem in the United States. In addition to experiencing acute physical injury, many survivors of IPV suffer from long-term physical consequences such as gastrointestinal disorders, headaches, and chronic pain, as well as psychological problems including depression, anxiety, substance abuse problems, and suicide attempts (Black et al., 2011). Along with the physical consequences, IPV can also affect psychological, interpersonal, social, and economic functioning.

Not only does IPV affect those immediately involved, it also impacts more global systems including medical, public health, criminal justice, and economic systems. Financially, the burden of IPV in the United States is estimated to cost approximately $8.3 billion annually for medical care and mental health services, as well due to the loss of productivity in the workplace (Black et al., 2011; Tjaden & Thoennes, 2000).

Historically, there has been an overall mindset that men are more abusive toward intimate partners than women, particularly with respect to physical abuse (Dasgupta, 2002; Tjaden & Thoennes, 2000). Over the years, much research on the prevalence and outcomes of IPV has focused primarily on male aggressors. This began to shift in the 1970s, however, as research began to appear revealing that women also used physical aggression against male partners (Gelles, 1974; Straus & Gelles, 1986). Since then, results from studies on gender differences in IPV perpetration have varied greatly, with some concluding that women are victimized by intimate partners at considerably higher rates than men (Tjaden & Thoennes, 2000), while others conclude that women and men are victimized by their partners at equal rates (Hines, 2008; Straus, 2011, 2012). However, in the past decade or so, more and more research has been published indicating that men and women perpetrate IPV at nearly equal rates, demonstrating what is referred to as mutual violence or *gender symmetry* of domestic violence (Dutton, Nicholls, & Spidel, 2005; Hines & Douglas, 2010; Simmons, Lehmann, & Collier-Tenison, 2008; Straus, 2011, 2012).

Further, it has commonly been assumed that women use aggression toward male partners primarily in self-defense (Hamberger, Lohr, Bonge, & Tolin, 1997; Hamberger

& Potente, 1994). This mindset is also changing, though, as women are increasingly arrested for domestic violence and mandated into batterer intervention programs, making it increasingly difficult to disregard IPV as a phenomenon in which the roles of aggressor and victim can be easily determined by gender (Hines & Douglas, 2010; Muftic, Bouffard, & Bouffard, 2007).

Definition of Key Terms

Before moving into a review of the literature and discussing the methodology of the current study, a summary of the key terms associated with IPV is necessary. Definitions are important in research because they can determine the questions included in surveys, influence the wording of questions, determine sample selection, and clarify terms for participants. In particular, definitions are especially important in intimate partner violence research because they can have political ramifications, including having an impact on decisions regarding legislation, programs, and allocation of resources (Harway et al., 2001). The terms *wife abuse*, *partner abuse*, *wife beating*, *domestic violence*, and *intimate partner violence* have often been defined differently by researchers and used interchangeably at times which can lead to discrepancies in reported statistics (Sartin, Hansen, & Huss, 2006).

Intimate partner violence. The Centers for Disease Control and Prevention (CDC; 2006) has suggested that the term *intimate partner violence* be used to cover only the partners in an intimate relationship in order to promote and increase consistency and accuracy in the research. *Intimate partners* include current as well as previous spouses and dating partners. This study will use the definition of intimate partner violence (IPV) provided by the American Psychological Association Task

Force on Violence and the Family: "a pattern of abusive behaviors including a wide range of physical, sexual, and psychological maltreatment used by one person in an intimate relationship against another to gain power unfairly or maintain that person's misuse of power, control, and authority" (Walker, 1999, p. 21). Specifically, intimate partner violence can include social abuse (e.g., not allowing victim to interact with family or friends), economic or financial abuse, verbal abuse (e.g., name calling, criticizing), physical, sexual, and psychological abuse (all defined below), and causing or allowing children to witness the physical, sexual, or psychological abuse of another person. In order to facilitate reading, the acronym *IPV* will be used to represent the term *intimate partner violence* from this point forward. It should be emphasized that this definition of IPV includes males and females as both victims and aggressors.

Domestic violence. *Domestic violence* is a broad term describing violence that occurs between intimate partners within relationships as well as all family members (Dutton, 2006). It can be defined as "a pattern of assaultive and coercive behaviors including physical, sexual, and psychological attacks, as well as economic coercion that adults or adolescents use against their intimate partners" (Schechter & Ganley, 1995, p. 10). The term *domestic violence* will be used to refer to physical abuse between partners in married, cohabitating, or dating relationships and may at times be used interchangeably with *intimate partner violence* (Stith & Straus, 1995).

Partner. *Partner* or *relationship partner* will include married spouses (current and previous), nonmarital partners (current and previous), and girlfriends or boyfriends (Saltzman, Fanslow, McMahon, & Shelley, 1999). Individuals in the early stages of intimacy are included within the scope of this definition of relationships (Harway et al.,

2001). Intimate partners include heterosexual, gay, lesbian, bisexual, married, or unmarried couples who have established an emotional bond (Dutton, 2006).

Domestic violence offender / aggressor. A *domestic violence offender* or *aggressor* is an individual who inflicts abuse or violence toward a person in an intimate relationship (Dutton, 1995; Saltzman et al., 1999). The terms *aggressor, perpetrator,* and *abuser* will be used interchangeably in this paper.

Abuse. *Abuse* is defined as "an ongoing pattern of behavior, attitudes, and beliefs in which one partner repetitively attempts to maintain power and control over the other by using psychological, physical, and/or sexual coercion" (Harway et al., 2001, p. 4). Subcategories of abuse are defined below.

Physical assault. *Physical assault* or *physical abuse* involves a continuum of aggressive physical acts that range from slaps to killing of men (homicide) and women (femicide; Harway et al., 2001). This includes, but is not limited to pushing, shoving, restraining or tying down, spitting, pulling, scratching, pinching, biting, slapping, hitting, punching, kicking, choking, hitting with objects or weapons, stabbing, shooting, damaging property, harming pets, leaving the person in a dangerous place, and refusing to help when the person is ill or injured.

Severe physical assault. For the purposes of the current study, *severe physical assault* will be defined as any act of physical aggression that corresponds with the severe physical assault scale of the Revised Conflict Tactics Scales (CTS2; Straus, Hamby, & Warren, 2003). Examples of behaviors toward a partner that can be classified as severe include choking, kicking, burning or scalding on purpose, punching or hitting with an object, slamming against a wall, or using a knife or gun on a partner.

Minor physical assault. For the purposes of this study, *minor physical assault* will be delineated as any act of physical aggression that corresponds with the minor physical assault scale of the Revised Conflict Tactics Scales (CTS2). Examples of minor physical assault include grabbing, slapping, pushing or shoving, twisting an arm or hair, or throwing something at the partner that could hurt (Straus et al., 2003).

Psychological aggression. *Psychological aggression* or *psychological abuse* refers to a wide range of emotional maltreatment including acts of degradation, humiliation, intimidation, and threats of harm; criticizing, insulting, belittling, ridiculing, and name calling that result in making the person believe he or she is not worthwhile and keeping the person under the control of the abuser; verbal threats of abuse, harm, or torture directed at an individual, or the individual's family, children, friends, pets, or property; physical and social isolation that separates someone from social support networks; extreme jealousy and possessiveness, accusations of infidelity, repeated threats of abandonment, divorce, or initiating an affair if the individual does not comply with the abuser's demands; monitoring movements; and driving fast and recklessly with the intention of frightening the individual (American Medical Association, 1992).

Sexual assault / coercion. *Sexual assault* ranges on a continuum from nonphysical forms of pressure or coercion that compel individuals to engage in sexual acts against their will (Harway et al., 2001). Sexual assault occurs in various forms within relationships, including marital, date, and acquaintance rape. Harway et al. (2001) outline three primary elements that characterize legal definitions of rape: lack of consent; penetration; and requiring participation by force, threat of bodily harm, or with

a person unable to provide consent due to intoxication or mental incapacitation. Sexual assault also includes such acts as sexual degradation, intentionally causing harm during sex, assault or mutilation of the genitals or sex organs, including use of objects intravaginally, orally, or anally, pursuing sex when an individual is not fully conscious or is afraid to say no, and coercing an individual to have sex without protection against pregnancy or sexually transmitted diseases.

Women's Use of Intimate Partner Violence

Background of the Problem

Few debates in the field of domestic violence are as controversial and charged as that of women's use of violence in intimate relationships. This debate came to the forefront in the 1970s and became even more highly charged with the release of contrasting statistics from two mutually exclusive data sets. Data from the first U.S. National Family Violence Survey of 1975, a large-scale national study of families, asserted that women are as violent as men in intimate relationships (Straus et al., 1980). This conclusion was bolstered by meta-analytic studies on couples conflict conducted by Archer (2000, 2002), which indicated that women were more likely than men to use physical violence and resort to violence more frequently than men. These studies conflict directly with data from the Bureau of Justice Statistics (BJS) which have consistently concluded that women are five times more likely than men to have been the victims of domestic violence (Rennison & Welchans, 2000).

These examples are merely a preview of the debate. A thorough review of the literature has revealed more questions than answers regarding the rates of violence committed by men and women, as well as the etiology, motivations, and context for

women's violence in intimate relationships. In general, some researchers support findings that women commit acts of violence at rates and severity levels equal to men (Dutton, Nicholls, & Spidel, 2005; Muftic et al., 2007; Straus, 2011), while other researchers assert that women are most often victims of intimate partner violence, and the majority of their violence is minor compared to that of men and committed in self-defense (Hamberger et al., 1997).

Research has only recently begun to address women's use of partner violence. Traditionally, intimate partner violence has focused on men as aggressors and women as victims (Tjaden & Thoeness, 2000). The research on men's violence toward women is well established. However, research on women's use of violence in intimate relationships is far less developed and, as indicated, tends to be quite contradictory. Because it has not been adequately researched, women's use of violence is not well understood. It cannot be assumed that the motivation and context of women's violence is the same as that of their male peers (Hamberger & Potente, 1994). Thus, there is compelling need for further research in this area.

Research to date has identified three basic categories or "types" of female offenders: those who use aggression only in self-defense (victims); those who are dominant aggressors; and those who use bi-directional or mutual violence (Swan & Snow, 2002). Victims are categorized as women who predominantly used violence as a form of self-defense or retaliation against a more violent partner. Aggressors are defined as women who are much more violent than their partners and could be considered the "primary" aggressor. Women who use bi-directional violence are in relationships in which the violence is fairly equal or mutual between both partners.

This phenomenon is often referred to as gender symmetry. These three types have received support in several additional studies (Straus, 1979; Vivian & Langhinrichsen-Rohling, 1994).

Nature and Motivation for Women's use of IPV

In order to understand the nature of women's violence, a wide array of factors must be considered including life experiences, and cultural, family, and social factors, among others. Numerous studies suggest that many women who use intimate violence have themselves been victims of abuse and that their violence is often in self-defense (Dasgupta, 2002; Hamberger & Potente, 1994). However, other studies indicate that self-defense is not the sole reason for women's use of violence in intimate relationships. Other motivations for their use of violence as identified in the literature include seeking attention, expressing anger or other negative emotions, punishing their male partner, retaliation, attempting to regain lost respect, and protecting other family members or pets (Dasgupta, 2002; Hamberger & Potente, 1994).

This array of factors is quite different from what is typically considered to be the motivation behind men's use of violence: power and control (Hamberger & Potente, 1994; Hamberger et al., 1997). In a study examining partner violence in young adults, Magdol et al. (1997) found that men's physical violence tended to stem from personal factors, while women's violence arose from issues in their relationships.

The majority of research has focused on physical violence for both male and female aggressors even though psychological violence has been found to be more prevalent (Dutton & Starzomski, 1993; Lafontaine & Lussier, 2005; Straus, Gelles, & Steinmetz, 1980). Further, psychological violence frequently occurs concurrently with

physical violence and has also been found to be a predictor of physical violence (Follingstad, Rutledge, Berg, Hause, & Polek, 1990). Also, of critical importance, researchers posit that psychological violence can actually be more detrimental than physical violence. For instance, Follingstad et al. (1990) found that 72 percent of female abuse victims reported that the effects of psychological abuse were more severe than effects of physical abuse. Psychological abuse has been determined to have major negative effects on victims' self-esteem (Aguilar & Nightingale, 1994) and to result in serious health problems including chronic illnesses, even after controlling for physical abuse (Coker, Smith, Bethea, King, & McKeown, 2000).

Types of IPV Research /Discrepancies in IPV Prevalence Rates

Most researchers acknowledge two primary approaches to domestic violence and IPV research: family violence (FV) research and violence against women (VAW) research (Dobash & Dobash, 2004). Family violence research asserts that IPV is symmetrical, with men and women being equally likely to commit violence against an intimate partner (Dobash & Dobash, 2004). Further, it is suggested that women's violence against a male partner cannot be classified as self-defense because women are equally likely to be the perpetrator or primary aggressor of IPV.

Violence Against Women (VAW) research takes a more contextual view of women's use of violence. According to this approach, violence by women directed toward male partners frequently occurs in a context of ongoing violence, aggression, sexualization, coercion, and control committed by the man and directed toward the woman (Miller, 2001). Thus, in these situations the man is the primary aggressor who initiates the violence, and the woman is reacting to his use of violence. VAW

researchers often obtain data from crime studies such as the National Crime Victimization Survey. These studies are based on data from police reports or surveys of respondents inquiring if they have been a victim of crime. Straus (2005) asserts that these methods only uncover a fraction of the IPV rates found by FV studies. The findings from FV and VAW research approaches are often very different due to the inconsistencies in methods. FV methods suggest that women are as likely as men to commit violence against an intimate partner (symmetry), while VAW approaches indicate that partner violence is predominantly men who commit violence against women (asymmetry).

The National Violence Against Women (NVAW) Survey, a national representative telephone survey of 8,000 men and 8,000 women in the United States, co-sponsored by the National Institute of Justice (NIJ) and the CDC, found that married and/or cohabitating women reported substantially more partner-perpetrated rape, physical assault, and stalking as compared to married and/or cohabitating men (Tjaden & Thoennes, 2000). Women also reported that the victimization was more frequent and longer-lasting. In addition, women reported greater fear of bodily injury, time lost from work, and greater use of medical, mental health, and justice system services as compared to men. Respondents who indicated being victims of IPV were asked detailed questions about the nature of their victimization, as well as the effects, including the magnitude and type of injuries they incurred, use of medical services, and involvement with justice system (Tjaden & Thoennes, 2000).

On the other hand, a growing body of research over the past few decades has indicated that women perpetrate IPV at equal or similar rates to men (Dutton, Nichols,

& Spidel, 2005). In a U.S. national survey, Stets and Straus (1990) found that women were three times as likely to use severe violence against a non-violent male partner as compared to men using violence against a non-violent female partner. Archer (2000, 2002) also found that men reported being injured by female partners at similar rates. In a study of 516 emergency room admissions, Steinmetz (2006) found that 28% of men and 33% of women were victims of physical violence perpetrated by a heterosexual partner.

Various studies of married couples have found that in approximately one-half of couples, both partners used violence and in about one-fourth of the couples, only the wife used violence (Steinmetz, 2006). In the studies that focused on which partner initiated an argument, it was found that the wife initiated violence at rates equal to or exceeding that of their husbands (Straus et al., 1980). In a study by Burton, Hafetz, and Henninger (2007), it was found that men initiated 26 percent of domestic violence cases, while women initiated 24 percent of cases. Further, in 50 percent of the cases, both genders were equally violent in the incidents.

Additional studies using large samples also concluded that women used violence as often as or more frequently than men (Straus et al., 1980, 1990). The National Family Violence Survey concluded that in almost half of the couples, both partners had committed violence against the other (Straus et al., 1980). Further, in 23 percent of the couples, the female was the only partner who had committed violence, or the primary aggressor. The study concluded that *wife abuse* occurred in 3.8 percent of the families, while *husband abuse* occurred in 4.6 percent of the families.

In 1985, Straus et al. (1990) collected additional data using a sample of over 6,000 individuals and found that, although abuse perpetrated by wives increased slightly, abuse perpetrated by husbands declined 21 percent from the data in 1980. A third national study of 1,970 individuals conducted by Straus et al. (1990), found that the percent of wives as perpetrators remained almost the same, while abuse perpetrated by husbands decreased by 37 percent in comparison to the 1985 statistics (Steinmetz, 2006).

The question is frequently raised as to why such discrepancies in the statistics exist with regard to men's and women's use of IPV. One explanation for the discrepancies in research findings is that differences exist with regard to the definitions of *intimate partner violence.* Researchers use various definitions from study to study and therefore it is difficult to make comparisons from one to the next. Another reason proposed is that men are less likely to call the police or report the abuse unless medical attention is needed (Steinmetz, 2006). In addition, there are cultural and societal expectations that men should be able to defend themselves, particularly against women, and thus they may be too ashamed to report. They may also worry that they will not be believed or taken seriously by police and other agencies such as social service or legal agencies (Steinmetz, 2006).

In a study on arrest and punishment of aggressors, Kelly (2003) found that when a woman called the police due to abuse, the male partner was often threatened with arrest and actually arrested in 15 percent of the cases. However, none of the women aggressors were ever arrested or even threatened with arrest when the man contacted the police. Additionally, male aggressors were ordered to leave the home in over 41

percent of the cases, but none of the female aggressors were ordered to do so. Furthermore, in these cases it was typical for the male victim to be arrested, even though he contacted the police, because it was assumed he was the primary aggressor in the incident.

Nevertheless, it is important to emphasize that these figures are likely an underestimate of IPV rates. Many of the large-scale national and international surveys have typically been based on convenience samples, obtaining data from self-report or telephone surveys. Thus, certain members of the population have been excluded such as those of low socioeconomic status, those with a primary language other than English, those in the military, and individuals who are homeless or incarcerated.

As is illustrated by the studies described above, great disparities exist in reported rates of IPV. Clearly, additional research is needed to clarify these discrepancies. In any case, ignoring women's use of IPV not only results in a lack of resources for men, but it places men, women, and children at further risk for violence and also denies women access to valuable services and resources that might assist in the reduction of stress and conflict. When violence by all members of the family is openly addressed, it will be more possible to fully understand the dynamics of domestic violence and develop more effective prevention and treatment programs, which can lead to an overall reduction in violence. An important aspect of this process is fully examining women's use of violence.

Treatment Issues of Female Aggressors of Partner Violence

There is a dearth of validated treatment programs available for women who use IPV (Henning, Jones, & Holdford, 2005). Traditional domestic violence treatment

programs developed for men tend to focus on power and control issues, negative attitudes toward women, poor communication skills, and cognitive dynamics such as minimization, denial, and blame (Henning, Jones, & Holdford, 2003). It is argued that these programs are not applicable or likely to be beneficial for female offenders and do not address their unique needs and concerns (Hamberger, 1997; Henning et al., 2003). Because female IPV is thought to have different causes and occurs in different contexts, it requires a different and more gender-specific approach to treatment (Henning et al., 2005).

It is also important to ensure that women arrested for domestic violence are differentiated in treatment as to their own victimization history so there is not confusion between those who are dominant or primary aggressors and those who were primarily victims responding in self-defense (Koonin, Cabarcas, & Geffner, 2001). Further, many questions must be answered when working with women of different cultures. Questions have also been raised as to whether or not it is appropriate to place a female aggressor in a group with men, or a male victim in a group with female victims. Again, much more research is needed to adequately address these questions.

Adult Attachment Theory and Intimate Partner Violence

Researchers are increasingly recognizing that attachment to important others may significantly impact individuals' interactions in their intimate relationships (Simpson, Rholes, & Phillips, 1996). Although attachment theory, particularly as proposed by Johhn Bowlby (1969, 1973), was originally employed to provide understanding of parent-child relationships, it has been increasingly used to examine the intimate relationships of adult couples (Simpson et al., 1996), including attachment

as it relates to the occurrence of aggression in intimate relationships (Hazan & Shaver, 1987; Mauricio & Gormley, 2001; Simpson, 1990).

A brief overview of several key concepts related to attachment is indicated here. According to Rholes & Simpson (2004), *attachment behavior* refers to individuals' attempts to attain physical or psychological contact and closeness with attachment figures. The term *attachment bonds* specifies the emotional bonds that occur between individuals and their attachment figures. Lastly, the term *attachment style* refers to stable, global individual differences in two areas: the tendency to pursue and experience comfort, security, and emotional support from attachment figures; and assumptions and beliefs about how responsive attachment figures will be to appeals for comfort and support. This pattern of expectations and behavior results from an individual's specific history of interaction with important others (Fraley & Shaver, 2000).

