Interpersonal dependency and incidents of separation and loss: A study of men in treatment for domestic violence

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Abstract
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INTERPERSONAL DEPENDENCY AND
INCIDENTS OF SEPARATION AND LOSS:
A STUDY OF MEN IN TREATMENT FOR DOMESTIC VIOLENCE

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The purpose of this study was to (a) compare the interpersonal dependency scores of men in treatment for domestic violence to scores of men in the community, (b) compare interpersonal dependency scores of men attending treatment voluntarily to court-mandated men, (c) compare the average number of incidents of separation and loss between men in treatment and the community sample, and (d) explore the relationship between psychological maltreatment and interpersonal dependency. Included in the study were interpersonal dependency scores of sixty-seven men in treatment for domestic violence and 60 scores from men in the community. In the comparison of voluntary to court mandated men, there were nineteen men who were attending voluntarily and 48 who were court mandated to attend treatment. Results indicated no differences in interpersonal dependency scores between men in treatment for domestic violence and men in the community. No differences were found between voluntary and court mandated men on the measure of interpersonal dependency. There was a statistically significant difference between the men in treatment for domestic violence and the community sample in the average number of separation and loss events, such that men in treatment for domestic violence reported higher numbers of these events than the men in the community sample. A moderate positive correlation was found between dominance-isolation behaviors and emotional reliance on one’s partner. Implications for treatment and future research are discussed.
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# TABLE OF CONTENTS

ABSTRACT ............................................................................................................................. Error! Bookmark not defined. ii

ACKNOWLEDGMENTS ........................................................................................................... iii

LIST OF TABLES .................................................................................................................. vi

INTRODUCTION ..................................................................................................................... 1

REVIEW OF THE LITERATURE ON ATTACHMENT AND DOMESTIC VIOLENCE ................................................................. 3

Domestic Violence and Social Learning Theory ................................................................. 5

Domestic Violence and Family Systems Theory ............................................................... 6

Domestic Violence and Feminist Theory .......................................................................... 7

Domestic Violence and Object Relations Theory ............................................................ 8
Appendix A: Interpersonal Dependency Inventory ................................................................. 54

Appendix B: Family of Origin Questionnaire ........................................................................ 56

Appendix C: Treatment of Partner Inventory ....................................................................... 61

Appendix D: Demographic Information ................................................................................ 65

Appendix E: Informed Consent for Abuse Intervention Groups .............................................. 66

Appendix F: Informed Consent for Comparison Group .......................................................... 70
LIST OF TABLES

TABLE 1. Participant Characteristics................................................................................25

TABLE 2. Family of Origin Questionnaire Responses .....................................................35
INTRODUCTION

In the following paper I present a study of men in treatment for domestic violence and examine the utility of using attachment theory to help explain domestic violence. It is first necessary to discuss the definition of domestic violence, as there has been a lack of consistency and agreement in defining the term. Early in the history of domestic violence research, Straus, Gelles, and Steinmetz (1980) defined domestic violence as a violent act used to cause physical pain or injury. Further discussion and research led to different forms of violence being identified, such as *common couple violence* (occasional outbursts of violence by husbands or wives) versus *systematic male violence* (patriarchal terrorism; Johnson, 1995). Other common terms used to refer to types of physical abuse are *expressive* (a result of escalating conflict between partners in which both partners are involved in the escalation and there is a precipitating event) and *instrumental* (deliberate use of violence to punish or control; Neidig & Freidman, 1984).

More inclusive definitions of partner abuse have been put forth. For example, it has also been defined as a pattern of behaviors that includes emotional and sexual abuse (Saunders, 1988). Psychological maltreatment has more recently begun to receive the attention of family violence researchers (Tolman, 1999). This is important because evidence suggests that psychological maltreatment almost always accompanies physical abuse (Tolman, 1999) and may also be a predictor of subsequent physical violence. For example, research shows that a husband’s use of psychological aggression at 18 months
after marriage significantly predicted physical aggression one year later (Murphy & O’Leary, 1989).

Hegarty, Sheehan and Schonfeld (1999) noted that inconsistent definitions of domestic violence in research and practice have resulted in unreliable information about the prevalence of domestic violence; they suggested that researchers should consider which relations are domestic as well as how violence in domestic life is defined. The authors suggested that any definition of violence should take into account the varying types, severity, frequency, and meaning of the abuse. Tolman (1989) stated that further research should focus on the difference between battering and relationships that are distressed; additionally, he noted that conflict in non-abusive relationships may at times include verbal aggression and withdrawal of affection from either partner, whereas relationships in which men abuse women are characterized by ongoing isolation and demands for subservience.