Attachment Theory Overview

Attachment theory, which originated from the work of John Bowlby (1969; 1979), investigates the relationship between children and their caregivers, emphasizing the evolutionary significance of intimate interpersonal relationships (Collins & Read, 1990). Bowlby (1988) asserted that attachment is no less crucial for survival than nourishment and sex. Attachment has been defined as:

> An enduring emotional bond that involves a tendency to seek and maintain proximity to a specific person, particularly under stress. It is a mutual regulatory system that provides safety, protection, and a sense of security for the

infant. Attachment is an intense and enduring bond biologically rooted in the function of protection from danger. (Potter-Efron, 2005, p. 5)

According to Bowlby (1969), close emotional bonds between infants and adult caregivers are necessary for the infants' survival as well as fulfillment of innate needs. When an individual's attachment needs are met by a primary caregiver, the individual is able to develop a secure attachment. During times of distress, such as times of perceived threats to safety, this innate attachment behavioral system is activated, prompting the individual to seek out the attachment figure for protection and support. For children, this attachment figure is typically the primary caregiver (Bowlby, 1982). In order to develop secure conceptions of attachment, children must have caregivers who are available and responsive to their needs. However, because not all children receive this necessary caregiving, not all develop and carry secure conceptions of attachment into adulthood (Bowlby, 1980, 1982).

Attachment theory asserts that the internal models children develop of themselves and others extend into other relationships throughout their lives and impact their ability to regulate affect. Thus, those with a history of secure attachments develop a working model of relationships in which they expect that attachment needs will be met by attachment figures. However, those with insecure models of attachment in which the attachment figure was not available and/or did not meet needs will have an expectation that their needs will not be met in the future. This history of attachments in early life serves as a foundation for future relationships, directing and influencing behavior in relationships based on predicting the ability of attachment figures to meet needs and provide support.

Attachment theory as initially formulated by Bowlby (1969, 1973) was later expanded by Ainsworth, Blehar, Waters, and Wall (1978), who first formally proposed the concept of attachment styles and later categorized attachment behavior based on results of an empirical study. In the Strange Situation test, infants and their expectations of their mothers' availability were categorized into three patterns of attachment: (a) secure; (b) anxious or anxious-ambivalent; and (c) avoidant or anxious-avoidant. The anxious and avoidant types were further categorized as insecure types of attachment. A fourth category, disorganized/disoriented, was later proposed by Main and Solomon (1990), and Bartholomew and Horowitz (1991) further divided the avoidant category into dismissing and fearful subtypes.

Bartholomew (1990), building upon Bowlby's (1969, 1982) concepts of internal working models of self and others, as well as the delineation of attachment types proposed by Ainsworth et al. (1978), developed a model of four attachment types (see Figure 1) based on two underlying dimensions: positivity or negativity of one's "model of self," which indicates the degree to which the individual's sense of self-worth has been internalized (anxiety dimension); and positivity or negativity of one's "model of other," which relates to the individual's expectations about the availability and support of others (avoidance dimension; Mikulincer & Shaver, 2007). Thus, the "model of the self" relates to the extent to which an individual depends on others for self-validation, while the "model of others" relates to an individual's expectations about the availability of others and the propensity to pursue or avoid closeness in relationships (Bartholomew & Shaver, 1998; Doumas, Pearson, Elgin, & McKinley, 2008). This then produces a

model of four quadrants, each describing the attachment styles of secure, preoccupied, dismissing, and fearful.

		Model of Self	
		Positive	Negative
Model of Others	Positive	**SECURE** (Comfortable with intimacy and autonomy)	**PREOCCUPIED** (Preoccupied with relationships and overly dependent)
	Negative	**DISMISSING** (Dismissing of intimacy and denial of attachment)	**FEARFUL/ AVOIDANT** (Fear of intimacy and avoidance of attachment)

Figure 1. Four-Category Model of Adult Attachment (Bartholomew, 1990).

This typology of four attachment patterns can be viewed in terms of a two-dimensional space (Bartholomew, 1990). Secure attachment is characterized by the relative absence or low levels of both attachment anxiety and attachment avoidance (Bartholomew & Shaver, 1998; Mikulincer & Shaver, 2007). On the other hand, preoccupied and fearful styles are described as having high levels of attachment anxiety, or fear of rejection and abandonment related to a negative model of self. Finally, fearful and dismissing styles are described as having high degrees of attachment avoidance, or discomfort with closeness and intimacy related to the model of other.

Adult Attachment Style

Attachment theory has been used widely to describe relationships between parents and children (Ainsworth et al., 1978). However, attachment theorists and researchers have extended the theory, asserting that relationships in early childhood have a significant impact on interpersonal relationships throughout the entire lifespan (Bowlby 1988). Sperling and Berman (1994) defined adult attachment style as "the stable tendency of an individual to make substantial efforts to seek and maintain proximity to and contact with one or a few specific individuals who provide the subjective potential for physical and/or psychological state and security" (p. 8). A child with secure attachments is likely to mature into a secure partner in adult romantic relationships in which he or she is comfortable with both autonomy and intimacy. On the other hand, a fearful child is likely to develop into a fearful adult who is not comfortable with autonomy or intimacy in his or her adult romantic relationships (Babcock, Jacobson, Gottman, & Yerrington, 2000; Mahalik, Aldarondo, Gilbert-Gokhale, & Shore, 2005; Sonkin & Dutton, 2003).

Hazan and Shaver (1987) described adult love as an attachment process, asserting that each partner maintains the belief that experiences of autonomy and intimacy with respect to childhood relationships will continue into adult romantic relationships. They classified the way in which individuals think about intimate relationships into "attachment styles," which are based on past experiences (Sibley, Fischer, & Liu, 2005). This classification system is congruent with that of early childhood attachment styles.

Ainsworth (1989) also asserted that attachment issues continue to be relevant in adulthood and, although the primary attachment figure is not replaced, the significant other or romantic partner becomes the primary attachment figure. Adult attachment theory posits that adults continue to look for similar feelings of security and support from their intimate adult relationships that were critical in their early childhood relationships, and tend to display similar styles of attachment that were created in childhood (Hazan & Shaver, 1987). Romantic attachment beliefs involve the drive to find and maintain a close relationship to a specific person (Feeney & Noller, 1990; Fraley & Shaver, 2000). This need for closeness increases particularly during times of stress. The individual tends to feel comfort when the partner is present and more anxious when the partner is absent.

Attachment theory was first applied to adults by Hazan and Shaver (1987), who based their work on Ainsworth et al.'s (1978) typology of three categories of attachment style: secure, anxious, and avoidant. Secure attachment is often defined as a relative absence of both attachment anxiety and attachment avoidance (Bartholomew & Horowitz, 1991). Individuals with secure styles of attachment relate having primarily positive relationships characterized by trust and love. They are capable of appropriately managing autonomy and intimacy in their romantic relationships and, as a result, are able to regulate emotions in a healthy fashion, particularly emotions of fear, anxiety, and anger. They have positive beliefs about themselves and believe that significant others will be responsive to their needs.

Research over the past few decades has established a definition of adult attachment based on the two primary dimensions of attachment-related anxiety and

attachment-related avoidance (Bartholomew & Horowitz, 1991; Brennan, Clark, & Shaver, 1998; Griffin & Bartholomew, 1994). Attachment anxiety is characterized by a concern about or an expectation of being abandoned, separated from, and not receiving enough love from a significant other. On the other hand, attachment avoidance is highlighted by undermining the value of close relationships, avoiding intimacy and dependence upon others, and preferring to rely on oneself rather than others (Bartholomew & Horowitz, 1991; Brennan et al., 1998).

Building from Bartholomew's (1990) work on typology, research on adult attachment has consistently identified and supported the four major styles or categories of attachment discussed above: secure, preoccupied, dismissing, and fearful (Ainsworth et al., 1978; Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987; Rholes & Simpson, 2004). Preoccupied and fearful styles consist of high levels of attachment anxiety and fear of rejection and abandonment related to a negative model of the self. Fearful and dismissing styles, on the other hand, consist of high degrees of attachment avoidance and unease with intimacy and closeness related to a negative model of other (Doumas et al., 2008). The secure style of attachment is characterized by low levels of both anxiety and avoidance. These four primary styles of attachment (fearful, preoccupied, dismissing, and secure) have formed the basis of several self-report measures of attachment, including the Experiences in Close Relationships (ECR) scale, utilized in the present study (see Chapter II; Bartholomew, 1990; Bartholomew & Horowitz, 1991; Rholes & Simpson, 2004).

In the process of creating these various self-report measures of attachment style, (e.g., Adult Attachment Scale, Adult Attachment Questionnaire, Attachment Style

Questionnaire), it became clear that anxiety and avoidance, the two major dimensions described above, underlie the categories of attachment style. These two dimensions have remained stable over time and have been emphasized by numerous researchers including through factor analysis. For example, using a sample of over 900 university students, Brennan et al. (1998) conducted a factor analysis of the nonredundant items of all self-report attachment instruments in existence up until the late 1990s. They found that two primary higher-order factors (anxiety and avoidance) were common in the majority of measures, which provided support for the two major dimensions proposed by Ainsworth et al. (1978). Based on this factor analysis, Brennan et al. (1998) developed the ECR, as mentioned above.

Secure Attachment Styles in Adult Relationships

Romantic attachment involves the tendency to pursue and maintain a secure and close relationship with a specific person (Fraley & Shaver, 2000; Potter-Efron, 2005). Individuals with secure adult attachment feel worthy of love and are comfortable depending upon others as well as being depended upon. They seek out and are comfortable with intimacy and close relationships and have a positive model of self as well as of others (Bartholomew & Shaver, 1998; Mikulincer & Shaver, 2007). This secure proximity to the romantic partner is especially desired in the presence of biopsychosocial stressors and impacts the degree to which support is sought in stressful situations (Fraley & Shaver, 2000; Simpson et al., 1996). The individual feels a sense of security and comfort when the partner is present, as opposed to feeling more anxious in the partner's absence.

Research by Fraley and Shaver (2000) found that women with more secure attachment styles sought more support, while women with avoidant attachment sought less support. In addition, their male partners who were securely attached provided more support compared to those who were avoidant. These findings provide support for the theory that attachment styles can impact behavior during times of stress.

Adult Attachment Patterns and IPV

Examining intimate partner or domestic violence from the lens of attachment theory is a relatively new endeavor. Due to its focus on individual differences in relationship expectations, strategies of affect regulation, and behavior within intimate relationships, adult attachment theory is uniquely suited to examining IPV.

Mikulincer and Shaver (2007) assert that attachment theory can be beneficial in explaining reasons why individuals resort to violence in relationships. Numerous researchers have proposed that applying attachment theory to the study of couple violence may assist in understanding aspects of the motivation and context of IPV (Buttel, Muldoon, & Carney, 2005). Mayseless (1991) proposed that the attachment theory has the potential to make significant contributions to the study of IPV by explaining the apparent paradoxical nature between violence and intimacy. Attachment theory can also be helpful in understanding how individuals regulate emotions in the context of romantic relationships, particularly during times of stress and conflict (Babcock et al, 2000; Sonkin & Dutton, 2003).

Viewed from an attachment theory perspective, IPV can be perceived as a bid to attain or sustain security within the relationship (Doumas et al., 2008). When an individual perceives that the relationship is being threatened in some way, anxiety

results, in turn leading to attempts to maintain the attachment system. This anxiety over real or imagined abandonment may result in violence. The offending partner may feel insecure, rejected, or ignored, giving rise to aggression in order to deter his or her partner from withdrawing affection or abandoning them (Pistole & Tarrant, 1993). This is consistent with research indicating that physical and psychological violence are most likely to occur during conflicts related to real or imagined fears of rejection, infidelity, or abandonment (Dutton & Browning, 1998).

Some degree of conflict is normal and unavoidable in intimate relationships, even among the most healthy and well-adjusted of couples (Babcock et al., 2000). Couples encounter problems, minor or more serious, on an almost daily basis for which they need to find solutions. Because each partner in the couple often has unique ideas, opinions, and beliefs about problems as well as solutions to problems, differences in opinions may result, requiring conflict resolution. When conflict is addressed and managed in a functional, respectful, and nonviolent manner, the relationship will likely be strengthened (Babcock et al., 2000). Conversely, being avoidant or dismissive of problems and dealing with them in a dysfunctional manner can be detrimental to the overall relationship, as well to each individual in the couple. In fact, if couples do not effectively manage conflict, conflict will likely persist and perhaps lead to various types of physical or psychological violence (Marshall, Serran, & Cortoni, 2000).

Early qualitative research has documented the correlation between attachment and IPV. For example, Mattinson and Sinclair (1979) described a sample of couples in violent relationships as using violence in an effort to keep their partners close, directly resulting from extreme fears of separation. In a sample of men who used IPV,

Coleman (1980) found that, while the men craved closeness with their partners, they exhibited a fear of intimacy at the same time.

To date, research has indicated that secure partners tend to be more capable of managing conflict in healthy, non-violent ways (Mikulincer & Shaver, 2007). On the other hand, insecure and fearful partners tend to inappropriately respond with anger and possibly violence in order to avoid losing their partner. It has been hypothesized that adults who use IPV have carried insecure patterns of attachment over from childhood and into current romantic relationships (Dutton, 1995; Holtzworth-Munroe, Bates, Smultzer, & Sandin, 1997).

In fact, numerous studies have concluded that a portion of the violence occurring in intimate relationships emerges from insecure patterns of attachment (Mayseless, 1991). Bowlby (1988) postulated that when individuals with insecure styles of attachment feel abandoned by their partners in some way or another, frustration, anger, or aggression might ensue. In fact, in relation to early theories of attachment, this type of behavior stems back to and is apparent even in infancy and early childhood, as evidenced by some infants' negative behavioral reactions to being separated from their primary caregiver (Bowlby, 1969, 1982). Based on these views, it is likely that an individual's attachment style factors into his or her romantic relationship including the potential for use of IPV (Mayseless, 1991; Mikulincer & Shaver, 2007). Thus, individuals may respond to and manage relationship conflicts differently based upon their attachment styles.

It appears that Pistole and Tarrant (1993) were among the first researchers to empirically examine attachment styles among a sample of individuals identified as

aggressors. Examining violence from an attachment framework, Pistole (1994) indicated that violence could be used as a way to control closeness and distance between partners in the relationship. For example, an individual with a high degree of attachment anxiety will likely respond to potential threats to the relationship by attempting to become closer to the partner. On the other hand, an individual with high levels of attachment avoidance will typically respond by seeking distance. Conflicting needs for closeness or distance between partners may serve as an impetus for IPV (Doumas et al., 2008; Dutton, 1988).

Numerous studies have found associations between the use of psychological and physical violence by both men and women with anxious, fearful, and preoccupied styles of attachment (Dutton et al., 1994; Holtzworth-Munroe et al., 1997; Roberts & Noller, 1998). In a study of men being treated for domestic violence, Dutton et al. (1994) found that men in treatment reported higher levels of fear and preoccupation with respect to their relationships as compared to a control group from the community. These studies suggest that men's use of IPV and attachment, especially fear of abandonment, is correlated, warranting further research, particularly of a quantitative nature.

Insecure styles of attachment overall have been correlated with emotional abuse and violence in intimate relationships (Dutton et al. 1994; Hendersen, Bartholomew, Trinke, & Kwong, 2005; Holtworth-Munroe et al. 1997; Roberts & Noller, 1998). Dutton et al. (1994) found that secure attachment styles in individuals identified as abusers were significantly underrepresented, while those with preoccupied attachment style were overrepresented.

Stosny (1995) asserts that romantic partners who use IPV tend to operate from an insecure attachment style, which leads to emotional isolation, lack of empathy, and difficulty developing and maintaining intimacy in the relationship. They tend to have a difficult time regulating emotions, particularly in the face of potential rejection or abandonment by their partners (Stosny, 1995). Roberts and Noller (1998) proposed that dysfunctional communication patterns associated with insecure attachment can explain the link between attachment and intimate partner violence. These communication patterns and associated insecure attachment produce an environment that makes partner violence more likely to occur.

Further, individuals with insecure patterns of attachment tend to have inadequate coping and conflict-management skills which may result in the use of coercion, insults, threats, and ultimately, physical aggression (Mikulincer & Shaver, 2007). Those with insecure styles of attachment have little control over anger and negative emotions, while those with secure attachment styles are more likely to resolve interpersonal conflicts without using violence (de Vignemont & Singer, 2006). In addition, it is important to consider the impact of attachment style on the individual's partner as well as the interaction between the attachment styles.

Individuals with anxious styles of attachment are more likely to engage in controlling patterns of behavior as compared to those with secure attachment styles (Mikulincer & Shaver, 2007). When a partner is perceived as being nonresponsive to requests for closeness and reassurance, the individual tends to feel insecure, potentially resulting in coercion and aggression. In turn, this behavior may result in the partner actually behaving in an opposite way of what is desired, and may encourage distancing

from the partner's needy and demanding behavior. Moreover, this can result in the partner engaging in reciprocal violence in an effort to be free of the controlling and needy behaviors.

Adults with anxious attachment styles are often constantly fearful of being separated from or rejected by their partner, leading to pessimistic views about the future of their relationships (Dutton & Browning, 1988; Mikulincer & Shaver, 2007). This is further intensified by anxiously-attached individuals' deficiencies in communication, conflict-resolution, and coping strategies including anger management skills. As a result of these factors, as compared to those with secure attachment styles, anxiously-attached individuals are more likely to behave violently toward a romantic partner in an effort to regain closeness to the partner during conflict.

Individuals who are anxious over abandonment focus their behavior on maintaining closeness to their partner. As discussed, any potential threats to that closeness, such as perceived negative response by the partner, leads to an obsessive response (Collins & Read, 1994; Feeney & Noller, 1990). Those who are anxious over abandonment tend to be hypervigilant to negative affect. Further, those who are anxious over abandonment may respond to situations which they perceive as threatening to their relationship in several primary ways (Roberts & Noller, 1998). They may simply agree with their partners and submit to their wishes in order to avoid potential abandonment. Next, they may withdraw from or deny that the conflict even exists. Lastly, they may use hostility, anger, and coercion in an attempt to dominate the partner and prevent abandonment. In addition, men's anxiety over abandonment predicted the degree to which they were victims of IPV. On the other hand, an

individual who is avoidant and uses withdrawal as a means of responding to conflict may respond with violence to a partner who is overly anxious, dependent, and demanding.

Mikulincer and Shaver (2007) proposed that individuals with avoidant styles of attachment behave in a cool and detached manner and may not provide the nurturance requested or needed by a partner, especially if the partner is excessively dependent, needy, and demanding, as characterized by an anxious attachment style. As a result, the anxiously-attached partner may resort to aggression or violence in order to obtain the attention and love that they so desperately crave. According to some attachment researchers, individuals with avoidant attachment tend to approach conflict in a hostile, dysfunctional, and narcissistic manner (Bookwala & Zdaniuk, 1998; Mayseless, 1991). On the other hand, other researchers have proposed that those with avoidant styles of attachment tend to avoid overtly expressing anger and hostility and avoid or retreat from relationship conflict, which therefore might inhibit overt acts of violence toward a romantic partner (Mikulincer & Shaver, 2007).

Nevertheless, even individuals with avoidant styles of attachment can react with violence when involved in a relationship with a demanding partner, particularly one with an anxious attachment style (Bartholomew & Allison, 2006). Further, an avoidant partner's refusal and tendency to avoid or withdraw from conflict may serve to further incite his or her anxious partner, potentially resulting in further or more extreme violence from both partners. The anxious partner tends to persist in an argument in order to achieve some kind of resolution, while the avoidant partner evades and retreats from conflict.

Goldenson, Geffner, Foster, & Clipson (2007) examined attachment style, trauma symptoms, and personality organization of 33 women offenders in mandatory treatment for domestic violence. These women were compared with 32 non-offending women who were receiving services for various psychological problems. It was found that the women offenders reported less secure attachments to their partners, more symptoms of trauma, and more personality psychopathology as compared to the control group of non-offending women. The results of the present study may provide insight and theoretical support for considering attachment styles when developing treatment interventions for female domestic violence offenders.

Coping and IPV

Coping is a process that individuals engage when experiencing stress or managing difficult situations (Lazarus, 1966). The current study conceptualized coping by using the cognitive model of stress and coping developed by Lazarus (1966). This model is a "process-oriented" approach designed to examine the cognitive and behavioral strategies that an individual might employ when dealing with specific internally or externally stressful encounters, as well as how these thoughts and actions evolve as an encounter progresses.

Folkman and Lazarus (1984) defined stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (p. 19). Coping is defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Folkman & Lazarus, 1984, p. 141). In other words, coping refers to the

thoughts and actions an individual uses to manage internal and/or external demands that strain or surpass his or her psychological resources (Callan & Hennessey, 1989; Folkman & Lazarus, 1984).

Lazarus (1966) maintained that coping consists of two components, appraisal and coping. Appraisal is the act of recognizing a stressor and assessing one's ability to manage the stressor, either by mastering, minimizing, tolerating, or accepting it. Upon appraisal of a stressful situation, one must then determine how to respond or cope with it. The method of coping an individual employs is generally based on one's determination of whether or not one has the resources to resolve the stressor (Lazarus, 1966).

The coping process was later broken down into two general dimensions: problem-focused coping and emotion-focused coping (Folkman & Lazarus, 1984; Folkman & Lazarus, 1988b). Problem-focused coping is an action-focused process involving modifying or managing a problem that is causing stress in order to improve the situation. It entails strategies such as planning, gathering information, and resolving conflict (Folkman & Lazarus, 1984). Emotion-focused coping, on the other hand, is intended to regulate emotional distress and can take a range of forms including distancing, escape-avoidance, and positive reappraisal.

After an individual initially appraises the problem or situation, various coping strategies are considered (Lazarus & Folkman, 1991). If a solution does indeed appear viable, then problem-focused coping strategies are most likely to be employed. However, if it appears that the situation or problem cannot be resolved successfully, then emotion-focused coping tends to prevail. The outcome of the situation then

determines whether or not the coping strategies were effective and successful (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986).

Although numerous studies have indicated that coping strategies are a mediating factor in the relationship between stress and psychological well-being (Dempsey, 2002; Folkman & Lazarus, 1988a), research on coping skills related to domestic violence is limited. Several studies have explored the coping skills of women victims of IPV. For example, Mitchell and Hodson (1983) found that abused women who utilized more active coping strategies and fewer avoidant strategies reported less depression, a greater sense of mastery of their problems, and had higher levels of self-esteem. Kemp and Green (1995) found that coping strategies such as problem avoidance, self-criticism, and social withdrawal were correlated with increased levels of psychological distress. Further, a study by Lee, Pomeroy, and Bohman (2007) which examined social support and coping skills of Caucasian and Asian women who were victims of IPV revealed that passive coping strategies had an indirect mediating effect on level of violence and psychological outcomes. However, a review of the literature found only a handful of studies exploring the coping strategies of women aggressors, thus indicating a need for future research.

Feminine Gender Ideology and IPV

Gender ideology has been defined as "an individual's internalization of cultural beliefs regarding gender roles" (Levant, Richmond, Cook, House, & Aupont, 2007, p. 373). Research has indicated that socialization into and adherence to traditional gender role norms can create gender role strain, leading to negative psychological consequences. For men, the endorsement of traditional masculinity ideology has been

associated with low self-esteem, problems with intimacy, anxiety, alexithymia, and depression. Likewise, it is important to study the correlates of traditional feminine ideology. According to Bem (1981), individuals who identify with a feminine gender role are more likely to exhibit a more expressive orientation, an active concern for the well-being of others, and desire for the harmony of a group. Based on this, one could postulate that greater adherence to a traditional feminine gender role might be correlated negatively with violence perpetration.

There is an abundance of research related to masculinity and male gender role norms. However, very little research has been conducted on the influence of feminine ideology on women in domestic violence situations, as victims or aggressors. A closer analysis of gender identity and gender ideology with respect to IPV, specifically the degree to which gender identity is enacted, may shed some light on women's use of IPV (Kimmel, 2002).

Violence perpetrated by women is a highly controversial topic because it challenges female stereotypes and contradicts what many people believe to be "natural" for women. This study seeks to explore how a woman's beliefs about gender roles, particularly beliefs about how women should or are expected to behave, and the degree to which femininity is endorsed and embodied, are associated with her use of IPV.

Summary

Previous research has found a link between an individual's style of attachment and his or her methods of responding to conflict in relationships, including the potential use of IPV (Corcoran & Mallinckrodt, 2000; Feeney, 1999). Thus, the concept of attachment in general, as well as the underlying theory, may provide a useful

framework for advancing our understanding of IPV including individual differences among individuals who use IPV, including differences in conflict resolution styles.

Individuals' styles of attachment involve strategies they have developed for coping with relationship conflict, which can be either healthy or destructive. Therefore, it is critical to gain a better understanding of how individuals' styles and models of attachment are related to their coping strategies and how they deal with conflict because this can impact the health and well-being of individuals, as well as the satisfaction of their intimate relationships (Ognibene & Collins, 1998).

Although numerous studies have indicated that coping strategies are a mediating factor in the relationship between stress and psychological well-being (Dempsey, 2002; Folkman & Lazarus, 1988a), research on coping skills related to domestic violence is sparse. Several studies have explored the coping skills of women victims of IPV. For example, Mitchell and Hodson (1983) found that abused women who utilized more active coping strategies and fewer avoidant strategies reported less depression, a greater sense of mastery of their problems, and higher levels of self-esteem. Greater insight into effective coping skills as related to IPV can have important implications for both research and practice.

Finally, little is known about the relation between feminine ideology and adherence to traditional feminine norms with respect to IPV perpetration. This component will be addressed as well.

Importance of the Study

There is an urgent need to advance our understanding of women's use of intimate partner violence for numerous reasons. First, research on women who use IPV

may lead to a greater understanding of the motivation and context of their violence. This issue is critical in order to address concerns regarding the safety and well-being of women, as well as their male partners and children. In addition to the physical and psychological risks to the male partner, numerous studies have indicated that women who use violence in intimate relationships may be at greater risk for being assaulted by their partners (Leisring, Dowd, & Rosenbaum, 2003). Moreover, children who witness aggression and domestic violence may be at increased risk for psychological and behavioral problems.

Furthermore, this research may assist with the development of treatment programs for women who use violence in intimate relationships (Henning et al., 2003). It is argued that these programs are not applicable or likely to be beneficial for female offenders or address their unique needs and concerns (Hamberger, 1997; Henning et al., 2003). Because female perpetration of IPV may have different causes and likely occurs in different contexts, the argument can be made for a different and more gender-specific approach to treatment that addresses the unique needs of this population (Henning et al., 2005). It is clear that women's use of intimate partner violence is a significant problem with wide-ranging consequences, thus warranting further study on context, motivation, consequences, treatment, and prevention.

Purpose

The purpose of the present study was to investigate the degree to which women's adult attachment styles are associated with and predictive of the use of intimate partner violence against men, including physical assault, psychological aggression, sexual coercion, and infliction of injury. In addition, coping processes and

feminine ideology were studied, particularly in combination with attachment style, in order to determine their association with violence as well as their contribution to use of violence after accounting for attachment.

It is hoped that the study will provide information that may assist in the development of intervention and treatment efforts for women who use violence to more effectively meet their specific needs. Lastly, the study will identify additional areas of needed research on women who use violence in relationships.

Hypotheses

It is expected that:

1. Attachment-related variables will be correlated with and serve as predictors of the use of IPV. That is, attachment-related variables will account for a significant portion of the variance in a model predicting female use of IPV. Specifically:
    a) Anxious and avoidant styles of adult attachment will be positively associated with and predictive of various forms of IPV including physical assault, psychological aggression, sexual coercion, and infliction of injury.
    b) Further, it is predicted that anxious style of adult attachment will be more strongly associated with and predictive of the use of physical assault, psychological aggression, sexual coercion, and infliction of injury as compared to avoidant style of attachment.
    c) Secure styles of adult attachment will be associated with and predictive of the use of negotiation in intimate relationships.

d) Secure styles of adult attachment will be negatively associated with the use of physical assault, psychological aggression, sexual coercion, and infliction of injury.

2. Significant differences will be found across women with secure, fearful, preoccupied, and dismissing styles of attachment and their use of various types of conflict tactics including physical assault, psychological aggression, sexual coercion, infliction of injury, and the use of negotiation.

   Specifically:

   a) Significant differences will be found between secure, fearful, preoccupied, and dismissing styles of attachment with respect to use of physical assault, psychological aggression, sexual coercion, and infliction of injury.

   b) Significant differences will be found between secure, fearful, preoccupied, and dismissing styles of attachment with respect to use of negotiation.

3. Both emotion-focused and problem-focused coping styles will be associated with and predictive of women's use of IPV.

   a) Further, emotion-focused coping will be more strongly associated with IPV than problem-focused coping and will be a more significant predictor of IPV.

4. Traditional feminine ideology will be negatively associated with the use of physical assault, psychological aggression, sexual coercion, and infliction of injury. In other words, the degree to which a woman endorses traditional feminine ideology will be significantly associated with the degree to which she uses IPV.

CHAPTER II

METHODS

Participants

Participants were 120 women recruited from one of two primary sources: court-mandated treatment programs for female offenders of domestic violence, or a court-ordered inpatient substance abuse treatment program located in two states of the Deep South region of the United States. Although 131 women initially filled out and submitted surveys, 11 were omitted from analyses due to leaving one or more entire instrument blank. In addition, three women began filling out surveys but withdrew before completion due to fatigue or loss of interest. One woman began participating but, due to cognitive and reading impairments, was unable to complete. Finally, one woman was unable to read but desired to participate. Upon her request, the researcher read the survey items to her and recorded her responses. It should be noted that administering the surveys in this fashion may have had an impact on the participant's responses.

In order to be included in the study, the following criteria must have been met: a) participants must have been 18 years of age or older; b) participants must have been in an intimate relationship at the time of the study, or have been in an intimate relationship within the previous two years; and c) the relationship the participant was

considering when responding to the questionnaires must have been a heterosexual relationship (relationship with a male).

However, regarding sexual orientation, participants may have identified as an orientation other than heterosexual. For example, a participant may have identified as bisexual or have been in a previous lesbian relationship. Although research regarding IPV in same-sex partners is a notable gap in the literature, it was beyond the scope of the current study. The participant samples available for the current study were predominantly heterosexual and thus the potential for collecting an adequately sized sample for statistical analyses of same-sex partners was limited.

Of the 120 participants, 118 included their age. Mean age was 35.42 years (*SD* = 10.27), with a range of 19 to 61 years. Regarding race/ethnicity, 63.3% of participants identified as White (*n* = 76), 33.3% identified as African-American (*n* = 40), and 3.3% identified as biracial or multiracial (*n* = 4). With respect to sexual orientation, 86.7% identified as heterosexual (*n* = 104) and 16% identified as lesbian or bisexual (*n* = 16).

With respect to relationship status at the time of survey completion, 30.8% reported being in a long-term relationship (*n* = 37), 26.7% indicated being single (not in a relationship) at the time of survey completion (*n* = 32), 23.3% reported being married (*n* = 28), 8.3% reported being separated from their spouse (from their marriage) (*n* = 10), 7.5% reported being divorced and not in a current relationship (*n* = 9), 1.7% reported being widowed (*n* = 2), and 1.7% did not report their current relationship status (*n* = 2).

Those who reported not being in a relationship at the time of the survey did indicate being in a relationship with a man in the previous two years. Of those who indicated being in a relationship at the time of survey completion, 84% reported being in a relationship with a man (n = 101) while 4.2% indicated being in a relationship with a woman (n = 5). The remaining 11.7% were either not in a relationship at the time of the survey or did not indicate the gender of their current partner (n = 14). Nearly 18% of the sample reported being divorced at least once in their lifetime (n = 21), while 80.8% indicated no history of divorce (n = 97). Two participants did not indicate their divorce status. Additional demographic items were included to help create a picture of the educational and socioeconomic backgrounds of the sample. These data are presented in Chapter III.

Procedures

Protection of human participants.

The study was approved by the Institutional Review Board of the University of North Dakota, as well as by each agency from which data was collected. In order to ensure that participants were aware of the parameters of the study, they read and signed an Informed Consent document prior to participating in the study (see Appendices A and B). The Informed Consent document contained a detailed overview of confidentiality and exceptions to confidentiality, as well as a brief explanation of the purpose of the study, the procedures involved, potential risks of participating, participants' rights to withdraw at any time, and the incentive for participation.

Recruitment.

In order to obtain a sufficient number of participants, participants were recruited from domestic violence agencies as well as a substance abuse treatment program. The researcher was granted permission by a total of two domestic violence agencies from which to recruit participants from their domestic violence treatment programs for female offenders (n = 35). The agencies were located in two states in the Deep South region of the U.S. All women were mandated to complete the treatment program by the court due to being arrested for various domestic violence-related charges.

The difficulty in locating treatment programs for female aggressors, as well as difficulty gaining permission by the agencies to collect data from clients in the groups, is worth noting in order to emphasize the challenges in conducting research with this population. Firstly, the availability of programs for female aggressors continues to be quite limited. In fact, in one particular state, only one agency could be found that facilitates groups for female aggressors. Further, after locating appropriate programs, it was even more challenging to make contact with program coordinators and gain permission to collect data from their groups. Many programs did not respond to voicemail or email inquiries about their interest in participating in the study, despite follow-up contacts. Several program administrators expressed concern about their clients' comfort and willingness to participate and respond truthfully to study questions and denied the request. Ultimately only two agencies were willing to cooperate and did so enthusiastically, expressing interest and appreciation in the research, and voicing the need for, and importance of, further research on women's use of IPV.

Once permission and IRB approval were obtained, surveys were administered by the principal investigator during one session of each group's regular meeting time and took place at each specific agency's typical meeting location. To obtain participation from women in the groups, the researcher extended an invitation through a brief presentation, detailing all elements of the Informed Consent and answering questions as needed. All group members were given an Informed Consent document and after reviewing it and agreeing to participate in the study, they were given a packet containing the demographic questionnaire and the survey measures. They were given brief instructions regarding how to complete the measures as well as the opportunity to ask questions. The investigator remained available to address any questions or concerns that may have arisen during or after the surveys were filled out. Total completion time for participants ranged from approximately 45 to 60 minutes.

After completing the survey packets, participants were given an incentive for their participation, which was a $5 gift card to Wal-Mart. The informed consent documents and survey packets were collected separately and kept apart from the survey packets so as to prevent participant names from being linked with their responses. Survey packets were coded numerically in the order in which they were received. Participants were given the opportunity to participate in a debriefing session if they desired and were also given information on available resources and services such as counseling and crisis services, including phone numbers to crisis lines.

It is worth noting that, when groups were approached with requests to participate, almost all women agreed willingly. Moreover, many appeared very interested and enthusiastic, eager to share their experiences and viewpoints. Several

thanked the researcher for conducting this research and wanted to talk more about their experiences with the researcher and other group members.

In addition to women from the two domestic violence agencies, participants were recruited from an inpatient female chemical dependency unit at a state psychiatric hospital (n = 85). The same criteria for participation applied for this sample as for those at the domestic violence agency. However, prior to participation, the unit treatment team and/or unit psychology staff screened each patient to determine if she was psychiatrically stable enough to participate. Data collection was coordinated through the Psychology Department of the unit.

Four different sessions of data collection took place on the chemical dependency unit, each on a Saturday afternoon when patients had no regularly-scheduled programming. The patients who had been determined appropriate for participation were gathered into a meeting room with tables. From here, data collection proceeded in the same fashion as at other sites. Regarding incentives, participants from the chemical dependency unit were provided with soft drinks and snacks after completing the surveys. This incentive was selected because the hospital's IRB deemed a $5 gift card to be too coercive for the population of women on an inpatient unit at a state-funded facility.

Measures

Participants completed a demographics questionnaire and the following four survey instruments: the Revised Conflict Tactics Scale (CTS2), the Experiences in Close Relationships questionnaire (ECR), the Ways of Coping Questionnaire (WCQ),

and the Femininity Ideology Scale (FIS). Each measure will be described in detail below.

Demographics Questionnaire. The demographics questionnaire (see Appendix C) contained basic questions including descriptive data such as the age of the participant, ethnicity, sexual orientation, relationship status, number of children, level of education, annual household income, employment status, and occupation type. The questionnaire also inquired about any therapeutic services the participant was receiving currently, such as individual, couples, or family therapy, as well as various types of public assistance including food stamps, medical assistance, housing assistance, or Social Security Income (SSI) or Social Security/Disability Income (SSDI) benefits.

The remainder of the demographics questionnaire included questions about the participant's legal/arrest history, as well as their experiences with IPV and domestic violence, either as an aggressor, a victim, or both. This information will be fully presented in Chapter III.

Revised Conflict Tactics Scales. The Revised Conflict Tactics Scales (CTS2; Straus et al., 2003) was used to assess the type, severity, and frequency of violence within participants' intimate relationships (see Appendix D). The CTS2 is a 78-item self-report questionnaire assessing the degree to which partners in marital, cohabitating, or dating relationships engage in specific tactics during relationship conflicts. The items ask respondents to report on the degree to which they engaged in or were subject to various forms of partner assault and aggression, as well as their use of negotiation to manage conflicts (Straus et al., 2003). The CTS2 requires only a fourth-grade reading ability and average completion time is between 10 to 15 minutes.

The CTS2 items are broken down into pairs measuring both positive and negative behaviors that may occur in the context of relationship conflict. The first item in each pair asks respondents to report on their own behavior toward their partner (perpetration), while the second item asks respondents to report on acts committed by a partner towards them (victimization). They are asked to report about behaviors that have occurred in the past 12 months as well as over their lifetime.

The CTS2 consists of five scales which measure the prevalence and chronicity of conflict tactics on the following five dimensions: Psychological Aggression, Physical Assault, Sexual Coercion, Physical Injury from Partner Assaults, and Negotiation. The Negotiation scale consists of two subscales that represent cognitively- and emotionally-based items, while the four scales measuring violence are further broken down into Minor and Severe forms of violence.

The CTS2 uses an 8-point Likert scale, with each question rated using the following values: 0 (*this has never happened*), 1 (*1 time in past year*), 2 (*2 times in past year*), 3 (*3-5 times in past year*), 4 (*6-10 times in past year*), 5 (*11-20 times in past year*), 6 (*more than 20 times in past year*), and 7 (*not in the past year but it did happen before*). The participants report how often they used or experienced each behavior in the past 12 months.

The CTS2 was scored using the midpoint value method recommended by Straus et al. (1996, 2003), in which each response category is recoded at the midpoint (0, 1, 2, 4, 8, 15, and 25, respectively). The response category "This has happened before but not in the past year" is given a value of 0 in order to determine the annual prevalence of each type of behavior.

Total scores for each scale range as follows, with higher scores representing more severe violence or aggression used by the respondent: Psychological Aggression, 0 to 200; Physical Assault, 0 to 300; Sexual Coercion, 0 to 175; and Injury, 0 to 150. The Negotiation scale, on the other hand, describes behaviors that, when used appropriately, are considered to represent strengths, with total scores ranging from 0 to 150.

In addition, as recommended by Straus et al. (1996), the prevalence of aggression in the sample was determined by calculating the percentage of respondents who reported the occurrence of any behavior of a given scale within the past year (e.g., reporting the occurrence, within the past year, of any of the items on the Physical Assault scale would indicate a positive score for that scale). Further, chronicity was calculated only from those participants who reported at least one act on a given scale, referring to the sum total of all reported occurrences of all acts from that scale.

The physical assault scale can be divided into two subscales, one that represents minor assault and one that represents severe assault. For the current study, physical assault was coded as a dichotomous variable such as if any of the 12 items of the scale were endorsed, a value of "1" was assigned, indicating that an overall assault had occurred. If any of the items on the severe subscale were endorsed, a value of "1" was also assigned, indicating that severe assault had occurred. Lastly, if any of the items on the physical assault minor subscale were endorsed, a value of "1" was assigned indicating minor assault.

The CTS2 is the most frequently used self-report measure of IPV and has been used in a multitude of studies with a variety of cultural/ethnic groups and in numerous

languages (Vega & O'Leary, 2007). The most common use of the CTS2 has been to gain information regarding physical assaults of intimate partners. Other applications include measurement of psychological and physical abuse of children, such as among postpartum women and for women incarcerated for drug-related charges (Straus et al., 2003).

Throughout a multitude of studies, the CTS2 has shown very good levels of reliability. The preliminary study by Straus et al. (1996) indicated good internal consistency reliability for all scales, ranging from .79 for the Psychological Aggression scale to .95 for the Injury scale. Since the preliminary study, the CTS2 subscales have continued to display good levels of internal consistency ranging from .68 to .84 (for victimization) and .68 to 88 (for perpetration; Straus, 2007).

In addition, internal consistency estimates from various large samples of female respondents have also indicated good reliability for all 10 subscales, with alpha levels ranging from .66 to .94 (Newton, Connelly, & Landsverk, 2001). These samples include incarcerated women with histories of drug use and postpartum women at high risk for domestic violence and child abuse.