In the following paper, the term *domestically violent men* is used to refer to the men in the study who were attending an abuse intervention program. The program the participants attended served men who had been court-mandated to treatment and those who attended voluntarily; each group may have included men who were physically violent and/or psychologically abusive to their partners. In light of the aforementioned research, it is possible that the delineations between court-mandated and voluntary are more arbitrary and circumstantial than based on other factors. Furthermore, it is also possible that the nonviolent comparison group (i.e., men not in treatment for domestic violence) contained men who had been abusive, if abuse is defined in a broader sense. These difficulties in defining abuse make any true comparisons of violent to nonviolent
men difficult in this and other studies because it can be difficult to delineate groups and define who is and is not abusive. In the discussion of the results of this study, future directions are suggested to address these concerns.

Rationale for the Present Study

Treatment programs for domestically violent men have become more prevalent as treatment providers have recognized the need for treating both perpetrators and victims of domestic violence. A persistent problem that limits the evaluation of treatment programs for men who are domestically violent is the lack of a clear connection between theoretical explanations for domestic violence and intervention efforts (Buttell, Muldoon, & Carney, 2005). Additionally, focusing on social learning theory (Bandura, 1969) as the primary explanation for the intergenerational transmission of domestic violence may have constrained inquiry into a broader range of psychosocial variables (Corvo, 2006). For example, research has suggested that there is a high frequency of violence in the families of origin of domestically violent men (Straus et al., 1980). However, although consistently significant, the effect size of social learning-derived intergenerational variables is often small (Corvo, 2006). Other theories such as family systems theory, feminist theory, and object relations theory have also been used to help explain why some men become abusive, although each has limitations, such as being mainly descriptive, or not being applicable to all men. Each of these theories is briefly described in the following literature review.

Attachment theory is a promising concept that may help explain how abusive behaviors develop. Attachment behavior includes any of the various forms of behavior that a child commonly engages in to attain and/or maintain a desired proximity to a
caregiver (Bowlby, 1969). In order to develop into healthy adults, humans need positive emotional bonds, which first occur in primary relationships with caregivers, most often with mothers. The quality of attachment with early caregivers is thought to be fairly enduring and establishes the road map for the internal representations of self-competency in proximity-seeking and care-seeking behaviors (Corvo, 2006).

Recently, researchers have focused on the relationship between attachment and domestic violence, often in comparisons of domestically violent men and nonviolent men. Results have been mixed. Some studies have shown differences between these groups, suggesting that attachment may be one important factor that could help explain why some men become violent and others do not. Other researchers have not found a difference between violent and nonviolent men on measures of attachment. In this study, I compared domestically violent men and a community sample of men for the purpose of further exploring the possibility that attachment is an important factor in explaining abusive behavior that therefore may need to be addressed as part of treatment. In the following section, I discuss literature on some past and present theories of domestic violence, including attachment theory. I also present literature on the specific intersection of attachment theory and domestic violence, focusing primarily on research that was replicated in the present study. Additionally, I review literature on the measures used in the present study.
LITERATURE REVIEW

In the first section of this literature review I offer a brief review of how social learning theory, family systems theory, feminist theory and object relations theory have historically been applied to the field of domestic violence. Each of these subjects is broad in its scope and thus I do not provide a comprehensive review; rather, I offer a brief summation of the basic tenets of each model. Next, I review literature on attachment theory as an alternative explanatory model for the etiology of domestic violence.

Domestic Violence and Social Learning Theory

For some time, social learning theory (Bandura, 1969) was the predominant explanatory model used to explain domestic violence. Social learning theorists have posited that observing the behavior of significant or influential others generates ideas of how new behaviors are performed; these observations in turn guide further actions (Corvo, 2006). Hence, observing violence in one’s family creates norms about how, when, and towards whom aggression is appropriate (Corvo, 2006).