High correlations have been found among the more severely aggressive items from the Psychological Aggression scale and the Physical Assault subscale, as well as the more assaultive items from the Physical Assault subscale and the Injury subscale (Lucente, Fals-Stewart, Richards, & Goscha, 2001). Further, discriminant validity has been shown by low correlation between scales that are theoretically unrelated, such as injury and negotiation or sexual coercion and negotiation (Straus et al., 1996).

Reliability for the present study, as reflected by Cronbach's alpha scores, was .93 for the total scale, .84 for Perpetration items, and .89 for Victimization items. Reliability for the ten scales overall ranged from .74 for the Sexual Coercion scale to .88 for the Physical Assault scale. For Perpetration items, alpha scores ranged from .67 for the Sexual Coercion scale to .83 for the Negotiation scale (see Table 1).

Experiences in Close Relationships. The Experiences in Close Relationships questionnaire (ECR; Brennan et al., 1998) was used to assess participants' attachment styles in their adult romantic relationships (refer to Appendix E). The ECR is a 36-item self-report measure and is comprised of two scales, an Anxiety scale and an Avoidance scale, each containing 18 items. The Anxiety scale measures anxious tendencies and fear of rejection and abandonment (attachment-related anxiety; e.g., "I need a lot of reassurance that I am loved by my partner"), while the Avoidance scale measures level of discomfort with closeness and intimacy as well as tendencies to avoid intimacy (attachment-related avoidance; e.g., "I try to avoid getting too close to my partner"). Attachment-related anxiety is the degree to which one is secure versus insecure regarding his or her partner's availability. On the other hand, attachment-related avoidance is the degree to which one is uncomfortable depending upon romantic partners.

The ECR utilizes a seven-point Likert scale ranging from 1 ("*strongly disagree")* to 7 ("*strongly agree"*). Items on each scale are summed and used as indices of anxiety over abandonment and avoidance of intimacy. Scores range from 18 to 126, with higher scores being indicative of higher levels of avoidance and/or anxiety and therefore a more insecure attachment.

The ECR, like other measures of attachment, can be scored using either categorical or dimensional methods (Ravitz, Maunder, Hunter, Sthankiya, & Lancee, 2010). That is, the measures either assign an individual to one category of attachment style or measure the degree to which each dimension of attachment style is present within the individual, rather than assigning to one attachment style (Corcoran & Mallinckrodt, 2000). Both methods of scoring were used in the present study in order to facilitate various types of statistical analyses.

When using dimensional scoring, each individual can be assigned as "high" or "low" on both the Anxious and Avoidant dimensions of attachment. Specifically, an avoidance score above 2.93 is considered to be "high" in avoidance, while an avoidance score below 2.93 is considered "low." On the other hand, an anxiety score above 3.46 is considered to be "high" in anxiety, whereas below 3.46 is considered to be "low."

Categorical scores, or categories, are derived from cutoff points from dimensional scales. For the current study, the four-category classification system was used based on the method recommended by Brennan et al. (1998), which used classification coefficients (Fisher's linear discriminant functions) based on their sample. Anxious and avoidant scores were computed and participants were assigned to one of the following four categories based on her obtained score: secure, fearful, preoccupied, and dismissing. Women who fall in the secure category score low on both the anxious and avoidant scales. Conversely, those in the fearful category are high on both the anxious and avoidant scales. Preoccupied women score high on anxiety and

low on avoidance, while those classified as dismissing are high on avoidance but low on anxiety.

The ECR has been widely used to measure romantic attachment and numerous studies have established it to be a psychometrically sound (Fraley et al., 2000; Mikulincer & Shaver, 2007; Ravitz et al., 2010). The ECR has excellent internal reliability, with alpha coefficients typically reported to be near or above .91 for both the anxiety and avoidance subscales, as well as good convergent and discriminant validities (Fraley et al., 2000; Mikulincer & Shaver, 2007; Ravitz et al., 2010). In addition, a comparison study by Fraley et al (2000) concluded that the ECR demonstrated superior psychometric data compared to three other well-known attachment surveys. For instance, the ECR provided more stable test-retest estimates of anxiety and avoidance related to adult romantic attachment during similar time periods using other methods of attachment (Collins & Read, 1990; Davila & Sargent, 2003). Over a 6-week period, the ECR showed test-retest correlations in the low .90s for both the anxiety and avoidance subscales (Sibley et al., 2005). The ECR has also been shown to have good construct validity (Sibley et al., 2005).

Exploratory and confirmatory factor analyses for the ECR produced two reliable dimensions of attachment: anxiety over abandonment and avoidance of intimacy (Sibley et al., 2005). Most samples have produced minimal correlation between the two scales of anxiety and attachment (Fraley et al., 2000; Mikulincer & Shaver, 2007; Ravitz et al., 2010). The dimensions of attachment-related anxiety and avoidance also have good construct validity (Brennan et al., 1998), and substantial predictive validity with respect to a variety of social and emotional indices linked theoretically to

attachment security, such as empathy and emotion regulation (Mikulincer et al., 2001). Construct and predictive validities of the ECR scales have been confirmed across various independent peer reviewed studies (Shaver & Mikulincer, 2002). It is also the primary suggested attachment measurement in a major handbook of attachment research (Crowell, Fraley, & Shaver, 2008).

Reliability for the present study, as reflected by Cronbach's alpha coefficients, was .90 for the ECR total scale, .93 for the anxiety scale, and .86 for the avoidance scale (see Table 1), in comparison to .94 for the avoidance scale and .91 for the anxiety scale for Brennan et al.'s (1998) version.

Ways of Coping Questionnaire. The Ways of Coping Questionnaire (WCQ; Folkman & Lazarus, 1988c) was used to assess the strategies or processes that participants engaged when dealing with a stressful event (see Appendix F). The WCQ is a 66-item self-report inventory designed to identify an array of cognitive and behavioral strategies that an individual might employ when dealing with specific internally or externally stressful encounters. Based on the cognitive model of stress and coping developed by Lazarus (1966), its purpose is to measure processes of coping rather than coping styles. This "process-oriented" approach is aimed at examining the individual's actual thoughts, feelings, and behaviors during a specific stressful encounter and how these thoughts and actions evolve as the situation progresses (Folkman & Lazarus, 1988c).

In completing the WCQ, the participant is instructed to think about a stressful situation encountered during the previous week. A stressful situation is described as one that the participant perceives as difficult or troubling, either because it causes

distress or requires significant effort to cope with it. A 4-point Likert scale is used indicating the frequency with which each coping strategy is used, ranging from 0 (*"does not apply and/or not used"*) to 3 (*"used a great deal"*).

The WCQ is comprised of eight subscales which describe the following eight strategies of coping: (a) confrontive coping (CC), which utilizes aggressive tactics to modify the situation and indicates some degree of hostility and risk-taking; (b) distancing (DI), which involves using cognitive strategies to detach from and diminish the significance of the situation; (c) self-controlling (SC), which utilizes feelings and actions to normalize one's emotions and behaviors; (d) seeking social support (SS), which relates to utilizing resources to seek information support, touchable support, and psychological support; (e) accepting responsibility (AR), which involves recognizing one's own responsibility in the situation while simultaneously trying to put things right; (f) escape-avoidance (EA), which describes utilizing utilizes wishful cognitions and behavioral approaches to escape from or avoid the problem; (g) planful problem solving (PS), which involves using purposeful problem-focused behaviors to address the situation, coupled with an analytic approach to solving problems; and (h) positive reappraisal (PR), which relates to creating and using optimism to focus on personal growth and growth in spirituality (Folkman & Lazarus, 1988c).

Folkman and Lazarus (1988c) developed two methods with which to score the WCQ: raw and relative. Raw scores, which are most frequently used, describe total effort of coping for each of the eight types of coping, while relative scores describe the amount of effort represented by each type of coping. The researcher makes the decision as to which scoring method to use based on the information sought. For the

purposes of the present study, the raw scores were used in order to facilitate appropriate statistical analyses. High raw scores suggest that the participant often used the behaviors described by that scale in order to cope with the stressful event.

A total coping score was calculated by summing all of the subscale scores. The eight subscales were then separated into two groups in order to generate an emotion-focused score and a problem-focused score for each participant. The emotion-focused score is calculated by summing the escape-avoidance, distancing, positive reappraisal, and self-controlling subscales, while the problem-focused score consists of the confrontive coping, seeking social support, planful problem-solving, and accepting responsibility subscales. Finally, a dichotomous variable was created in order to classify participants as primarily either an emotion-focused or problem-focused coper based upon which subscale score was greater. If a participant's scores were equal on both the emotion-focused and problem-focused subscales, it was not possible to classify as one or the other.

In addition to examining the total coping score and emotion- and problem-focused scores, several select subscales were examined more closely due to their particular relevance to key concepts of this study. These subscales include the confrontive coping, distancing, self-controlling, and escape-avoidance subscales.

In their seminal work on the WCQ, Folkman and Lazarus (1988c) established good internal consistency reliabilities across all eight scales with alpha coefficients ranging from .61 for the distancing subscale to .79 for the positive reappraisal subscale. A meta-analytic reliability generalization study of 82 studies conducted by Kieffer and

MacDonald (2011) found that reliability coefficients ranged from .52 to .93 for the total scale. The mean score reliability estimates for all subscales was greater than .69.

Folkman and Lazarus (1988c) asserted that the construct validity for the WCQ has been established through its tendency to reveal results consistent with the theoretical assumptions that coping is a process and consists of problem-focused and emotion-focused methods.

Reliability of the WCQ for this study, as reflected by Cronbach's alpha scores, was .96 for the entire scale, .88 for problem-focused coping, and .91 for emotion-focused coping (see Table 1).

Femininity Ideology Scale. The Femininity Ideology Scale (FIS; Lehman, 2000) was utilized to measure the degree to which participants endorsed traditional femininity ideology, or beliefs about how women should behave (see Appendix G). The FIS was developed in response to the dearth of instruments available to measure general feminine ideology and beliefs in adult women (Levant, Richmond, Cook, House, & Aupont, 2007).

The FIS examines five areas of femininity for women: Stereotypic Images and Activities, Dependency/Deference, Purity, Caretaking, and Emotionality. It consists of 45 statements such as "A woman should not make more money than her partner," (Dependency/Deference) "A woman should not show anger," (Stereotypic Image & Activities) and "A woman's natural role should be the caregiver of the family" (Caretaking). Participants indicate their agreement or disagreement on a five-point Likert scale, where a 1 (*"strongly disagree"*) represents strong disagreement with traditional norms and a score of 5 (*"strongly agree"*) represents strong agreement with

traditional norms. A Total Traditional score can be determined by computing the mean of all 45 items. In addition, subscale scores can be computed by taking the mean of items associated with each subscale.

An exploratory factor analysis of the FIS was conducted with an undergraduate sample of 210 women and 192 men, which supported the five-factor structure with Cronbach alphas ranging from .79 to .85 (Smiler & Epstein, 2010). Discriminant validity was demonstrated by correlations between four of the five FIS subscales and women's scores on the Femininity scale of the Bem Sex Role Inventory (BSRI) and between all FIS subscales and men's scores on the Masculinity scale of the BSRI. In addition, convergent validity was supported by correlations between the total FIS score and the passive-acceptance stage of the Feminist Identity Development Scale (Bargad & Hyde, 1991).

Validity and reliability indicators of the FIS are reported to be strong (Smiler & Epstein, 2010). The FIS has demonstrated high internal consistency and good construct and discriminant validity in previous studies (e.g., Lehman, 2000; Levant et al., 2007). For the five subscales of the FIS, Cronbach alpha values have ranged from .79 to .93. For this study, reliability for the total scale was .93 (see Table 1) and coefficients for the subscales ranged from .75 for the Caretaking subscale to .85 for the Dependency subscale.

Data Analytic Strategy

All data analyses were conducted using SPSS statistical software program version 21.0 (SPSS Inc., Chicago IL, 2012). Analyses consisted of descriptive statistics, correlations, and univariate, and multivariate tests to determine relationships

between the variables. Prior to analysis, data were screened to ensure they met the necessary assumptions and transformation was conducted as necessary.

Table 1

Internal Consistency Reliabilities

Scale	α
CTS2[a] (Perpetration)	
Total Violence (Perp)	.84
Physical Assault (Perp)	.73
Psychological Aggression (Perp)	.75
Sexual Coercion (Perp)	.67
Injury (Perp)	.77
Negotiation (Perp)	.83
ECR[b]	
Total Scale	.90
Anxious	.93
Avoidant	.86
WCQ[c]	
Total Coping	.96
Emotion-Focused	.91
Problem-Focused	.88
FIS[d]	
Total Traditional	.93

[a]Conflict Tactics Scale Revised – (CTS2), [b]Experiences in Close Relationships – (ECR), [c]Ways of Coping Questionnaire – (WCQ), [d]Femininity Ideology Scale – (FIS).

CHAPTER III

RESULTS

Descriptive Statistics of Participants

Descriptive statistics based on the Conflict Tactics Scale – Revised (CTS2) (see Table 2) indicate the degree to which participants perpetrated, as well as experienced, physical assault, psychological aggression, sexual violence, and injury in the previous year. As indicated, the midpoint scoring method was employed in which each response category is recoded at the midpoint. Thus, it should be noted that the frequency rates and percentages presented below are not raw numbers indicating precise numbers of violent acts. Rather, these values are estimates based on the midpoint of each category.

With respect to frequency rates of aggressive acts, the following percentages of participants reported using these tactics against a male partner at least once in the previous year: (a) physical assault, 71.7% (n = 86); (b) psychological aggression, 93.3% (n = 112); (c) sexual coercion, 48.3% (n = 58); and (d) infliction of injury, 44.2% (n = 53). Of those who indicated using physical violence, over half (52.5%, n = 63) reported perpetrating acts of violence characterized as severe, such as punching, choking, kicking, burning, and using a knife or gun.

Of the 95% of participants (n = 114) who reported committing at least one act of violence over the previous year, whether physical, psychological, or sexual, an average of 81.70 total acts of violence were perpetrated by each participant (SD =

82.81). This ranged widely from as few as one act up to one participant who indicated committing 422 total acts of violence over the year. This included an average of 24.57 acts of physical assault (*SD* = 30.76), 47.13 acts of psychological aggression (*SD* = 36.30), 26.29 acts of sexual coercion (*SD* = 23.50), and infliction of an average of 16.74 injuries (*SD* = 23.67).

In addition, 94.2% (*n* = 113) of participants indicated being the victim of at least one act of violence over the previous year, whether physical, psychological, or sexual, experiencing an average of 103.37 incidents (*SD* = 106.81). Again, these figures ranged widely, with seven participants reporting no incidents of victimization up to one participant who reported experiencing a maximum of 417 acts of violence by an intimate partner. Participants indicated being the victim of these types of violence by an intimate partner at least once in the previous year: (a) physical assault, 65.8% (*n* = 79); (b) psychological aggression, 90.0% (*n* = 108); (c) sexual coercion, 62.5% (*n* = 75); and (d) sustained injury, 49.9% (*n* = 59).

Further descriptives of the sample were obtained from the demographics form in order to help create a picture of the educational and socioeconomic backgrounds of the sample (see Table 3). Educational level was defined by the number of completed years of education. Of the participants, 65.0% indicated a high school diploma or GED as their highest level of education (*n* = 78) while 21.7% of the total sample had a maximum education level of less than a high school diploma or GED (*n* = 26). Further, 1.7% indicated having an education level of 6^{th} grade or less (*n* = 2). The breakdown of higher education was as follows: 42.5% attended some college or trade school (*n* = 51) and 14.2% actually completed a 4-year college degree or higher (*n* = 17), including

5.8% had completed a Bachelor's degree (*n* = 7), 4.2% had attended some graduate school but did not complete (*n* = 5), and 4.2% had completed a graduate degree (*n* = 5).

Regarding socioeconomic status and income, nearly half of the sample (48.3%) reported having an annual household income of $10,000 or less (*n* = 58), 25% indicated an annual income between $10,000 and $30,000 (*n* = 30), and 26.7% reported an income of $30,000 or greater (*n* = 32). Only 20% of the sample reported being employed at the time of survey completion (*n* = 24), while 75.8% reported being unemployed (*n* = 91). Five participants did not indicate their current employment status. Of the 24 women who reported being employed, 70.8% reported working full-time (40 hours per week) or more (*n* = 17), which was only 14.2% of the entire sample. It should be noted that some of the participants recruited from the inpatient substance abuse program might have indicated not being employed due to being hospitalized.

In examining types of public assistance received at the time of survey completion, nearly half of the sample (44.2%) reported receiving food stamps (*n* = 53), 17.5% indicated receiving medical assistance (*n* =21), 2.5% indicated receiving housing assistance (*n* = 3), and 13% reported receiving Social Security Income (SSI) or Social Security/Disability Income (SSDI) benefits (*n* = 13).

Table 2

Prevalence and Chronicity Rates of Conflict Tactics in Past Year

Scale	Aggressor Prevalence*	Aggressor Chronicity** Mean	(SD)	Victim Prevalence	Victim Chronicity Mean	(SD)
Total Violence	95%	81.70	(82.81)	94.2%	103.37	(106.81)
Physical Assault	71.1%	24.56	(30.76)	65.8%	31.00	(45.70)
Severe Physical Assault	52.5%			61.7%		
Psychological Aggression	93.3%	47.13	(36.30)	90.0%	46.28	(43.15)
Severe Psychological Aggression	69.2%			64.2%		
Sexual Coercion	48.3%	26.29	(23.50)	62.5%	17.42	(23.63)
Severe Sexual Coercion	21.7%			37.5%		
Injury	44.2%	16.74	(23.67)	49.9%	8.67	(15.07)
Severe Injury	22.5%			43.3%		

Note. *Prevalence is percentage of respondents who reported occurrence of any behavior of a given scale within past year. **Chronicity is calculated only from those participants who reported at least one act on a given scale, referring to the sum total of all reported occurrences of all acts from that scale.

Table 3

Socioeconomic Variables (N = 120)

Variable	*N*	Percent
Highest Education		
Grade school	2	1.7%
Some high school	26	21.7%
High school diploma / GED	78	65.0%
Some college or trade school	34	28.3%
College degree	7	5.8%
Some graduate school	5	4.2%
Graduate degree	5	4.2%
Annual Household Income		
$10,000 or less	58	48.3%
$10,000 to $30,000	30	25.0%
$30,000 or above	32	26.7%
Employment Status (at time of survey)		
Full-time	17	14.2%
Less than full-time	7	5.8%
Unemployed	91	75.8%
No response	5	4.2%

Table 3 continued

Variable	*N*	Percent
Public Assistance		
Food stamps	53	44.2%
Medical assistance	21	17.5%
Social Security / disability income	13	13.0%
Housing assistance	3	2.5%
Children		
Yes	100	83.3%
No	16	13.3%
No response	4	3.3%

The remainder of the questions pertained to participants' legal/criminal history, as well as experiences with IPV, either as an aggressor, a victim, or both. Of the entire sample, over half (51.7%) reported that the police had been called to their home at least once due to domestic violence (n = 62). Regarding history of arrest, 78.3% of the sample reported being arrested at least once in their lifetime (n = 94) for a wide range of offenses including: manslaughter, aggravated assault, assault on a law enforcement officer, solicitation, prostitution, prescription fraud, grand larceny, shoplifting, felony shoplifting, burglary, embezzlement, forgery, credit card fraud, identity theft, vehicle theft, trespassing, illegal possession of firearms, manufacture of methamphetamines, public intoxication, driving under the influence (DUI), possession of a controlled

substance, disturbing the peace, disorderly conduct, domestic violence, contempt of court, and panhandling. Sixty percent of the sample indicated having never been actually convicted of any type of criminal charge (n = 72).

The percentage of those who reported being arrested at least once for a domestic violence-related offense was 43.3% (n = 52), while 32.5% reported attending court-mandated treatment as an offender of domestic violence, either currently or in the past (n = 52). Almost 20% indicated receiving some kind of formal treatment or services for being a victim of domestic violence (n = 23).

Exploratory Data Analysis and Transformation

Prior to initiating data analysis, exploratory data analysis procedures and diagnostics of study variables were conducted to ensure that statistical assumptions were satisfactorily met and it was appropriate to perform each procedure. Data were carefully examined to determine if the variables satisfactorily met assumptions of normality. Normality of distribution for each variable was assessed visually with histograms, as well as statistically by conducting the Kolmogorov-Smirnov test for normality and computing skewness and kurtosis values using the SPSS Explore procedure (see Table 4).

For a normal distribution, skewness and kurtosis values will be close to zero but can range between -1 and +1 (Hair, Anderson, Tatham, & Black, 1998; Mertler & Vannatta, 2010). For all scales of the ECR and WCQ, skewness and kurtosis values fell into the accepted range of -1 to +1. Additionally, results of the Kolmogorov-Smirnov test were non-significant ($p > .05$) for all variables, indicating normality. Thus, data transformation was not necessary for these variables.

Inspection of the CTS2 variables indicated that only the negotiation scale was normally distributed. The physical assault, sexual coercion, and injury scales were positively skewed beyond acceptable ranges and Kolmogorov-Smirnov results were significant as well, thus requiring transformation. Although skewness and kurtosis values of the psychological aggression scale were within normal ranges, its Kolmogorov-Smirnov value was significant and the decision was made to transform this variable as well. The stereotypic and dependency subscales of the FIS were also determined to be non-normal.

Based on these results, a series of transformations was performed in order to normalize each identified variable. Various transformation methods were attempted, including log, natural log, and square root. After the appropriate and most effective transformation method was found and employed for each variable, all met criterion for normal distributions. Consequently, it can be assumed that transformations were successful.

Data were also examined after analyses to confirm that interpretation could proceed appropriately. Following analyses, predictor variables were assessed for multicollinearity by examining tolerance statistics and variance inflation factor (VIF) values, which indicated that all variables were tolerated in the model. Thus, multicollinearity was not a concern. Casewise diagnostics were examined to check residuals for evidence of bias. Mahalanobis and Cook's distance statistics revealed that no cases exceeded the suggested criterion, therefore suggesting no influential cases within the data. The Levene and Box's M tests confirmed homogeneity of variance and

covariance across groups. Results of data inspection after all analyses were satisfactory, allowing interpretations to be made.

Table 4

Measures of Normality of Distribution – Pre Data Transformation

Scale	Skewness	SE	Kurtosis	SE	Kolmogorov-Smirnov Test
CTS2 – Total[a]	1.800	.221	3.993	.438	.162*
CTS2 – Phys[b]	2.292	.221	5.369	.438	.267*
CTS2- Psyc[c]	.636	.221	-.639	.438	.117*
CTS2 – Sex[d]	2.319	.221	6.203	.438	.272*
CTS2 – Inj[e]	3.314	.221	11.103	.438	.338*
CTS2 – Neg[f]	.173	.221	-.997	.438	.081*
ECR – Total[g]	.198	.221	-.863	.438	.234*
ECR - Anx[h]	-.098	.221	-.729	.438	.981
ECR- Avoid[i]	.081	.221	-.236	.438	.988
WCQ - Total[j]	-.224	.221	-.555	.438	.983
WCQ - Emot[k]	-.270	.221	-.364	.438	.983
WCQ - Prob[l]	.115	.221	-.784	.438	.978
FIS – Total[m]	.455	.221	1.550	.438	.971

Note. *Transformation required.

[a]Conflict Tactics Scale Revised – Total Violence score (CTS2 - Total), [b]Conflict Tactics Scale Revised – Physical Assault subscale (CTS2 – Phys), [c]Conflict Tactics Scale Revised – Psychological Aggression subscale (CTS2 – Psyc), [d]Conflict Tactics Scale Revised – Sexual Coercion subscale (CTS2 – Sex), [e]Conflict Tactics Scale Revised – Injury subscale (CTS2 – Inj), [f]Conflict Tactics Scale Revised – Negotiation subscale (CTS2 – Neg), [g]Experiences in Close Relationships – Total score (ECR-Total), [h]Experiences in Close Relationships – Anxiety subscale (ECR-Anx), [i]Experiences in Close Relationships – Avoidance subscale (ECR-Avoid), [j]Ways of Coping Questionnaire – Total score (WCQ -Total), [k]Ways of Coping Questionnaire – Emotion-focused subscale (WCQ -Emot), [l]Ways of Coping Questionnaire – Problem-focused subscale (WCQ -Prob), [m]Femininity Ideology Scale – Total score (FIS – Total).

Descriptive Statistics

Descriptive statistics for all of the measures were run to describe the sample. Means, standard deviations, and minimum and maximum values of all variables were assessed to ensure they looked reasonable and were within the expected ranges (see Table 5).

Table 5

Descriptive Statistics of Scales

Scale	*M*	*SD*	Range		Skew
			Potential	Actual	
CTS2					
Total Violence	81.70	82.81	0 – 825	0 - 421.92	1.80
Physical	17.61	28.27	0 – 300	0 - 149.51	2.29
Psychological	43.99	37.00	0 – 200	0 - 139.00	0.64
Sexual Coercion	12.71	20.94	0 – 175	0 - 111.00	2.31
Injury	7.39	17.73	0 – 150	0 - 96.00	3.31
Negotiation	71.06	44.89	0 – 150	0 - 150.00	0.17
ECR					
Anxious	3.97	1.44	1-7	1 – 7	-0.10
Avoidant	3.29	1.07	1-7	1 - 6.22	.08

Table 5 continued

Scale	*M*	*SD*	Range		Skew
			Potential	Actual	
WCQ					
Total Coping	86.20	27.49	0 – 198	21 - 142.00	-.22
Emotion-Focused	48.77	16.26	0 – 84	7 - 79.00	-.27
Problem-Focused	37.43	12.16	0 – 66	11 - 63.00	-.15
FIS					
Total Traditional	2.23	0.59	0 – 5	1 - 4.44	0.46

Correlational analyses, conducted in order to examine associations between study variables, revealed numerous significant correlations (see Table 6). Cohen's (1988) guidelines were used to determine the strength of correlations. As predicted, the anxious attachment scale of the ECR was significantly positively correlated with four scales of the CTS2. Specifically, moderate to large correlations were found with total violence ($r = .374$, $p < .01$) and psychological aggression ($r = .404$, $p < .01$), and small to nearly moderate correlations were found with physical assault ($r = .184$, $p < .05$) and sexual coercion ($r = .272$, $p < .01$).

On the other hand, as expected, there were no significant correlations between avoidant attachment style and any of the CTS scales. This makes sense based on research indicating that individuals with avoidant attachment styles, as the name suggests, tend to avoid intimate relationships in general, as well as conflict more

specifically. Further, the significant negative correlation, although less than moderate, between avoidant attachment and negotiation (r = -.182, p < .05) was also predicted based on this pattern of avoiding conflict. However, no significant correlation was found between anxious attachment and negotiation. It is important to note that there were no significant correlations between anxious and avoidant attachment styles, which is fitting as they are intended to measure different constructs.

Although not formally hypothesized, it was suspected that the emotion-focused scale of the WCQ would be positively correlated with types of violence as measured by the CTS2. In addition, it was expected that there would be negative correlations between problem-focused coping and use of violence and types of violence as measured by the CTS2. Interestingly, however, both problem-focused coping and emotion-focused coping were shown to have significant positive correlations with all scales of the CTS2 with the exception of infliction of injury.

Also notable were the nearly moderate positive correlations found between emotion-focused (r = .256, p < .001) and problem-focused coping (r = .245, p < .001) and anxious attachment. Conversely, emotion-focused and problem-focused coping were both negatively correlated with avoidant attachment although not significantly so. Surprising was the small to moderate significant correlation between the total traditional scale of the FIS and physical assault (r = .188, p < .05), which was the only significant correlation with the FIS.

Table 6

Correlation Matrix for Conflict Tactics, Anxious and Avoidant Attachment, and Coping

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. CTS2 Tot	--											
2. Physical	.761**	--										
3. Psychol	.854**	.605**	--									
4. Sexual	.826**	.537**	.444**	--								
5. Injury	.581**	.645**	.310**	.508**	--							
6. Negotiate	.325**	.087	.502**	.093	-.029	--						
7. Anxious	.374**	.184*	.404**	.272**	.040	.175	--					
8. Avoid	.136	.111	.132	.094	.072	-.182*	.132	--				
9. WCQ Tot	.359**	.227*	.358**	.265**	.131	.272**	.260**	-.033	--			

Table 6 continued

Variable	1	2	3	4	5	6	7	8	9	10	11	12
10. WCQ Emot	.364**	.207*	.351**	.292**	.111	.252**	.256**	-.008	.976**	--		
11. WCQ Prob	.326**	.238**	.340**	.209*	.147	.279**	.245**	-.065	.956**	.869**	--	
12. FIS Total	.103	.188*	.013	.135	.111	-.134	.084	.128	.062	.065	.054	--

Note. *p < .05. **p < .01.

[1]Conflict Tactics Scale Revised – Total Violence score (CTS2 - Total), [2]Conflict Tactics Scale Revised – Physical Assault subscale (Physical), [3]Conflict Tactics Scale Revised – Psychological Aggression subscale (Psychol), [4]Conflict Tactics Scale Revised – Sexual Coercion subscale (Sexual), [5]Conflict Tactics Scale Revised – Injury subscale (Injury), [6]Conflict Tactics Scale Revised – Negotiation subscale (Negotiate), [7]Experiences in Close Relationships – Anxious subscale (Anxious), [8]Experiences in Close Relationships – Avoidance subscale (Avoid),[9]Ways of Coping Questionnaire – Total score (WCQ -Total), [10]Ways of Coping Questionnaire – Emotion-focused subscale (WCQ -Emot), [11]Ways of Coping Questionnaire – Problem-focused subscale (WCQ -Prob), [12]Femininity Ideology Scale – Total score (FIS – Total).

Next, correlational analyses were conducted to determine relationships among the four attachment categories of the ECR and types of violence (see Table 7). As predicted, secure attachment was significantly and negatively correlated with fearful attachment (r = -.380, p < .01), with a moderate effect size. There was also a moderate negative correlation between secure and preoccupied attachment (r = -.292, p < .01) and a small to moderate negative correlation between secure and dismissing attachment styles (r = -.199, p < .05). Further, also as expected, there were significant negative correlations between secure attachment style and total violence (r = -.185, p < .05) as well as between secure attachment and psychological aggression (r = -.209, p < .05), both with nearly moderate effect sizes. However, contrary to expectation, significant negative correlations were not found between secure attachment and physical assault, sexual coercion, or infliction of injury.

Interestingly, a nearly large negative correlation was revealed between fearful and preoccupied attachment styles (r = -.494, p < .01), as well as a moderate negative correlation between fearful and dismissing styles (r = -.337, p < .01). Additionally, there were near-moderate positive correlations between fearful style and all subscales of the CTS2 with the exception of negotiation, which was negative but non-significant. As predicted, a moderate negative correlation was found between preoccupied and dismissing styles (r = -.259, p < .01). No significant correlations were found between preoccupied style and any of the CTS2 scales. On the other hand, dismissing attachment style had nearly moderate negative correlations with total violence (r = -.205, p < .05), psychological aggression (r = -.232, p < .05), and negotiation (r = -.235, p < .01).

Table 7

Correlation Matrix for Four Attachment Types and Conflict Tactics

Variable	1	2	3	4	5	6	7	8	9
1. Secure	--								
2. Fearful	-.380**	--							
3. Preocc	-.292**	-.494**	--						
4. Dismiss	-.199*	-.337**	-.259**	--					
5. Total Viol	-.185*	.265*	.034	-.205*	--				
6. Phys	-.067	.225*	-.065	-.153	.761**	--			
7. Psych	-.209*	.225*	.120	-.232*	.854**	.605**	--		
8. Sex	-.142	.207*	-.014	-.112	.826**	.537**	.444**	--	
9. Inj	.042	.193*	-.177	-.088	.581**	.645**	.310**	.508**	--
10. Negot	.072	-.008	.135	-.235**	.325**	.087	.502**	.093	-.029

Note. $*p < .05$. $**p < .01$. $***p < .001$.

[1]Experiences in Close Relationships – Secure category (Secure), [2]Experiences in Close Relationships – Fearful category (Fearful), [3]Experiences in Close Relationships – Preoccupied category (Preocc), [4]Experiences in Close Relationships – Dismissing category (Dismiss), [5]Conflict Tactics Scale Revised – Total Violence score (Total Viol), [6]Conflict Tactics Scale Revised – Physical Assault subscale (Phys), [7]Conflict Tactics Scale Revised – Psychological Aggression subscale (Psych), [8]Conflict Tactics Scale Revised – Sexual Coercion subscale (Sex), [9]Conflict Tactics Scale Revised – Injury subscale (Inj), [10]Conflict Tactics Scale Revised – Negotiation subscale (Negot).

Finally, the four attachment styles were correlated with coping styles. Contrary to prediction, although secure attachment was negatively correlated with both emotion-

focused and problem-focused coping, the relationships were non-significant. There were no significant correlations between fearful attachment and emotion-focused or problem-focused coping. However, a small to moderate positive correlation was found between preoccupied attachment and problem-focused coping (r = -.206, p < .05). Lastly, as anticipated, dismissing attachment style was significantly and negatively correlated with both emotion-focused (r = -.198, p < .05) and problem-focused coping (r = -.206, p < .05), both with nearly moderate effect sizes.

Multiple regression analyses of attachment and IPV.

In order to address the first primary hypothesis, that anxious and avoidant styles of adult attachment would be positively associated with and predictive of the use physical assault, psychological aggression, sexual coercion, and infliction of injury on an intimate partner, a series of hierarchical multiple linear regression analyses was conducted. Tested along with this was the hypothesis that anxious style of adult attachment would be more strongly associated with and predictive of the use of these conflict tactics as compared to avoidant style of attachment.

For the following regression analyses, the predictor variables were the two dimensional scales of the ECR while the criterion variables were the five scales of the CTS2. Prior research on attachment styles and violence has indicated that anxious styles of attachment have a stronger correlation to, and are more predictive of, IPV as compared to avoidant styles (Mikulincer & Shaver, 2007). Thus, in each of the following analyses, anxious style was first entered into the model independently, followed by a second step in which both anxious and avoidant styles were entered

simultaneously. This made it possible to determine the amount of variance, if any, that each style contributed to the model.

When conducting the regression analyses, the dimensional method of scoring the ECR was used, allowing measurement of the degree of anxious or avoidant attachment style for each participant. Note that the transformed variables for four scales of the CTS2 were utilized (physical assault, psychological aggression, sexual coercion, and injury) in order to ensure that assumptions of normality and homogeneity were met.

The first hierarchical regression analysis was conducted to evaluate how well anxious and avoidant attachment styles predicted physical assault. Following the procedure described above, anxious style was first entered into the model followed by both anxious and avoidant styles in step two. When anxious style was entered alone, it significantly predicted physical assault, ($F = 4.14$, $p = .04$) and accounted for 3.4% of the explained variance ($R^2 = .034$, adjusted $R^2 = .026$; see Table 8). However, according to Cohen (1988) this is a small effect size. Further, avoidant style by itself did not significantly contribute to the prediction and the combination of both anxious and avoidant attachment in step two was non-significant ($F = 2.54$, $p = .08$), accounting for only 4.2% of the variance in physical assault ($R^2 = .042$, adjusted $R^2 = .025$), which is a small effect size. These results suggest that anxious attachment is predictive of physical assault, although the effect size is small, and avoidant attachment or the combination of the two are not predictive of physical assault.

Table 8

Hierarchical Multiple Regression Analysis for Attachment Predicting Physical Assault

Variable	*B*	*SEB*	β	R^2	ΔR^2
Step 1				.034	.034*
Anxious attachment	.086	.042	.184*		
Step 2				.042	.008
Anxious attachment	.080	.043	.172		
Avoidant attachment	.055	.057	.089		

Note. *$p < .05$.

Next, the degree to which anxious and avoidant attachment styles predict the use of psychological aggression was examined. The overall model combining anxious and avoidant styles was significant (F= 11.91, $p < .001$), accounting for approximately 16.9% of the variance in psychological aggression ($R^2 = .169$), which is a moderate effect size (adjusted $R^2 = .155$; see Table 9). When entered alone, anxious attachment significantly predicted psychological aggression ($F = 22.97$, $p < .001$) and accounted for 16.3% of the variance ($R^2 = .163$, adjusted $R^2 = .156$). However, avoidant attachment by itself was non-significant and contributed almost no variance to the model. This suggests that anxious attachment style in this sample of women was predictive of psychological aggression. Thus, we can conclude that women with higher levels of anxious attachment style are at greater risk of using psychological aggression with an intimate partner.

Table 9

Hierarchical Multiple Regression Analysis for Attachment Predicting Psychological Aggression

Variable	*B*	*SEB*	β	R^2	ΔR^2
Step 1				.163	.163***
Anxious attachment	.901	.188	.404*		
Step 2				.169	.006***
Anxious attachment	.877	.190	.393*		
Avoidant attachment	.239	.254	.080		

Note. *$p < .05$. **$p < .01$. ***$p < .001$.

A regression model evaluating the combined effects of anxious and avoidant styles on predicting use of sexual coercion was also significant (F= 4.92, p = .009, see Table 10) and accounted for 7.8% of the variance (R^2 = .078), with a small to medium effect size (adjusted R^2 = .062). Examination of each variable individually indicated that anxious attachment by itself was significant and contributed significantly to the model (F = 9.46, p = .003), accounting for 7.4% of the variance (R^2 = .074, adjusted R^2 = .066). However, avoidant style again made no significant contributions to the prediction, which suggests that anxious attachment style is more predictive of use of sexual coercion than avoidant style.

Table 10

Hierarchical Multiple Regression Analysis for Attachment Predicting Sexual Coercion

Variable	*B*	*SEB*	β	R^2	ΔR^2
Step 1				.074	.074**
Anxious attachment	.528	.172	.272**		
Step 2				.078	.003**
Anxious attachment	.513	.173	.265**		
Avoidant attachment	.153	.233	.059		

Note. *$p < .05$. **$p < .01$.

Analyses of the combination of anxious and avoidant styles in predicting infliction of injury was not significant ($F = 0.360$, $p = .698$). Further, neither anxious nor avoidant attachment were significant in predicting infliction of injury independently.

However, a regression analysis evaluating anxious and avoidant attachment styles on prediction of negotiation tactics produced significant results. Although anxious style entered alone was not significant ($F = 3.74$, $p = .055$), when avoidant style was added to the model, both attachment styles together significantly predicted the use of negotiation ($F = 4.64$, $p = .012$, see Table 11) and accounted for approximately 7.3% of the variance ($R^2 = .073$) with a small to medium effect size (adjusted $R^2 = .058$). Avoidant style by itself was significant ($F = 5.40$, $p < .001$) and significantly improved the overall model, contributing an additional 4.3% of variance

($\Delta R^2 = .043$) over and above anxious. The inclusion of avoidant attachment style increased the variance in negotiation from 3.1% to 7.3%. This indicates that both anxious and avoidant attachment styles contributed to the prediction of use of negotiation with an intimate partner.

Table 11

Hierarchical Multiple Regression Analysis for Attachment Predicting Negotiation

Variable	*B*	*SEB*	β	R^2	ΔR^2
Step 1				.031	.031
Anxious attachment	5.472	2.829	.175		
Step 2				.073	.043*
Anxious attachment	6.328	2.802	.203*		
Avoidant attachment	-8.729	3.757	-.209*		

Note. *$p < .05$.

Lastly, a hierarchical multiple regression analysis was conducted to evaluate how well anxious and avoidant attachment styles predicted overall use of IPV. In order to facilitate this, a Total Violence score was created by combining the variables of physical assault, psychological aggression, sexual coercion, and injury subscales of the CTS2, which all represent primary facets of IPV.

Regression results indicated that the overall model significantly predicted total use of violence ($F = 10.11$, $p < .001$, see Table 12) and accounted for approximately 13.3% of the variance of total IPV ($R^2 = .147$), with a medium or typical effect size

(adjusted R^2 = .133). Thus, approximately 13.3% of the variance of total IPV can be accounted for by the combination of anxious and avoidant attachment styles. When anxious style was entered alone, it significantly predicted total use of violence, (F = 19.16, p = < .001), accounting for 14.0% of the variance (R^2 = .140, adjusted R^2 = .132), while avoidant style, although significant as well, accounted for just slightly over 0.7% of the variance (ΔR^2 = .008). These results indicate that the combination of higher levels of both anxious and avoidant attachment styles predicted greater use of overall violence, with anxious style being more predictive than avoidant.

Table 12

Hierarchical Multiple Regression Analysis for Attachment Predicting Total Violence

Variable	*B*	*SEB*	β	R^2	ΔR^2
Step 1				.140	.140***
Anxious attachment	1.53	.350	.374***		
Step 2				.147	.008***
Anxious attachment	1.483	.353	.362***		
Avoidant attachment	.484	.473	.088		

Note. *p < .05. **p < .01. ***p < .001.

Multiple regression analyses for coping style.

The next portion of the study focused on investigating the role of coping styles in IPV, particularly in relation to attachment styles. As described in Chapter II, the WCQ was used to measure coping and provides a total coping score for each

participant, as well as a mean score on both the emotion-focused and problem-focused subscales. Based which subscale score was greater, participants were classified as either primarily an emotion-focused or problem-focused coper. The breakdown of the current sample was very interesting, with 90.8% (n = 109) of participants being classified as emotion-focused copers, while only 6.7% (n = 8) were classified as problem-focused. Note that three participants were not classified as either type because their scores on the emotion-focused and problem-focused subscales were equal.