Certainly, witnessing or experiencing violence is not inconsequential. For example, Sugarman and Hotaling (1989) found that two factors relating to family of origin aggression emerged as risk markers for husband violence (i.e., violence of a husband toward a spouse): frequency of witnessing parental aggression and parental aggression directed toward the respondent. Similarly, both observing interparental aggression and being a victim of parental aggression were found to be risk markers for
modeling of severe marital aggression in another study (Kalmuss, 1984). Dutton and Holtzworth-Munroe (1997) noted:

Perhaps the most commonly cited explanation regarding the etiology of marital aggression is that of childhood exposure to family violence. Such notions are often based on social learning theories that propose that a child models the aggressive behaviors of his parents and learns their positive attitudes toward violence. However, Kalmuss (1984) found mixed results for this intergenerational modeling view, finding that modeling was not sex-specific and that both abuse perpetration and victimization for both sexes in the adult marriage were increased by exposure to parental hitting. It appears that something more complex than mere imitation of actions is involved in the acquisition of habitual intimate assaultiveness. (p. 380)

To summarize, witnessing parental violence and experiencing violence in childhood appear to be contributing factors to later domestic violence on the part of the observer. Yet, as the above quote suggests, other factors may be involved as well.

**Domestic Violence and Family Systems Theory**

Family systems theory is an interpersonal theory; the understanding of domestic violence from this perspective, then, relies on concepts from general systems theory such as circular causality, reciprocity, and the system’s need to maintain homeostatic balance (Zosky, 1999). The theory originated with Murray Bowen, M.D., a psychiatrist who suggested that human beings follow similar systems rules as other forms of life, and that our emotional system is the main driving force in problems within our families. Kerr (2003) offered a comprehensive review of Bowen’s theory. Briefly, Kerr described how a family unit is interconnected – intensely emotionally connected – and how this interconnectedness likely evolved to promote cohesiveness and cooperation among family members. However, tension in the family can intensify these processes and, as anxiety increases, the family environment is more stressful than comforting. Further, Kerr described how eventually family members can end up feeling out of control. Violence is
understood as a reciprocal and interactive dynamic that is used to maintain equilibrium within the family system. Zosky (1999) stated that one major drawback of family systems theory is that it is largely descriptive; although it may be able to help us understand domestic violence, it may lack the ability to explain why some relationships become violent and others do not.

Domestic Violence and Feminist Theory

Another influential theory in explaining the etiology of domestic violence, as well as the treatment of domestically violent men, is feminist theory. Again, this is a broad and dynamic topic; hence I only provide a brief description of the main points. Feminist theorists generally see the root of domestic violence as the unequal distribution of power of the genders within a patriarchal society (Hamberger, 1989). Bograd (1988) noted that many psychological and sociological theories about wife abuse tend to lack a political or feminist perspective. Bograd described common dimensions within feminist theory to explain wife abuse, including the constructs of gender and power, the analysis of the family as a historically situated social institution, and the importance of understanding and validating women’s experiences. The author also noted some common assumptions among feminist theorists. For example, many theorists believe that, as the dominant class, men have differential access to materials and resources whereas women are devalued as secondary and inferior, that intimate partner abuse is a predictable and common dimension of normal family life, and that women’s experiences are often defined as inferior because male domination influences all aspects of life.

Feminist theory is largely a sociopolitical theory (a macro level of understanding) and family systems theory is mostly directed at the interpersonal level of understanding.
(Zosky, 1999). Next, I briefly discuss the addition of object relations theory, which offers a more intrapersonal (intrapsychic) understanding (a micro level) of domestic violence.

Domestic Violence and Object Relations Theory

Object relations theory is a psychodynamic theory that holds that human beings are motivated from the earliest moments of life by a yearning for significant relationships with objects (parents) Fairbairn (1952). (For a comprehensive review of object relations theory and domestic violence, as well as a case discussion, see Zosky, 1999.) For individuals who do not grow up in a validating, empathically attuned environment, there can be enduring deficits such as dependency needs that remain unmet, a pervasive sense of anger or rage about these unmet needs, and a strong desire to fulfill these dependency needs (Zosky, 1999).

According to this theory, early ideas about the self and others are rooted in early messages taken in from our primary caretakers; more specifically, our abilities to trust, depend on others, and be intimate as adults are determined by the level of trust and nurturance in our very early childhood (Siegel, 1992). It has been suggested that the borderline and narcissistic qualities often reported in domestically violent men may be related to the object relations concept of splitting (a defense mechanism to help us keep the “all good” and “all bad” parts of our objects apart; Klein, 1932). For example, people with borderline qualities often have difficulty with judgment, reality testing, trust, healthy dependency and the ability to calm themselves (Siegel, 1991). Object relations theory has not historically been considered a dominant theory in the explanation of why some men become abusive and others do not; it is possible that this theory can help researchers understand the primitive needs that continue to motivate adult intimate behavior (Zosky,
Related to object relations theory, in that it involves early relationships with caregivers, is attachment theory, which I discuss next.