A hierarchical multiple regression analysis was conducted to test the hypothesis that emotion-focused and problem-focused coping would be associated with and predictive of the use physical assault, psychological aggression, sexual coercion, and infliction of injury on an intimate partner. Tested along with this was the hypothesis that emotion-focused coping would be more strongly predictive of the use of conflict tactics as compared to problem-focused coping. The emotion-focused and problem-focused scales of the ECR were used as predictor variables, while the total violence score of the CTS served as dependent variable.

Prior research on coping styles and violence has indicated that emotion-focused coping plays a greater role in the use of violence than problem-focused. Based on this, emotion-focused was first entered into the model by itself, followed by a second step in which both emotion-focused and problem-focused were entered simultaneously. When emotion-focused style was entered alone, it significantly predicted total violence (F = 17.97, $p < .001$) and accounted for 13.2% of the explained variance (R^2 = .132), which is a medium effect size according to Cohen (1988; adjusted R^2 = .125; see Table 13). The combination of both emotion-focused and problem-focused in step two was

significant ($F = 8.94$, $p < .001$), accounting for 13.3% of the variance in total violence ($R^2 = .133$, adjusted $R^2 = .118$). However, problem-focused coping by itself did not significantly contribute to the prediction and accounted for almost none of the variance. These results suggest that emotion-focused coping is associated with and predictive of total violence but problem-focused, or the combination of the two, is not.

Table 13

Hierarchical Multiple Regression Analysis for Coping Style Predicting Total Violence

Variable	*B*	*SEB*	β	R^2	ΔR^2
Step 1				.132	.132***
Emotion-focused	.132	.031	.364***		
Step 2				.133	.000
Emotion-focused	.119	.063	.329		
Problem-focused	.019	.084	.040		

Note. *$p < .05$. **$p < .01$. ***$p < .001$.

Next, because emotion-focused coping was found to contribute to the prediction of IPV, a hierarchical regression analysis was conducted to examine the effect that emotion-focused coping and attachment style have on total use of violence, including the degree to which emotion-focused coping would predict violence over and above attachment style. Anxious attachment style was entered into the model first, followed by anxious and avoidant styles together in the next step. In the final step, anxious and avoidant attachment and emotion-focused coping were entered together. The decision

to enter anxious style first, prior to avoidant, was based on prior research as well as results of previous analyses of the current study.

Table 14

Hierarchical Multiple Regression Analysis for Coping and Attachment Style Predicting Total Violence

Variable	*B*	*SEB*	β	R^2	ΔR^2
Step 1				.140	.140***
Anxious attachment	1.530	.350	.374***		
Step 2				.147	.008
Anxious attachment	1.483	.353	.362***		
Avoidant attachment	.484	.473	.088		
Step 3				.226	.079**
Anxious attachment	1.171	.349	.286**		
Avoidant attachment	.551	.453	.100		
Emotion-focused coping	.105	.031	.291**		

Note. *$p < .05$. **$p < .01$. ***$p < .001$.

The overall model combining coping style, anxious attachment, and avoidant attachment was significant (F= 11.310, $p < .001$), accounting for approximately 22.6% of the variance in total use of violence ($R^2 = .226$), with a nearly large effect size (adjusted $R^2 = .206$, see Table 14 above). Emotion-focused coping by itself

significantly predicted total violence over and above anxious and avoidant styles, accounting for 7.9% of the variance ($\Delta R^2 = .079$).

Analyses for feminine identity.

Next, the role of feminine ideology with respect to IPV was examined to test the hypothesis that traditional feminine ideology will be negatively associated with the use of physical assault, psychological aggression, sexual coercion, and infliction of injury. This hypothesis was unsupported and no negative correlations were found between feminine ideology and any of the violence types. However, a significant positive correlation was found between traditional feminine ideology and physical assault ($r = .188$, $p = .039$), which was unexpected, although the effect was small (Table 15).

Upon examination of the five FIS subscales, some notable results were found. Specifically, Dependency/Deference was significantly and positively correlated with physical assault ($r = .253$, $p = .005$) and infliction of injury ($r = .237$, $p = .009$), but negatively correlated with use of negotiation ($r = -.298$, $p = .001$), suggesting that women who endorsed attitudes consistent with being dependent upon or deferent to a male partner were more likely to report being physically aggressive with the partner as well as more likely to cause injury. Further, those asserting beliefs consistent with dependency were less likely to report using negotiation with their partner. Finally, a significant positive correlation was found between Emotionality and physical assault ($r = .118$, $p = .040$), indicating that women who endorsed statements about use of higher levels of emotionality, or the appropriateness of women being more emotionally expressive than men, were more likely to report using physical assault. No significant

results were found for the Stereotypic Images and Activities, Purity, or Caretaking subscales.

Multivariate analysis of variance (MANOVA).

A one-way multivariate analysis of variance (MANOVA) was conducted in order to test the hypothesis that significant differences will be found among women with secure, fearful, preoccupied, and dismissing styles of attachment and their use of various types of conflict tactics including physical assault, psychological aggression, sexual coercion, and infliction of injury. The categorical scoring and classification procedure of the ECR was used to assign participants into the categories as follows: (a) secure, $n = 22$; (b) fearful, $n = 47$; (c) preoccupied, $n = 33$; (d) dismissing, $n = 18$. These constituted the fixed factors of the MANOVA, while four CTS2 subscales served as dependent variables. This design produced one main effect.

Upon examination of output, Box's Test was found to be non-significant, suggesting that homogeneity of variance-covariance was met, which allowed use of the Wilks' Lambda test statistic for interpretation. The main effect for attachment type was significant (Wilks' $\Lambda = .811$, $F = 2.06$, $p = .02$), indicating significant differences among the four attachment styles on the types of violence. As predicted, results indicated that physical assault, psychological aggression, sexual coercion, and infliction of injury were significantly influenced by attachment style. Additionally, the effect size was very large ($\eta^2 = .259$), providing evidence for an association between attachment style and the combined types of violence, with 6.7% of the variance in violence type accounted for by attachment style. Further, observed power was very high (.88), indicating that statistically significant results might be found even with

small effect sizes. However, effect size was large and there was more than enough power to detect differences between the groups. These results suggest that attachment style had a significant effect on type of violence used and that significant group differences existed among attachment styles with respect to use of violence.

Because MANOVA results showed significant effects, follow-up ANOVAs were conducted on each dependent variable in order to examine group differences in further detail. However, prior to examining ANOVA results, a *Bonferroni-type* adjustment was employed to maintain an overall error rate of alpha = .05 and thus counteract the potential for inflated Type I error rate due to multiple ANOVAS (Tabachnick & Fidell, 2007). The critical value for dependent variables was determined by dividing the overall alpha level for the analysis (e.g., $\alpha = .05$) by the number of dependent variables. Because four dependent variables were analyzed, this was completed by adjusting the alpha level to $\alpha = .0125$.

Table 15

Correlation Matrix for Feminine Gender Ideology and Conflict Tactics

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. FIS TOT	--											
2. Stereo	.857**	--										
3. Depend	.786**	.764**	--									
4. Purity	.776**	.579**	.452**	--								
5. Care	.687**	.446**	.269**	.520**	--							
6. Emot	.812**	.584**	.554**	.479**	.539**	--						
7. CTS TOT	.103	.128	.114	.085	.188*		--					
8. Physical	.188*	.170	.278**	.007	.085	.188*	.761**	--				
9. Psychol	.013	-.011	-.091	.013	.162	.004	.854**	.605**	--			

Table 15 continued

Variable	1	2	3	4	5	6	7	8	9	10	11	12
10. Sexual	.135	.206*	.220*	.009	010	.081	.826**	.537**	.444**	--		
11. Injury	.111	.176	.275**	-.064	-.060	.092	.581**	.645**	.310**	.508**	--	
12. Negot	-.134	-.189	-.290**	-.018	.124	-.118	.325**	.087	.502**	.093	-.029	--

Note. *p < .05. **p < .01. ***p < .001.

[1]FIS TOT – Femininity Ideology Scale – Total Traditional scale (FIS TOT), [2]FIS Stereotypic Images and Activities (Stereo), [3]FIS Dependency/Deference (Depend),[4]FIS Purity (Purity), [5]FIS Caretaking (Care), [6]FIS Emotionality (Emot), [7]Conflict Tactics Scale Revised – Total Violence score (CTS2 TOT), [8]Conflict Tactics Scale Revised – Physical Assault subscale (Physical), [9]Conflict Tactics Scale Revised – Psychological Aggression subscale (Psychol), [10]Conflict Tactics Scale Revised – Sexual Coercion subscale (Sexual), [11]Conflict Tactics Scale Revised – Injury subscale (Injury), [12]Conflict Tactics Scale Revised – Negotiation subscale (Negot).

Follow-up ANOVA results concluded that attachment style was significant for use of psychological aggression ($F = 5.41$, $p = .002$), but not for physical assault, sexual coercion, or injury. The observed effect size of this relationship was nearly large (partial $\eta^2 = .123$). Post hoc tests for psychological aggression revealed significant differences between the fearful and dismissing groups. These results suggest that, with respect to use of psychological aggression, women with fearful attachment styles differed significantly from those with dismissing styles. No other significant differences were found between groups.

In addition, a one-way analysis of variance (ANOVA) was conducted in order to test the hypothesis that significant differences would be found among the four attachment style groups and their use of overall violence as measured by the total violence score of the CTS2. The categorical scoring of the ECR was again used to classify participants as secure, fearful, preoccupied, and dismissing. ANOVA results were significant ($F = 4.65$, $p = .004$), revealing significant differences among the four attachment styles on use of total violence. Further, estimates of effect size indicate a very large relationship between attachment style and use of violence ($\eta^2 = .327$), with attachment style accounting for 10.7% of the variance of violence.

Post hoc analyses were run in order to assess for pairwise differences among the groups. *Hochberg's GT2* procedure was selected because it was designed to cope with situations in which group sizes are unequal (Field, 2013). The results revealed significant differences between the secure and fearful groups, suggesting that women in the fearful group reported greater use of total violence compared to the secure group. Significant differences were also found between the fearful and dismissing groups.

CHAPTER IV

DISCUSSION

Introduction

This chapter will provide a summary of research findings, as well as a discussion of clinical implications, limitations of the study, and suggestions for future research. In addition, as the investigator of this study, I would like to provide some observations based on my own work as a facilitator for court-ordered domestic violence treatment programs for both male and female offenders in two different states over a period of four years.

Before moving into a discussion of the results, it is necessary to emphasize that this study is based on a very specific and unique sample of women who clearly do not represent the general population in many respects. To begin, these women overall represent a significantly lower socioeconomic status compared to the general population, with low levels of income, employment, and education. The samples were obtained from two states with poverty rates nearing the highest in the U.S. (U.S. Census Bureau, 2012). In fact, one state had the highest poverty rate and lowest annual median income out of all states in the U.S., including the highest poverty rates for both individuals and families, while the second state was third highest with respect to poverty level. These aspects of socioeconomic status are generally regarded as risk factors for violence and victimization (Dowd, Leisring, & Rosenbaum, 2005).

According to the U.S. Department of Justice (2006), the risk for intimate partner violence for individuals with lower annual incomes (below $25,000) is three times higher than for those with higher annual income (over $50,000). Further, previous research has concluded that disadvantaged groups are at increased risk for IPV, including with respect to income, education, and ethnic minority status (Caetano et al., 2005; Rennison & Welchans, 2000).

As illustrated by the results of this study, the participants were involved in unusually high rates of violence, including severe forms, both as aggressors and victims. As described earlier, a portion of them were involved in a court-mandated treatment program for offenders of domestic violence. In addition, many had histories of violent crimes including aggravated assault, assault on a law enforcement officer, and illegal possession of firearms, as well as one woman who served a prison sentence for manslaughter.

Although not formally assessed, based on my clinical experience of working with domestic violence as well as underserved populations, many of these women were likely born and raised in a culture of poverty and violence, with childhood histories of abuse and neglect. All of these factors have significant ramifications on behavior, ability to function in relationships, mental health, and overall well-being. Victimization rates in this sample were extremely high, with 65.8% reporting being physically assaulted by a male partner within the past year, including 61.7% indicating severe physical violence, and 90.0% reporting psychological aggression. Not surprisingly, lifetime rates of victimization were even higher. A number of women from both the

domestic violence and substance abuse program were in individual and/or group therapy for trauma due to being victimized by a partner.

As touched on earlier, this sample of women also had much more extensive criminal histories as compared to the general population including such crimes as: manslaughter, aggravated assault, assault on a law enforcement officer, solicitation, prostitution, prescription fraud, grand larceny, shoplifting, felony shoplifting, burglary, embezzlement, forgery, credit card fraud, identity theft, vehicle theft, trespassing, illegal possession of firearms, manufacture of methamphetamines, public intoxication, driving under the influence, possession of a controlled substance, sale of controlled substance, disturbing the peace, disorderly conduct, domestic violence, contempt of court, and panhandling.

Next, because a large portion of the sample were obtained from a substance abuse treatment program, it is safe to conclude that many have significant histories of drug and alcohol abuse, as well as concurrent mental health issues. Because substance abuse and mental health problems have been consistently associated with IPV (Black et al., 2011; Dowd et al., 2005), this factor is important to be cognizant of. Finally, the sample was localized to a very specific region of the United States, the Deep South, and therefore is not representative of other regions of the country. Additionally, there is a relative paucity of mental health, substance abuse, and criminal justice rehabilitation services in this region.

It is essential to consider these factors when interpreting results and considering the generalizability of these findings, which are limited by the specific nature of the sample. Nevertheless, this study was not designed to represent the general population.

Rather, the intent was to focus on a subsection of the population that is often overlooked, underserved, and difficult to access, but in desperate need of research, intervention, and improved services.

Overview of Findings

Attachment Style and IPV.

The primary purpose of this study was to investigate the degree to which women's attachment styles are associated with and predictive of the use of intimate partner violence, including physical assault, psychological aggression, sexual coercion, and infliction of injury. In addition, coping processes and feminine identity were studied, particularly in combination with attachment style, in order to explore their association with violence as well as their contribution to use of violence after accounting for attachment.

It was hypothesized that both anxious and avoidant attachment styles would be positively associated with and predictive of various types of partner violence (Dutton, 1988; Pistole & Tarrant, 1993). It was further hypothesized that anxious style would be more strongly associated with and predictive of violence as compared to avoidant style. These hypotheses were partially supported. Significant positive correlations were found between anxious attachment style and the four violence subscales of the CTS2, as well as the total use violence.

Results also indicated that anxious attachment significantly predicted psychological aggression with a moderate effect size, as well as physical assault and sexual coercion, although with small effect sizes. Avoidant attachment, on the other hand, was not significantly correlated with any of the types of violence and was not a

significant predictor of IPV use by itself, although there were some significant findings for avoidant style when combined with anxious attachment. Overall, these findings suggest that women with higher levels of anxious attachment style are at greater risk of using physical assault, psychological aggression, and sexual coercion with an intimate partner as compared to those with avoidant styles, with psychological aggression being the most significant criterion variable.

It was interesting to discover that neither anxious nor avoidant styles alone or in combination with one another were associated with or predictive of infliction of injury on a partner. It makes sense that an individual with avoidant style would ultimately avoid conflict in general and therefore be less likely to engage in physical assaults resulting in injuries. This finding makes less sense for those with anxious styles whose fears of abandonment make them more likely to pursue the partner, particularly when they perceive the partner to be withdrawing, which may result in resorting to physical aggression and therefore a greater likelihood of injury.

Another noteworthy and unexpected finding was the use of negotiation in conflict. It was expected that avoidant attachment would not be related to or predictive of the use of negotiation (Bartholomew & Allison, 2006). Surprisingly, though, avoidant style by itself significantly predicted negotiation and improved the overall model predicting negotiation by adding variance over and above anxious style. This is unusual and somewhat bewildering based on the very nature of avoidant attachment style, and warrants further investigation. It is possible that, in an effort to avoid further or more severe conflict, an individual with avoidant attachment style might be more willing and likely to engage in negotiation on the front end. Anxious style by itself was

not significant although it added to the overall model when combined with avoidant style. Further, it was predicted that secure attachment style would be significantly related to use of negotiation (Vignemont & Singer, 2006). This hypothesis, however, was not supported.

The current study conceptualized attachment styles from a categorical as well as a dimensional standpoint. Accordingly, in addition to measuring participants along the anxious and avoidant dimensions, they were placed into one of the following four categories, namely secure, preoccupied, dismissing, and fearful, as illustrated in Figure 1. It was predicted that a woman's primary attachment style would influence the degree to which she used IPV, as well as the types of violence used. Specifically, it was expected that secure attachment would be negatively correlated with all types of IPV, while fearful attachment would be positively correlated (Goldenson et al., 2007; Mikulincer & Shaver, 2007). This prediction was partially supported in that a significant negative correlation was found between secure style and psychological aggression as well as total violence. Physical assault and sexual coercion were negatively correlated with secure style but not significantly so. On the other hand, as expected, significant positive correlations were found between fearful attachment and all types of violence.

It was also expected that preoccupied style would be positively associated with use of violence (Goldenson et al., 2007); however this was not supported and it was not significantly correlated with any of the violence types. Nevertheless, as predicted (Mikulincer & Shaver, 2007), dismissing attachment was negatively correlated with psychological aggression and total violence, as well as use of negotiation. In addition,

significant differences were found between the fearful and dismissing groups with respect to psychological aggression. Further, an ANOVA revealed significant group differences between the secure and fearful groups with respect to total use of violence, which suggests greater use of overall violence by the fearful group.

Worthy of attention are the high rates of psychological aggression reported in the sample, as noted at the beginning of this chapter. A total of 93.3% of participants indicated using psychological aggression, with 69.2% of those reporting use of severe levels of psychological aggression. Many previous studies of relationship violence have focused primarily on physical abuse. However, research has increasingly indicated that psychological abuse is more common than physical (Dutton & Starzomski, 1993; Straus et al., 1980) and that verbal and psychological abuse can be just as detrimental as physical abuse, if not more so (Straus & Sweet, 1992). Further, psychological abuse often occurs concurrently with physical abuse (Follingstad et al., 1990) and may be predictive of physical violence (Dutton et al, 1994). It is important to note that none of these studies of psychological aggression included female aggressors, which is a notable gap in the literature.

When examining attachment and use of violence, it was found that attachment contributed more to the prediction of psychological aggression than any other type of violence. More specifically, anxious attachment accounted for the greatest amount of variance in the use of psychological aggression. Providing further support, there was a significant negative correlation between psychological aggression and secure attachment, but a positive correlation with fearful attachment. Even so, psychological abuse continues to receive much less attention than physical forms of abuse. Due to the

frequency and far-reaching negative effects, much more research on psychological abuse, including the causes and consequences, is needed. Further use of attachment theory to study psychological abuse may provide unique and crucial insight.

Coping Styles and IPV.

The current study also examined the direct effects of coping style on use of IPV. It was postulated that both emotion-focused and problem-focused coping would be associated with use of IPV (Lee, Pomeroy, & Bohman, 2007). Further, it was predicted that emotion-focused coping would be more associated with and predictive of violence than problem-focused coping. Results supported these hypotheses, as both emotion-focused and problem-focused coping were related to physical assault, psychological aggression, and sexual coercion. In addition, emotion-focused coping was found to be predictive of total use of IPV. However, problem-focused coping by itself did not significantly contribute to the prediction and accounted for almost none of the variance of total IPV. Prior research has found a correlation between IPV and higher levels of emotion-focused coping as well (Lee et al., 2007). However, this research did not include women in the sample and thus cannot be assumed to apply to women.

Results of this study suggest that it may be beneficial to consider attachment theory and coping processes together. Because emotion-focused coping by itself was found to be a significant predictor of violence, a model was tested to examine the effect of coping style on violence in combination with attachment. It was found that emotion-focused coping significantly predicted total violence over and above both anxious and avoidant attachment, accounting for a significant although small portion of the variance.

Another interesting finding was that, when examined as dichotomous variables, almost all participants (90.8%) fell into the category of emotion-focused copers, indicating primary use of emotion-focused coping strategies versus problem-focused. This is certainly worthy of further exploration. The results indicate that emotion-focused coping makes some contribution to predicting use of IPV. However, the question arises as to how much emotion-focused coping predicts IPV versus the degree to which an individual uses more emotion-focused coping strategies as a result of their involvement with IPV. It is also important to examine if individuals who use more emotion-focused coping are at greater risk for IPV due to less utilization of problem-focused coping strategies. Another possibility to consider is that being involved in IPV may make it more difficult to use problem-focused coping skills.

Feminine Ideology and IPV.

The hypothesis that traditional feminine ideology would be negatively associated with physical assault, psychological aggression, sexual coercion, and infliction was not supported. In fact, it was surprising to find a significant positive correlation between traditional femininity and the use of physical assault. Although the effect size was small, these results certainly warrant further investigation.

One might postulate that holding beliefs that women should adhere to more traditional and feminine gender roles might result in gender role strain, particularly when faced with the daily reality of modern life in which women are increasingly required to assume multiple and oftentimes conflicting roles, including raising children and contributing economically to the family, while at the same time being expected to be a loving and gracious wife who carefully maintains her feminine appearance (Yoder,

2013). Increasingly, women are required to assume multiple and often conflicting roles, which can lead to stress and conflict. It is difficult and oftentimes impossible to behave as the soft, yielding, and obedient prototypical woman that society so often admires and encourages, while simultaneously being expected to protect and provide for oneself and one's children as well as participate and succeed in a workforce that has historically been more amenable to men. This challenge may, in part, explain why women who endorsed attitudes consistent with being dependent upon or deferent to a male partner on the FIS were more likely to report being physically aggressive with the partner as well as more likely to cause injury. The concept of dependency in relation to attachment and partner violence has interesting implications for both research and clinical practice.

While a woman is expected to be feminine, her daily life demands that she at times behave in ways that are not traditionally feminine or considered to be feminine by society at large. This might be even more applicable for couples who value the more traditional gender roles in their family and relationship, but due to necessity the woman is required to assume a great deal of responsibility both inside and outside the home. At the same time, however, because of beliefs supporting traditional male and female roles, the woman may have limited power and decision-making ability which may lead to stress and conflict, both internally and externally. The association found between Emotionality on the FIS and physical assault has implications for our understanding of emotion-based coping when faced with such gender role strain.

Clinical Implications

Incorporating attachment theory into domestic violence prevention and treatment for women who use IPV could have major implications for clinical practice. Laws as well as policies and procedures surrounding domestic violence have changed over the past two decades including the implementation of mandatory, proarrest, and dual arrest policies (Kernsmith & Kernsmith, 2009). Mandatory and proarrest policies require that an officer makes an arrest if it is believed that domestic violence has occurred, even if the victim does not want to press charges or participate in the prosecution. Dual arrest refers to a police procedure in which both partners in a domestic violence situation are arrested at the same time because it is difficult to determine which one is the true perpetrator. Additionally, some states have also enacted law enforcement protection legislation known as "warrantless arrest" in which the police who respond to domestic violence situations are able to arrest the offender and press charges themselves even if the victim opts not to press charges or participate in the prosecution.

Due to these policy changes, growing numbers of women are being arrested and court-mandated into domestic violence treatment programs, resulting in an increasing need for the development of treatment programs that address the unique needs of women who use IPV (Kernsmith & Kernsmith, 2009). As of 2009, Illinois was the only state that had developed treatment standards specifically for female domestic violence offenders. The argument has been made that most treatment programs originally developed for male offenders are based on theories and assumptions that may

not be applicable to women, such as the feminist view that, in patriarchal societies, IPV is primarily motivated by men's need to maintain power and control over women.

Individuals differ in many key ways that ultimately affect their attitudes, behavior, and relationships. Some of these factors include their past experiences, interaction patterns with others, need for emotional closeness, and degree of dependency on important others. These factors in turn influence use of violence, including their motivations for using violence and the context and types of violence used. It has been argued that a "one size fits all" approach does not work with respect to domestic violence treatment, in that it is not realistic to assume that one type of treatment approach is effective or applicable for all clients. This argument can be made when incorporating attachment style into domestic violence treatment as well. Previous research has suggested utilizing attachment theory in treatment for men who use IPV (Buttell, Muldoon, & Carney, 2005), asserting that knowledge about an individual's attachment style can provide insight which can be used to guide treatment planning and implementation to ensure the most appropriate and effective care. The results of the current study make it reasonable to conclude that use of attachment theory could be beneficial with women who use IPV as well.

With respect to individual therapy or specific treatment for being an aggressor of IPV, gaining knowledge of one's own attachment style, as well as that of one's partner, can provide insight and understanding into thoughts, feelings, motivations, and behavior, as well as causes of conflict (Mikulincer & Shaver, 2007). In a safe, non-threatening environment, therapists and group facilitators can work with clients to explore and understand life experiences that may have contributed to the development

of their attachment style and how these experiences, as well as their attachment style, impact their current relationships (Kesner, Julian, & McKenry, 1997). By identifying a client's attachment style and considering characteristics and behaviors commonly associated with that style, the clinician may be able to develop more targeted interventions to treat the specific needs of the individual or couple.

Furthermore, assessing attachment style may enable clinicians to more readily identify those at higher risk for abusive behavior and to develop prevention and treatment efforts accordingly (Kesner, Julian, & McKenry, 1997). In addition to addressing and perhaps reducing the use of violent behavior, working from an attachment perspective in therapy can focus on the development of more secure attachment patterns. In working with insecurely attached individuals, gradually proposing changes and working to alter their views of self and others may contribute to a reduction of violence in the relationship (Lafontaine & Lussier, 2005). Specifically, therapy could address issues related to fear of abandonment, fear of intimacy, and similar issues that result from attachment insecurity. Because the majority of studies on attachment and violence were conducted with male samples, replication with female aggressors is recommended.

Attachment theory can also be applied to couples therapy and work with relationship distress in general. It may be beneficial to assess the attachment styles of both partners in the relationship, as well as the interaction between partners' attachment styles, in order to determine how this interaction might relate to conflict in general and violence specifically (Mikulincer & Shaver, 2007). For example, what is the impact

when one's partner has a secure style of attachment versus an anxious or fearful style? How might this affect one's own attachment style?

This examination of couples' attachment styles can be especially beneficial in situations in which a "mispairing" in attachment style exists (Doumas et al., 2008). For example, for couples in which one partner is secure while the other is fearful, differing needs for closeness and intimacy may lead to various conflicts. The fearful partner, desiring a greater degree of closeness, may experience anxiety and distress when her or his partner does not show an equal need for intimacy. This may cause the fearful partner to become even more "clingy" and needy, which may actually result in undesirable consequences, such as their partner seeking more distance. Consequently, the fearful partner, fearing abandonment, may resort to aggression in an attempt to prevent the partner from creating further distance or terminating the relationship overall (Pistole & Tarrant, 1993). This finding is consistent with research indicating that physical and psychological violence are most likely to occur during conflicts related to real or imagined fears of rejection, infidelity, or abandonment (Dutton & Browning, 1988). Examining these patterns of pursuit and distance may provide important information for assessment and intervention.

Individuals' needs for closeness and intimacy in a relationship may vary widely, sometimes as a function of attachment style. Thus, examining differences between partners' needs for closeness and distance within relationships may assist in treating IPV and strengthening the overall health of relationships. Research has indicated that a partner with a secure style of attachment may act as a safeguard for the behavior of an insecure partner (Cohn, Silver, Cowan, Cowan, & Pearson, 1992). On the other hand,

the combination of two insecure partners may result in a highly volatile situation, particularly if one of the partners fears abandonment while the other fears intimacy.

Furthermore, awareness of the attachment style of one's partner can provide insight into her or his motivations and behaviors as well as how to respond (Mikulincer & Shaver, 2007). For example, awareness that one's partner has an avoidant or dismissing attachment style can contribute to understanding why the partner may have a tendency to respond by withdrawing or rejecting intimacy during times of conflict. However, it is important to emphasize that knowledge of attachment styles should not be used as an excuse for behavior but rather as an area from which to work and improve upon. As has been illustrated, attachment theory can help to explain why some individuals and couples resort to violence in an attempt to resolve conflict (Dutton, Saunders, Starzomski, & Bartholomew, 1994; Mayseless, 1991).

Results of the current study, as well as previous research, indicate that consideration of a client's attachment style in addition to other factors can be very helpful in planning and guiding treatment, and ultimately determining the most appropriate and effective interventions for their attachment style.

Next, examining coping processes can also provide insight into the various ways in which individuals respond to and resolve conflict. In working with domestic violence offenders, the therapist can assess the individual's coping skills to determine strengths and areas in which coping is effective, as well as areas in which coping skills need improvement. The overall goal is to develop positive and effective conflict management skills, as well as new, more effective coping skills in order to assist in reducing and preventing relationship distress and violence. Therapy can provide a safe

setting in which to teach and foster alternate methods of coping and conflict resolution, including healthy communication and problem-solving.

In addition, because results of the current study suggest that problem-focused coping strategies are more effective and less associated with use of IPV, it would also be beneficial to work with clients in developing more problem-focused coping skills, as opposed to emotion-focused skills. Working to develop more effective coping skills could be especially beneficial for women with similar demographic characteristics to those in the current sample. Due to lack of resources and educational opportunities, as well as difficulty accessing various services, some women may not have had the opportunity to develop more effective and problem-focused coping strategies. Further, the oppressive factors of being in a violent relationship may limit their opportunities to learn new skills.

Research Implications

Much more research on women's motivation with respect to using violence is needed, as well as the context of their violence, which could help to clarify the degree to which violence is used in self-defense and in reaction to being battered versus in an effort to control one's partner or terrorize. These are very disparate motivations for violence. The current study did not specifically examine motivation or context for women's use of IPV. A qualitative study, or adding a qualitative component, could provide more information with respect to these factors, as detailed below. It is important to consider women's motivations and the context of their use of violence, which, in many cases, may be very different from those of men (Henning et al., 2005;

Kernsmith & Kernsmith, 2009). More research in this area is needed in order to develop appropriate standards and intervention services for women aggressors.

Along these lines, a critical factor to incorporate into future research and ultimately into treatment is determining the nature of violence occurring in a relationship and specifically, determining the "type" of aggressor a woman might be (Kernsmith & Kernsmith, 2009). For male IPV offenders, this process of conceptualizing the causes of IPV was initially undertaken by Holtzworth-Munroe and Stuart (1994) who developed a model of "typologies" of men who use violence. They asserted that the effect of various etiological factors on men in turn influences the degree to which they use (or do not use) violent behavior. Likewise, researchers have begun to formulate typologies of women who use violence.

As described previously, research has identified three basic categories or "types" of female offenders: those who are dominant or primary aggressors, those who use bi-directional or mutual violence, and those who use aggression only in self-defense. Although this can be difficult to assess, it can provide crucial information that could have significant implications for treatment planning, programming, and policy. The primary focus of treatment and issues addressed should be quite different depending upon aggressor type. For example, treatment needs are quite different for a woman who is a primary or dominant aggressor but not currently being victimized by her partner as compared to a woman who has only used violence in self-defense as a response to being battered (Koonin, Cabarcas, & Geffner, 2001).

Due to various factors, it can be quite difficult to determine aggressor type. Information from the client, her partner, and other agencies such as police and social

services are often conflicting. Self-reports may be unreliable due to the tendency to under-report violent behavior, particularly one's own behavior and not wanting to present oneself in a negative light. Self-reporting bias did not appear to be a concern with the current sample, as high rates of violence perpetration were reported which indicates some degree of acknowledgement of the behavior.

From a personal perspective in my work with female offenders as well as throughout the data collection process of this study, I have observed a great degree of openness and transparency regarding their own use of violence. Nevertheless, obtaining information from the partner and comparing with the aggressor's report could be helpful, although research indicates there is often considerable disagreement between aggressor and victim reports regarding rates as well as motivation for violence (Schafer, Caentano, & Clark, 2002).

Examination of police reports and court documents could also provide more objective insight into the dynamics of the couple and the types of violence being used. As mentioned, conducting a qualitative study or including a qualitative component would be another potential avenue for gleaning this information. For example, conducting oral interviews or asking for written responses could provide richer and more detailed information about their history and relationship dynamics as a whole which could ultimately elucidate their motivations for violence.

On a related note, when working with women aggressors of domestic violence, it is critical to consider their own victimization history as this information can assist in more clearly differentiating between those who are dominant or primary aggressors and

those who were primarily victims who fought back in self-defense (Koonin, Cabarcas, & Geffner, 2001).

A further extension of the study would be to integrate the primary independent variables of attachment style and coping to determine how the interaction of the two might influence use of IPV. Previous research demonstrates a clear link between stress and relationship violence (Kesner, Julian, & McKenry, 1997). In addition, stress can activate an individual's attachment system. Coping strategies can be employed to manage and reduce stress, including with respect to relationship conflict. However, limited or poorly developed coping skills, combined with an insecure style of attachment, may result in use of use of violent behavior depending in part upon the person's attachment style. Thus, further research could examine the combined effects of attachment style and coping on IPV, including the degree to which coping skills moderate the relationship between attachment style and use of violence. Finally, additional research is indicated based on the results related to femininity, particularly with respect to dependency and deference, and how these factors might be related to and predictive of the use of IPV.

Limitations and Future Directions

Various limitations were present in the current study. First of all, the cross-sectional design of the study creates limitations with respect to determining causality. Although multiple regression analyses can help to determine if a variable contributes to the prediction of an outcome, this cannot definitely determine causality. Studies on IPV using a longitudinal design would be beneficial in order to determine a sequential effect of attachment on IPV.

For example, in the current study, it is difficult to know whether attachment style initially led to the use (or non-use) of IPV or whether being involved in a violent relationship had an impact on attachment style. It may also be a combination of the two. Research and theory do suggest that attachment style forms fairly early in life and thus an individual's primary style of attachment is likely in place prior to involvement in intimate relationships, although attachment style may shift as a result of various relationship experiences (Mayseless, 1991; Mikulincer & Shaver, 2007). As mentioned earlier, this may also be the case with coping style. Does emotion-focused coping style lead to more use of IPV or does being involved in IPV result in the development of emotion-focused coping style? A longitudinal study could help answer such questions.

As discussed at the outset of this chapter, a significant limitation of this study is its lack of generalizability to the population at large. The results are limited to the specific nature of this sample which likely does not represent women from other demographic groups. It is therefore important to be cognizant that this sample was skewed to that of a population of women who have used and experienced high rates of violence such that a significant portion were receiving domestic violence offender treatment as well as victim services. Further, many were disadvantaged with respect to education and income. In addition, the sample consisted of primarily White (63.3%) and Black (33.3%) women and thus may not be generalizable to those of other racial/ethnic groups. It is also important to note that these results may not generalize to a population of women who have not been in an intimate relationship with a man. Although this was a convenience sample, it was nevertheless it was a difficult sample to access.

A majority of the sample was obtained from a substance abuse treatment program and as such, this is a potentially confounding factor in the study. It is difficult to determine the degree to which participants' experiences with substance abuse were associated with their experiences of IPV, either as aggressors or victims. In addition, substance abuse has been identified as a risk factor for IPV (Simmons, Lehmann, & Cobb, 2008). These factors should be considered and controlled for in future studies. Specific information about substance abuse histories of the participants was not obtained, although they were asked about their current involvement in various substance abuse treatment services.

Next, the use of self-report questionnaires can be a limitation due to the subjectivity and potential to answer in a dishonest or biased manner. This can be the case particularly when asked to report on behaviors that may not present the individual in a favorable light. Further, only one member of the couple in the relationship completed the questionnaires, so these results could be biased, particularly with respect to the CTS2. Participants had the potential to underreport the level of their own violence, while over-reporting their partner's violence. However, as illustrated by the high rates of violence acknowledged by participants in this sample, including perpetration rates, significant under-reporting is unlikely. Further, the CTS2 relies on retrospection by asking participants to recall the number of times an action occurred over the past year as well as over the lifetime. Based on the unreliability of memory, the potential for inaccurate responses exists.

There was one notable limitation with respect to the Ways of Coping Questionnaire (WCQ). Although a participant's total coping score could be used as a

continuous measure, it was difficult to make group comparisons between the dichotomous categories of coping because the two groups were very disparate in size (emotion-focused, *n* = 109; problem-focused, *n* = 8) and the number of participants in the problem-focused group was very limited. Thus, the use of these categories for certain statistical analyses was limited.

When considering future research, along with further study on women who use IPV, a crucial yet highly neglected area in need of much more study is the impact of women's violence on men. In addition to the physical injuries sustained, men may suffer from a variety of emotional and psychological problems as a result of the abuse. However, services are not readily available to male victims. Thus far, the few studies on men seeking help for experiencing victimization of IPV indicate that most domestic violence or social service agencies are not equipped to serve them (Douglas, Hines, & McCarthy, 2012; Hines & Douglas, 2011). In fact, in an investigation on male help seeking behaviors for IPV, male victims indicated that domestic violence agencies and hotlines, as well as the police, provided the least amount of help as compared to medical and mental health professionals as well as online resources (Douglas & Hines, 2011). Men are less likely to report being a victim of IPV, especially at the hands of a woman, or to seek help, due to lack of available services as well as the shame and stigma involved.

In addition, although law enforcement response and policy are gradually changing, including the implementation of mandatory arrest laws, men who have been victimized by a woman are not always taken seriously by many parties including friends, family, law enforcement, the legal system, and even the general public and

media (Hines, Brown, & Dunning, 2007). Responses to women's use of violence toward men can be very different from responses to men's violence. In general, women's aggression, especially toward a male partner, is often minimized and is often responded to with laughter and disdain.

I have noticed this phenomenon in my own experiences working with both male and female offenders of IPV. Women's violence toward men seems to be taken less seriously and, at times, even in a joking manner, despite the sometimes very serious nature of the violence. For example, in my group of male offenders, many of the men have also been assaulted by their female partner. One particular man in my group had been stabbed by his wife several times, as well as shot five times by her. Upon sharing with the group, his story was met by giggles and laughter from the other men who could not believe a woman had done that to him. There are similar reactions to these types of incidents by the women in my female aggressors group. In addition to the chuckling and laughter, there is almost is a sense of glee and pride, as if they are congratulating one another for "standing up for ourselves" and "giving him a taste of his own medicine." This is the response even in the case of severe violence including shootings, stabbings, and running over a partner with a vehicle. People sometimes respond to women's use of violence as though it is amusing or clever.

There is a prevailing belief that men are less likely to be harmed in domestic altercations due to the fact that, overall, men are larger in size and have more strength. However, men have been known to experience serious injuries and/or death at the hands of a female partner (Straus, 2005). In fact, the potential severity of women's violence is clearly illustrated by the current sample in which over 71% of the

participants reported perpetrating at least one act of physical assault toward a male partner over the past year. Furthermore, of those who reported using physical violence, more than half (52.5%) indicated perpetrating severe acts of violence including choking, burning, or using a weapon.

Female violence toward men has implications for women's safety as well, as prior research indicates that women who use violence toward a male partner are at greater risk of being assaulted in return, thus placing themselves at risk for serious injury (Leisring, Dowd, & Rosenbaum, 2003). Furthermore, in addition physical injury, research is increasingly indicating the harmful psychological effects of IPV on male victims (Hines & Douglas, 2010, 2011). IPV is a serious problem, even when physical injury does not result.

Opponents of the gender symmetry concept of IPV argue that acknowledging and advocating for male victims undermines efforts to provide services to female victims (Miller, 2001). The purpose of examining women's violence should not be to discredit female victims or to minimize the significant amount of IPV that they endure. Data indicating that women perpetrate IPV should not lead to reduced funding and support for women victims. Rather, these findings should be used to lobby for more funding for domestic violence research and intervention efforts in general, for both female and male victims. Support, prevention, and treatment efforts can and should be extended to all victims of IPV regardless of gender.

Conclusion

This study filled a notable gap in the research in that it studied a sample of the population that is difficult to access and therefore highly understudied. A primary goal

of the study was to provide information that may assist in the development of treatment programs for women who use violence and better meet their specific needs. The current results indicate that consideration of women's attachment styles and coping processes may help provide insight into their use of violence as well as appropriate treatment. There are many crucial reasons for further study and development of appropriate treatment programs for women aggressors of IPV, including the safety and well-being of their male partners and children, as well as their own safety. Prior research indicates that women who use violence toward a partner are at greater risk for being assaulted in return, thus placing themselves at risk for serious injury (Leisring et al., 2003). In addition, further research might help to determine how we can better advocate for this population of women, a population that is likely to have experienced stigma and negative social consequences due to their experiences with domestic violence. Research can help us learn more about oppressive forces that might be contributing to women's difficulties, such as lower socioeconomic status, limited resources including inadequate coping skills, and stigma, which may contribute to their use of violence (Lee et al., 2007). These factors may further limit their access to resources that could help them escape a cycle of violence. Moreover, further research can help us learn more about the impact of women's violence on male partners and children. Lastly, research on IPV can help treatment providers and policy makers learn more about the personal, familial, and societal ramifications of domestic violence and how to address this significant social problem. Results of this study have broad implications for domestic violence prevention and treatment efforts as well as for policy.