Theories of Attachment

The researcher most widely associated with developing and explicating attachment theory is John Bowlby. The development of his theory was described in detail in his trilogy *Attachment and Loss* (1969, 1973, 1980). Ainsworth and Bell (1970), the researchers responsible for defining attachment styles based on observations of infants and their mothers, summarized definitions of attachment and attachment behavior as follows:

An attachment may be defined as an affectional tie that one person or animal forms between himself and another specific one – a tie that binds them together in space and endures over time. The behavioral hallmark of attachment is seeking to gain and to maintain a certain degree of proximity to the object of attachment, which ranges from close physical contact under some circumstances to interaction or communication across some distances under other circumstances. *Attachment behaviors* are behaviors which promote proximity or contact. In the human infant these include active proximity- and contact-seeking behaviors such as approaching, following, and clinging, and signaling behaviors such as smiling, crying, and calling. (p. 50)

Bowlby (1977) suggested that “attachment behavior is held to characterize human beings from the cradle to the grave” (p. 203). Bowlby concluded that poor attachment with parents was both a source of and an outcome of trauma; he believed that children developed maladaptive internal working models of relationships when their caregivers behaved in a consistently unreliable, unresponsive manner (Lawson, 2001).

Based on Mary Ainsworth’s research, three main patterns of attachment in children emerged: secure, anxious-avoidant, and anxious-resistant (Ainsworth & Bell, 1970). *Secure attachment* behavior was characterized by active play and seeking out of the mother when distressed after a brief separation. These children were readily
comforted and quickly returned to play. **Anxious-avoidant** children avoided their mother upon reunion and sometimes treated strangers in a friendlier manner than their own mother. **Anxious-resistant** (or ambivalent) children would bounce back and forth between seeking proximity and contact and resisting contact and interaction. Some of these children were angrier or more passive than other infants (Bowlby, 1969). Later, the *anxious-ambivalent* category was split into two subcategories: *anxious-preoccupied*, characterized by consistent anxiety in interpersonal relationships, and *ambivalent* or *fearful*, characterized by a “push pull of ambivalence” (Dutton, 2007, p. 160).

Hazan and Shaver (1987) argued that romantic love in adulthood had similar properties as infant attachment. In their landmark article, *Romantic Love Conceptualized as an Attachment Process*, the authors surmised that romantic love was not unlike an attachment process (albeit possibly a more complex one). Their research indicated (a) that the prevalence of the three attachment styles is roughly the same in adulthood as in infancy; (b) that the three types of adults are predictably different in their experiences of romantic love, and (c) that attachment style is related to mental models of self and social relationships and to relationships with parents.

Further refinement of attachment theory has resulted in four generally accepted categories of attachment: *secure, dismissing, preoccupied,* and *fearful* (Dutton, 2007). Dutton noted that the word “fearful” may be misleading: he stated that this was attachment fear (i.e., fear of abandonment) but could also be thought of as “angrily attached” (Dutton, 2007, p.130). A fifth style has also been proposed by some: *disorganized*. This style is characterized by experiencing strong, yet conflicting, emotions...
when the attachment system is aroused; these individuals are often prone to dissociation (Dutton, 2007).

Doumas, Pearson, Elgin, and McKinley (2008), in an article on adult attachment as a risk factor for spousal abuse and on the interplay of each partner’s attachment style, noted:

As with infants, adult attachment behaviors are also regulated by internal working models of self and other. For adults, internal working models are formed through experiences in the individual’s interpersonal world. Adult attachment style, then, refers to particular working models of attachment that determine an individual’s responses to real or imagined separation from important attachment figures. (p. 617)

Bowlby (1984) suggested that three main types of relationships, when threatened, could arouse anger: relationships with a sexual partner, with parents, and with offspring. Bowlby noted that partners involved in domestic violence are often anxiously attached to each other and develop strategies to control the other and keep them from leaving. Bowlby also spoke directly to the role of attachment in development of violence within the family, noting:

…no one with eyes to see can any longer doubt that all too many children are battered by their parents, either verbally or physically or both, nor that all too many women are battered by husband or boyfriend. Moreover, our horror that parents can behave so is nowadays mitigated by our increasing knowledge of the kind of childhoods these parents have themselves had. (p. 10)

Bowlby stated that when a child’s attachment behavior is responded to “tardily and unwillingly” (p. 13) and is regarded as a nuisance, he or she is likely to become anxiously attached and apprehensive when his or her caregiver is missing or unhelpful, and thus becomes reluctant to leave the caregiver. If the child is rejected, he or she is likely to feel conflict between avoiding his parents and wanting desperately to be in close
proximity, resulting in angry behavior. In the next section, I set forth current theories of attachment relating to domestic violence.

Attachment and Domestic Violence

The focus on attachment in the field of domestic violence is a direct result of observations made by clinicians that men who are domestically violent are overly dependent on their partners yet incapable of initiating and maintaining an emotionally supportive relationship (Carney & Buttell, 2006). Consequently, the men seem to desire closeness with their partners but, given their inability to achieve this emotional closeness, they use violent and controlling behavior to ensure physical closeness (Murphy, Meyer, & O’Leary, 1994).

Dutton’s Model of the Abusive Personality

One of the leading researchers in the area of attachment and domestic violence is Donald Dutton, a psychologist and researcher who has written numerous articles as well as books on the subject of domestic violence. Dutton (2007) stated that the description of anxious-ambivalent children sounded similar to descriptions of physically abusive men. Dutton has outlined what he referred to as an abusive personality. Briefly, in his model Dutton proposed that three factors were at play in the etiology of domestic violence: witnessing parental violence, the experience of being shamed, and insecure attachment. Dutton posited that these three factors combined to produce an adult personality marked by a negative (and inflated) self-image, a tendency to externalize blame, intense fear of abandonment, and an inability to modulate rage. (For further explication of Dutton’s model, see Dutton, 2007.)
Although Dutton’s research has been recognized as a substantial contribution to the field of domestic violence, his model has been criticized. For example, Lawson (2001) stated that Dutton’s explanation for violence had limited scope when compared with the variety of abusive types of men. Dutton’s work was criticized by Lawson for focusing only on one type of batterer – the cyclical or borderline personality abuser. Additionally, Lawson believed that Dutton excluded feminist theory, systems theory, and, to a lesser degree, social learning theory as viable explanations for family violence. Further, Lawson noted that, although Dutton’s earlier models did include other potential explanations for family violence (such as individual experiences; occupational, religious and social affiliations; and societal norms), Dutton’s most recent model included only individual and nuclear family levels.

Recent Research on Attachment and Domestic Violence

In addition to Dutton, numerous other researchers have looked at the relationship between attachment and domestic violence. Holtzworth-Munroe, Stuart, and Hutchinson (1997) compared the attachment patterns of violent husbands to those of nonviolent husbands, hypothesizing that violent husbands would evidence more anxious-ambivalent and preoccupied-fearful attachment than nonviolent men. They studied three participant groups: 58 violent-distressed men who were both maritally violent and distressed (some were from the community and others were in treatment), 32 maritally nonviolent-maritally distressed men from the community, and 29 maritally nonviolent-maritally nondistressed men from the community.

Using a measure of attachment in relationships in general and a measure of dependency on a particular spouse, Holtzworth-Munroe et al. (1997) found that violent
men were more anxious about abandonment, both in relationships in general and in their marriage, than were nonviolent husbands. Violent men were also more likely to be classified as having preoccupied, ambivalent-anxious, and disorganized attachment strategies, and they were more jealous and less trusting than were nonviolent men. The violent men reported needing more nurturance from their wives and having a narrower focus on their wives than did the nonviolent-distressed men, but they also reported being more avoidant of dependency and having more discomfort with closeness in relationships than did the nonviolent, non-distressed men. This combination of a need for nurturance yet discomfort with dependency might help explain why violent men feel anxiety about the possibility of abandonment.