APPENDICES

APPENDIX A

INFORMED CONSENT – DOMESTIC VIOLENCE PROGRAM

You are invited to participate in a research study by Ms. Theresa Magelky, M.A. She is a Doctoral Candidate at the University of North Dakota. She is doing this study to finish her doctorate degree in psychology. This form contains information about the study and what you will do if you chose to participate.
(*Please note that while your participation will take place at* [redacted] *is not responsible or liable for this project).*

Information about the Study:
This study is about your relationships, your beliefs about men and women, how you handle disagreements in relationships, how you handle stress, and your mental health. ***You can participate if you are, or have been, in a romantic relationship with a man.***

We hope this study will help us to better understand relationship problems, including violence in relationships, and how to best help people with these problems. If you participate, you will give us important information.

Volunteering to Be Part of this Research Study:
It is completely your decision to participate or not participate in this study. The information you give will be kept private. You can stop participating at any time. If you decide not to participate or stop participating, there will be no penalty and it will not affect your treatment at [redacted] It will not cost you anything to participate.

If you join in the study, you will fill out a few forms asking you questions. Again, your answers will be private. It will take you about 30 to 45 minutes to fill out the forms. You won't be asked to do anything else after you fill out the forms.

Compensation for Participation:
If you decide to join in the study, you will be given a **$5 Wal-Mart gift card** to compensate for your time and effort.

Risks Involved:
Any research study may involve some risks. The risk in this study is that you may feel some discomfort from thinking about your relationships and problems you may have had in your relationships. You can skip any questions you do not want to answer. If any feelings come up and you want to talk to someone, please let the staff know.

Benefits Involved:
We hope that this study will help us learn better ways to help people who have problems in their relationships.

Confidentiality:
You will not be asked to put your name or other information that could identify you on any of the forms. Your answers will be completely private. The information from this study will be kept private as much as permitted by law. The consent forms and surveys will be kept in separate locked cabinets so the data cannot be linked to participants. After three years, all the information will be destroyed. Only Ms. Magelky, her school advisor, and the research board at the University of North Dakota will be able see the information. When the study is finished, you may have a copy of the results if you would like.

Institutional Review Board Approval:
This research study has been approved by the University of North Dakota (UND) Institutional Review Board Office of Research Development and Compliance. If you have questions about your rights as a person who is taking part in a research study, you may contact the UND Office of Research Development and Compliance at (701) 777-4279. Please call this number if you cannot reach research staff or you wish to talk with someone else.

If you have any questions now or at any time during the study, you may contact Ms. Magelky (below). You will be given a copy of this form for your records.

____ I agree to participate in this research study.

_____ _____

Print Name Sign Name

Contact Information:

Principal Investigator:
Theresa Magelky, M.A.
Doctoral Student
University of North Dakota
Department of Counseling Psychology & Community Services
Education Building, Room 306
231 Centennial Drive, Stop 8255
Grand Forks, ND 58202-8255
Telephone: (701) 527-3676

Student Advisor:
David Whitcomb, Ph.D.
Assistant Professor
University of North Dakota
Department of Counseling Psychology & Community Services
Education Building, Room 306
231 Centennial Drive, Stop 8255
Grand Forks, ND 58202-8255
Telephone: (701) 777-3738

Email: theresa.magelky@my.und.edu
david.whitcomb@email.und.edu

Email:

University of North Dakota
Institutional Review Board
Twamley Hall, Room 105
264 Centennial Drive, Stop 7134
Grand Forks, ND 58202-7134
Telephone: (701) 777-4279

APPENDIX B

INFORMED CONSENT – SUBSTANCE ABUSE PROGRAM

You are invited to participate in a research study by Ms. Theresa Magelky. She is a Psychology Resident at Mississippi State Hospital and a student at the University of North Dakota. She is doing this study to finish her doctorate degree in psychology. This form contains information about the study and what you will do if you participate. (*Please note that while your participation will take place at* [redacted], *the hospital is not responsible or liable for this project).*

Information about the Study:
This study is about your relationships, your beliefs about men and women, how you handle disagreements in relationships, how you handle stress, and your mental health. ***You can participate if you are, or have been, in a romantic relationship with a man.***

We hope this study will help us to better understand relationship problems, including violence in relationships, and how to best help people with these problems. If you participate, you will give us important information.

Volunteering to Be Part of this Research Study:
It is completely your decision to participate or not participate in this study. The information you give will be kept private. You can stop participating at any time. If you decide not to participate or stop participating, there will be no penalty and it will not affect your treatment at [redacted]. It will not cost you anything to participate.

If you join in the study, you will fill out a few forms asking you questions. Again, your answers will be private. It will take you about 25 to 40 minutes to fill out the forms. You won't be asked to do anything else after you fill out the forms.

Compensation for Participation:
If you decide to join in the study, snacks and beverages will be provided while completing the surveys.

Risks Involved:
Any research study may involve some risks. The risk in this study is that you may feel some discomfort from thinking about your relationships and problems you may have had in your relationships. You can skip any questions you do not want to answer. If any feelings come up and you want to talk to someone, please let the staff know.

Benefits Involved:
We hope that this study will help us learn better ways to help people who have problems in their relationships.

Confidentiality:
You will not be asked to put your name or other information that could identify you on any of the forms. Your answers will be completely private. The information from this study will be kept private as much as permitted by law. The consent forms and surveys will be kept in separate locked cabinets so the data cannot be linked to participants. After three years, all the information will be destroyed. Only Ms. Magelky, her school advisor, and the research boards at [redacted] and the University of North Dakota will be able see the information. When the study is finished, you may have a copy of the results if you would like.

Institutional Review Board Approval:
This research study has been approved by the University of North Dakota (UND) Institutional Review Board Office of Research Development and Compliance and the [redacted] Institutional Review Board. If you have questions about your rights as a person who is taking part in a research study, you may contact the UND Office of Research Development and Compliance at (701) 777-4279. Please call this number if you cannot reach research staff or you wish to talk with someone else. You may also contact Dr. Shazia Frothingham, Chair of the [redacted] Institutional Review Board, at (601) 351-8010.

If you have any questions now or at any time during the study, you may contact Ms. Magelky (below). You will be given a copy of this form for your records.

____ I agree to participate in this research study.

_____ _____

Print Name Sign Name

Contact Information:

Principal Investigator:

Theresa Magelky, M.A.
Doctoral Student
University of North Dakota
Department of Counseling Psychology
Psychology
& Community Services
326 Montgomery Hall
290 Centennial Drive, Stop 8255
Grand Forks, ND 58202-8255
Telephone: (601) 351-8010

Student Advisor:

David Whitcomb, Ph.D.
Assistant Professor
University of North Dakota
Department of Counseling

& Community Services
326 Montgomery Hall
290 Centennial Drive, Stop 8255
Grand Forks, ND 58202-8255
Telephone: (701) 777-3738

Email: theresa.magelky@und.edu
david.whitcomb@email.und.edu

Email:

University of North Dakota
Institutional Review Board
Twamley Hall, Room 105
264 Centennial Drive, Stop 7134
Grand Forks, ND 58202-7134
Telephone: (701) 777-4279

APPENDIX C

DEMOGRAPHICS FORM

Instructions: Place an "X" by the answer that best describes you or fill in the correct information in the space provided (Remember, this information will be kept confidential and is for study purposes only).

Age: _____

Ethnicity/National Origin (check all that apply):

_____ White, not of Hispanic Origin

_____ Black, not of Hispanic Origin

_____ Hispanic, Latino/Latina, Mexican American

_____ Asian or Pacific Islander

_____ American Indian or Alaskan Native

_____ Biracial/Multiracial (Please describe):
_____

_____ Other (Please describe):
_____

Annual Household Income:

_____ Less than $5,000/year

_____ $5,000 to $10,000/year

_____ $10,001 to $15,000/year

_____ $15,001 to $20,000/year

_____ $20,001 to $30,000/year

_____ $30,001 to $50,000/year

_____ $50,001 to $75,000/year

_____ $75,001 to $100,000/year

_____ More than $100,000/year

Educational Level:

_____ 6^{th} grade or less

_____ Between 7^{th} and 12^{th} grade

Sexual Orientation:

_____ High school graduate or GED

_____ Trade or Vocational school

_____ Some college

_____ Four-year college degree

_____ Some graduate school

_____ Completed graduate school

_____ Heterosexual/Straight

_____ Bisexual

_____ Lesbian

_____ Other:

Gender Identity:

_____ Female
_____ Other:

_____

Your Relationship Status (Check all that Apply):

_____ Single, not dating

_____ Single, dating but not serious

_____ Long-term relationship, not living with partner **Length of Time?** __Years __Months

_____ Long-term relationship, living with partner **Length of Time?**___Years __Months

_____ Married **Length of Time Married?** __ Years ___Months

_____ Divorced

_____ Separated

_____ Widowed

What is the gender of your current romantic partner?

_____ Male

_____ Female

_____ Other: _____

If you are currently NOT in a relationship with a <u>man</u>, when was the last time you were?

_____ Years _____ Months

Do you have children? _____ Yes _____ No

If yes, <u>how many</u> children? _____

What are the <u>ages</u> of your children? _____

Are your children in your custody?____ Yes ____ No ___ N/A (children over age 18)

Are you employed? _____ Yes _____ No

If yes, what is your <u>current occupation</u>?
_____

Approximately <u>how many hours</u> do you work per week? _____ hours

How long have you been at this job? _____ Years _____ Months

Which of the following <u>services</u> are you currently receiving? (Check all that apply):

_____ Domestic violence program (**as a <u>victim</u> of domestic violence**)

_____ Domestic violence program (**as an <u>offender</u> of domestic violence**)

_____ Individual therapy/counseling

_____ Family therapy

_____ Couples therapy

_____ Group therapy Specify type of Group therapy: _____

_____ Substance abuse treatment

_____Self-help/12-step program (e.g., Alcoholics Anonymous/Narcotics Anonymous)

Have the police ever been called to your home for a disturbance between you and your partner (domestic violence disturbance)?

_____ Yes _____ No

If yes, <u>how many times</u> have the police been called your home for domestic violence? _____

Have you ever been arrested (non-traffic)?

_____ Yes _____ No

If yes, <u>how many times</u> have you been arrested (please check one)?

_____ 1 time

_____ 2 times

_____ 3 times

_____ 4 times or more

If yes, what were your charged with? (Please list the three most recent arrests):

_____

_____

_____

How many past criminal convictions have you had (please check one)?

_____ 0 _____ 3

_____ 1 _____ 4 or more

_____ 2

Have you ever been arrested for domestic violence toward a partner (in which you were the <u>offender</u>?):

_____ Yes

_____ No

If yes, what were you charged with? _____

Have you ever received treatment for being an <u>offender</u> of domestic violence (e.g., attended a group for offenders of domestic violence or partner abuse)?

_____ Yes

_____ No

If yes, what kind of treatment/group was it?

_____

Have you ever received treatment for being a <u>victim</u> of domestic violence?

_____ Yes

_____ No

If yes, what kind of treatment/group was it?

_____

Which of the following <u>types of assistance</u> are your receiving? (Please check all that apply):

_____ Food Stamps (EBT)

_____ SSI / SSDI

_____ TANF (Temporary Aid for Needy Families)

_____ Child Care Assistance

_____ Medical Assistance (Medicaid/Medicare)

_____ Fuel Assistance

_____ Housing Assistance

_____ Other:

_____

APPENDIX D

REVISED CONFLICT TACTICS SCALE (CTS-2)

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. Please circle how many times you did each of these things in the past year, and how many times your partner did them in the last year. If you or your partner did not do one of these things in the past year, but it happened before that, circle "7."

How often did this happen?

1 = Once in the past year	5 = 11-20 times in the past year
2 = Twice in the past year	6 = More than 20 times in the past year
3 = 3-5 times in the past year	7 = Not in the past year, but it did happen before
4 = 6-10 times in the past year	0 = This has never happened

Sample Items from the Physical Assault Scale:

My partner pushed or shoved me.	1	2	3	4	5	6	7	0
My partner punched or hit me with something that could hurt.	1	2	3	4	5	6	7	0
I pushed or shoved my partner.	1	2	3	4	5	6	7	0
I punched or hit my partner with something that could hurt me.	1	2	3	4	5	6	7	0

Samples Items from the Sexual Coercion Scale:

My partner used force to make me have oral or anal sex.	1	2	3	4	5	6	7	0
My partner insisted that I have sex when I didn't want to (but did not use physical force).	1	2	3	4	5	6	7	0
I used force (like hitting, holding down, or using a weapon) to make my partner have oral or anal sex.	1	2	3	4	5	6	7	0

I insisted on sex when my partner did not want to (but did not use physical force).	1	2	3	4	5	6	7	0

Sample Items from the Psychological Aggression Scale:

My partner called me fat or ugly.	1	2	3	4	5	6	7	0
My partner shouted or yelled at me.	1	2	3	4	5	6	7	0
I called my partner fat or ugly.	1	2	3	4	5	6	7	0
I shouted or yelled at my partner.	1	2	3	4	5	6	7	0

APPENDIX E

EXPERIENCES IN CLOSE RELATIONSHIPS (BRENNAN, CLARK, & SHAVER, 1998)

Instructions: The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by indicating how much you agree or disagree *with it. Write the number in the space provided, using the following rating scale:*

Disagree Strongly			Neutral/Mixed			Agree Strongly
1	2	3	4	5	6	7

____ 1. I prefer not to show a partner how I feel deep down.
____ 2. I worry about being abandoned.
____ 3. I am very comfortable being close to romantic partners.
____ 4. I worry a lot about my relationships.
____ 5. Just when my partner starts to get close to me I find myself pulling away.
____ 6. I worry that romantic partners won't care about me as much as I care about them.
____ 7. I get uncomfortable when a romantic partner wants to be very close.
____ 8. I worry a fair amount about losing my partner.
____ 9. I don't feel comfortable opening up to romantic partners.
____ 10. I often wish that my partner's feelings for me were as strong as my feelings for him/her.
____ 11. I want to get close to my partner, but I keep pulling back.
____ 12. I often want to merge completely with romantic partners, and this sometimes scares them away.
____ 13. I am nervous when partners get too close to me.
____ 14. I worry about being alone.
____ 15. I feel comfortable sharing my private thoughts and feelings with my partner.
____ 16. My desire to be very close sometimes scares people away.
____ 17. I try to avoid getting too close to my partner.
____ 18. I need a lot of reassurance that I am loved by my partner.
____ 19. I find it relatively easy to get close to my partner.
____ 20. Sometimes I feel that I force my partners to show more feeling, more commitment.

____ 21. I find it difficult to allow myself to depend on romantic partners.
____ 22. I do not often worry about being abandoned.
____ 23. I prefer not to be too close to romantic partners.
____ 24. If I can't get my partner to show interest in me, I get upset or angry.
____ 25. I tell my partner just about everything.
____ 26. I find that my partner(s) don't want to get as close as I would like.
____ 27. I usually discuss my problems and concerns with my partner.
____ 28. When I'm not involved in a relationship, I feel somewhat anxious and insecure.
____ 29. I feel comfortable depending on romantic partners.
____ 30. I get frustrated when my partner is not around as much as I would like.
____ 31. I don't mind asking romantic partners for comfort, advice, or help.
____ 32. I get frustrated if romantic partners are not available when I need them.
____ 33. It helps to turn to my romantic partner in times of need.
____ 34. When romantic partners disapprove of me, I feel really bad about myself.
____ 35. I turn to my partner for many things, including comfort and reassurance.
____ 36. I resent it when my partner spends time away from me.

APPENDIX F

WAYS OF COPING QUESTIONNAIRE (WCQ)

Instructions

To respond to the statements in this questionnaire, you must have a specific stressful situation in mind. **Take a few moments and think about the most stressful situation that you have experienced in the *past week*.**

By "stressful" we mean a situation that was difficult or troubling for you, either because you felt distressed about what happened, or because you had to use considerable effort to deal with the situation. The situation may have involved your family, your job, your friends, or something else important to you. Before responding to the statements, think about the details of this stressful situation, such as where it happened, who was involved, how you acted, and why it was important to you. While you may still be involved in the situation, or it could have already happened**, it should be the most stressful situation that you experienced during the week.**

As you respond to each of the statements, please keep this stressful situation in mind. **Read each statement carefully and indicate, by circling 0, 1, 2, or 3, to what extent you used it in the situation.**

Key: **0 = Does not apply or not used** **1 = Used somewhat**
2 = Used quite a bit **3 = Used a great deal**

Sample Items:

1. **I tried to keep my feelings to myself. (emotion-focused)**
2. **I tried to keep my feelings about the problem from interfering with other things. (emotion-focused)**
3. **I just concentrated on what I had to do next – the next step. (problem-focused)**

4. **I took a big chance or did something very risky to solve the problem. (problem-focused)**
5. **I changed something so things would turn out all right. (problem-focused)**

APPENDIX G

FEMININITY IDEOLOGY SCALE

Thank you for participating in this study. I am exploring the roles of women in our society and am very interested in your opinions. Please complete the questionnaire by circling the letters, which indicate your level of agreement or disagreement with each statement. The letters are as follows:

SD = Strongly Disagree
D = Disagree
N = Neutral
A = Agree
SA = Strongly Agree

1.	It is more appropriate for a female to be a teacher than a principal.	SD D N A SA
2.	When someone's feelings are hurt, a woman should try to make them feel better.	SD D N A SA
3.	A woman should not marry a younger man.	SD D N A SA
4.	A woman should not make more money than her partner.	SD D N A SA
5.	If a woman chooses to have an abortion, she should feel guilty.	SD D N A SA
6.	Women should have men make decisions for them.	SD D N A SA
7.	An appropriate female occupation is nursing.	SD D N A SA
8.	A woman should not initiate sex.	SD D N A SA
9.	A woman's worth should be measured by the success of her partner.	SD D N A SA
10.	Women should not succeed in the business world because men will not want to marry them.	SD D N A SA
11.	A woman should not expect to sexually satisfied by her partner.	SD D N A SA
12.	A woman should not swear.	SD D N A SA
13.	A woman should not be competitive.	SD D N A SA
14.	A woman should know how other people are feeling.	SD D N A SA
15.	A woman should remain a virgin until she is married.	SD D N A SA
16.	A woman should not consider her career as important as a man's.	SD D N A SA
17.	A woman's natural role should be the caregiver of the family.	SD D N A SA

18. Women should act helpless to attract men. SD D N A SA
19. A woman should wear attractive clothing, shoes, lingerie, and bathing suits, even if they are not comfortable. SD D N A SA
20. It is expected that a woman who expresses irritation or anger must be going through PMS. SD D N A SA
21. Women should be gentle. SD D N A SA

Thank you for participating in this study. I am exploring the roles of women in our society and am very interested in your opinions. Please complete the questionnaire by circling the letters, which indicate your level of agreement or disagreement with each statement. The letters are as follows:

22. A woman should be dependent on religion and spirituality for guidance. SD D N A SA
23. A woman should have a petite body frame. SD D N A SA
24. A woman should be responsible for making and organizing family plans. SD D N A SA
25. Women should not read pornographic magazines. SD D N A SA
26. It is not acceptable for a woman to masturbate. SD D N A SA
27. A woman should not show anger. SD D N A SA
28. Women should have soft voices. SD D N A SA
29. Women should have large breasts. SD D N A SA
30. A woman should not tell dirty jokes. SD D N A SA
31. A girl should be taught how to catch a husband. SD D N A SA
32. A woman should not have a baby until she is married. SD D N A SA
33. It is expected that women will not think logically. SD D N A SA
34. It is expected that women will discuss their feelings openly with one another. SD D N A SA
35. Women should dress conservatively so they do not appear loose. SD D N A SA
36. It is expected that women will have a hard time handling stress without getting emotional. SD D N A SA
37. It is expected that women in leadership roles will not be taken seriously. SD D N A SA
38. A woman should be responsible for teaching family values to her children. SD D N A SA
39. It is expected that women will be viewed as overly emotional. SD D N A SA
40. It is expected that a single woman is less fulfilled than a married woman. SD D N A SA

41.	A woman should not be expected to do mechanical things.	SD	D	N	A	SA
42.	It is expected that a woman will engage in domestic hobbies such as sewing and decorating.	SD	D	N	A	SA
43.	It is unlikely that a pregnant woman will be attractive.	SD	D	N	A	SA
44.	It is likely that a woman who gives up custody of her children will not be respected.	SD	D	N	A	SA
45.	Girls should not enjoy “tomboy-type” activities.	SD	D	N	A	SA

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