Holtzworth-Munroe et al. (1997) noted that a limitation of their research and of previous studies in which researchers tried to link husband violence to attachment was the possibility that marital functioning is a result of an interaction of both spouses’ attachment styles. Additionally, their participants were volunteers who may not have been representative of all violent husbands. Furthermore, the measures of attachment were not always consistently related, bringing up the question of whether attachment patterns are similar across different relationships. The study described above involved a measure of dependency on one’s spouse. Other researchers have utilized a more general measure of interpersonal dependency – the Interpersonal Dependency Inventory (IDI; Hirschfeld, Klerman, Gough, Barrett, Korchin, & Chodoff, 1977). In the following section, I describe the theory behind the IDI and summarize recent research into the IDI and domestic violence.
The high degree of interpersonal dependency that has been found among abusive men has been viewed as a consequence of insecure attachment in childhood (Holtzworth-Munroe et al., 1997). Hirschfeld et al. (1977) cited three sources for the concept of interpersonal dependency: the psychoanalytic theory of object relations, social learning theories of dependency, and the ethological study of attachment. Dependency involves interactions with social objects (usually mothers), learned drives acquired through experience, and behaviors used to foster and maintain proximity to loved ones (Hirschfeld et al., 1977). Hirschfeld et al., in an article outlining the development of the IDI, discussed how these three sources shared elements but were fundamentally different. For example, the authors noted that the psychoanalytic view emphasized intrapsychic cognitive and motivational mechanisms, whereas social learning was more concerned with external events; the ethological approach was a blend of the two. In other words, attachments are intrapsychic, lead to specific behaviors, and are “enduring and specific” (p. 611).

Hirschfeld et al. (1977) sought to develop a measure of interpersonal dependency that was closer to their theoretical perspective than previous measures had been and that would overcome problems such as low reliability and a tendency toward social desirability that arose with other measures. The authors developed original items and also modified items from existing tests. The resulting 98 items were grouped into 19 categories. The items were then administered to two research samples: Sample 1 consisted of 220 college students (88 male and 132 female), and Sample 2 consisted of 180 psychiatric patients (76 male and 104 female) with various diagnoses. Statistical
analyses resulted in retention of 48 items and three subscales: (a) Emotional Reliance on Another Person (e.g., “The idea of losing a close friend is terrifying to me”), (b) Lack of Social Self-Confidence (e.g., “When I have a decision to make I always ask for advice”), and (c) Assertion of Autonomy (e.g., “I can’t stand being fussled over when I am sick”). (For further explication of the development and theoretical framework of the IDI, see Bornstein, 1994.)

The IDI is one of the most widely used dependency measures and has been utilized in more than 25 empirical studies of dependency (Bornstein, 1994). A handful of researchers have utilized the IDI to examine dependency characteristics of domestically violent men. For example, Murphy, Meyer, and O’Leary (1994) examined the dependency characteristics of men who were assaultive to their partners. The participants in the partner-assaultive group consisted of 24 men seeking treatment for partner abuse (21 voluntarily sought treatment and three were court-mandated). The contrast group consisted of 24 nonviolent men in discordant marriages and 24 nonviolent men in well-adjusted marriages. As the authors predicted, the men who had assaulted their partners reported significantly higher interpersonal dependency. These men also scored higher on a measure of spouse-specific dependency, reflecting “fear of abandonment, relationship dependent self-esteem, and a tendency to focus on the primary relationship to the exclusion of other social contacts” (p. 733).

Murphy, Meyer, and O’Leary (1994) noted that dependency may contribute to a cycle of control and coercive behavior in which coercive tactics may result in short-term compliance on the part of the partner, as well as intense emotional reunion. However, a frequently coerced partner may eventually withdraw or resist, further activating the
domestically violent man’s emotional vulnerability, and, in turn, the man may engage in more “intense, frequent, and diverse coercive behavior” (p. 734). The authors also noted some limitations of their research, such as a small sample size and the fact that the abusive group tended to be on the extreme end of the violence continuum; as a result, the findings may not generalize to men who perpetrate less frequent or less severe abuse against their partners.

Other researchers have attempted to replicate such findings regarding dependency characteristics of domestic violence offenders. Buttell and Jones (2001) assessed the level of interpersonal dependency of 105 adult men who had been court-ordered into a domestic violence treatment program and compared their IDI scores with those of 25 nonviolent men. One stated purpose of their research was to investigate court-ordered men, given that previous researchers had studied primarily volunteer samples. The authors noted that it was possible that men who volunteered for treatment might be more dependent than men who were court-ordered because it was plausible that those in the former group were attending treatment in order to stop their wives from leaving the relationship. In other words, they surmised that perhaps the differences found between domestically violent men and nonviolent men in previous studies were due to the fact that the domestically violent men were volunteers and were more invested in keeping their relationships together (i.e., were more dependent) than were men who had been court-ordered to treatment.

Buttell and Jones (2001) failed to provide empirical support for the researchers’ hypothesis that court-ordered men would exhibit excessive interpersonal dependency in their primary relationships compared to the nonviolent men. The authors suggested that
perhaps men who had been ordered by a court to obtain treatment may have different levels of interpersonal dependency than men who volunteered for treatment (because, as mentioned above, previous studies had indicated differences between domestically violent men voluntarily seeking treatment and nonviolent men; thus, perhaps the fact that their study did not find differences meant that court-ordered men differed somehow from men who volunteered for treatment). However, the authors noted that their sample was drawn from a predominantly rural, southern U.S. population, limiting generalizability. Additionally, they posited that court-ordered men may have feared that truthful responses would result in negative consequences and, thus, may have attempted to present themselves in an overly positive light, confounding the accurate measurement of interpersonal dependency.

Buttell et al. (2005) published findings from a follow-up study of 158 batterers and 25 nonviolent men. Given their previous findings, they examined the prediction that men who had been court-ordered to receive domestic violence treatment would not display higher levels of interpersonal dependency in their primary relationship than nonviolent men. They found that, contrary to their previous findings, the court-ordered men did indeed score higher on the IDI, suggesting that they were overly dependent on their intimate partners. This finding is more similar to findings suggesting that domestically violent men are excessively dependent in their relationships, with the implication being that their interpersonal dependency occurs as a result of insecure attachment in childhood.

Carney and Buttell (2006), in a secondary analysis of 114 men court-mandated to attend a batterer intervention program (BIP), also found that domestically violent men in
their sample scored significantly higher on the IDI than did nonviolent controls. Interpersonal dependency was unrelated to type of abuse, contrary to previous research suggesting that perhaps only certain types of domestically violent men, such as “borderline” (p. 284) batterers, suffered from dependency and attachment problems. The authors argued instead that if dependency were only associated with one type of batterer there would have been a significant association between measures of type of abuse and IDI score; the fact that there was not such an association, they argued, suggested that most domestically violent men have attachment difficulties, as evidenced by excessive dependence on their partners. The authors noted:

This discussion is not meant to imply that either dependency or attachment replace any of the existing theories regarding the development of abusive behaviors. Rather, interpersonal dependency should be viewed as a complementary theory that adds a unique perspective to explaining the development of abusive behaviors among men in treatment for intimate partner violence. (p. 285)

Incidents of Separation and Loss

In addition to examining interpersonal dependency as a measure of attachment, another method that has been proposed as a way to assess whether attachment theory concepts are applicable to the field of domestic violence, is to ask about incidents of violence, separation, and loss (a reference to Bowlby’s seminal work on attachment) in the early lives of men who are domestically violent. Corvo (2006), in an effort to broaden the theoretical basis of intergenerational transmission models of family violence, assessed whether incorporating variables derived from attachment theory with exposure to violence in the family of origin would increase the predictive power of a multiple regression model of intergenerational transmission. Participants were 74 men in treatment for domestic violence in a Midwestern city; each was given a questionnaire developed by
the researcher that assessed early life experiences such as separation from parents, erratic caregiving, violence, death of a parent, hospitalization, and so forth.

One important finding from Corvo’s (2006) research was that a best predictor regression model that used composite variables of parental physical abuse and the number of total separation and loss events explained as much variance as did the model incorporating family of origin violence alone. Corvo posited that separation and loss may best predict current level of violence when family of origin violence was lowest. In other words, as Corvo suggested, there may be dual pathways into violence: violence in current relationships may arise due to disruptions in childhood attachment as well as from being a victim of child abuse. In fact, when an aggregate measure of separation and loss was used, the strongest correlations were found. Corvo noted:

In part, the basis for constructing this composite measure lies in the theoretical specifications of “attachment” as an underlying process and “separation and loss” as disruptions of that process. Disruptions in attachment through separation and loss events are seen as promoting many similar effects whatever the circumstances of the particular disruptive event. (p. 122)

Strupp and Binder (1984) also addressed the idea of looking at the whole of a person’s experience rather than isolated events:

What is the nature of painful childhood experiences responsible for restrictions in the patient’s ability to relate satisfyingly with significant others and which result in neurotic symptoms as well as troublesome character styles? In most instances, they are not the aftermath of single events (the death of a parent at a vulnerable stage of the child’s development, a beating by an irate father) but rather the end result of prolonged patterns of parent-child relationships which in the aggregate have adversely affected the child’s personality development and maturation. (p. 31)

Corvo (2006) suggested that if some aspects of domestic violence could be attributed to the ill effects of disrupted attachment, and not to models of learned behavior, then standard interventions that focus only on psychoeducation may not be adequate.
Summary

The above review suggests that the construct of interpersonal dependency may be useful in considering the etiology of domestic violence. As is often the case, however, results have been mixed, with some studies suggesting a difference between violent and nonviolent men on levels of interpersonal dependency (Buttell et al., 2005; Murphy, Meyer, & O’Leary, 1994), and others not showing a difference (Buttell & Jones, 2001). The literature is also not yet clear as to whether differences in interpersonal dependency exist between men who attend treatment voluntarily and those who are court-mandated to treatment. Research using the separation and loss questionnaire has suggested that early incidents of separation and loss (which may disrupt healthy attachment) may help explain domestic violence, but only one researcher to date has used a specific measure of separation and loss (Corvo, 2006). Furthermore, in that research the number of separation and loss events was not compared to a nonviolent sample. Hence, the current study was designed to replicate existing research on interpersonal dependency as well as further elucidate whether separation and loss events among domestically violent men differ from those among men who have not been identified as domestically violent.

Purpose of the Current Study and Hypotheses

The first purpose of the present study was to extend prior work in the area of attachment and domestic violence by investigating levels of interpersonal dependency (as measured on the IDI, thought to be an indicator of insecure attachment in adults) reported by men in treatment for domestic violence. As mentioned above, a few researchers have found a significant difference between domestically violent men and nonviolent comparison groups, and at least one researcher has not found this difference. Therefore,
in the current study I sought to replicate past research and demonstrate the utility of interpersonal dependency as a way to distinguish abusive from non-abusive men. My hypothesis was that domestically violent men would report higher levels of interpersonal dependency than would a community sample of men.

The second purpose was to examine whether there is a difference in interpersonal dependency between men who are court-mandated to attend treatment for domestic violence and men who enter treatment voluntarily. The rationale behind this comparison was that, because they come to treatment of their own accord, voluntary men may be in treatment to try to keep their wives or partners from leaving the relationship. Hence, I hypothesized that men voluntarily attending domestic violence treatment would exhibit higher levels of interpersonal dependency than would men court-mandated to treatment.

Another purpose of the current study was to investigate the number of experienced separation and loss events in the early lives of domestically violent men. Only one published study to date (Corvo, 2006) is known to have included the specific questionnaire that was used in the current study, so in the current study I sought to add to the literature and lend further support to the hypothesis that incidents of separation and loss are more common among men in treatment for domestic violence than among non-abusive men. Although prior researchers have demonstrated that domestically violent men have witnessed and/or experienced violence in their early lives, in the present study I sought to examine whether incidents of separation and loss alone could discriminate between men in treatment for domestic violence and a nonviolent sample of men. Specifically, I hypothesized that men in treatment for domestic violence would report
more incidents of separation and loss during childhood than would a comparison sample of men.

Finally, there was an exploratory component to this study. A measure of psychological maltreatment of one’s partner (the Psychological Maltreatment of Women Inventory, or PMWI; Tolman, 1989) was given to all participants to investigate whether there is a relationship between interpersonal dependency (as measured by the IDI) and psychological or emotional maltreatment of one’s partner.
METHOD

Participants

The present study involved a comparison of men in treatment for domestic violence to a community sample of men. I also compared men attending treatment voluntarily to those who were court-mandated to attend. The first group, referred to as the Domestic Violence (DV) group, consisted of 67 men who were attending an abuse intervention program in Portland, Oregon. The program serves men who are court mandated to domestic violence treatment as well as those seeking treatment voluntarily. The treatment modality is a group format, led by therapists; most groups are co-led by a male and a female facilitator. Of these 67 men, 19 were attending the abuse intervention program voluntarily (they will be referred to here as the DV Voluntary group) and 48 had been court-ordered to attend an abuse intervention program after being charged with crimes of domestic violence (DV Mandated group). The comparison group consisted of 60 men attending a local community college (referred to as the Nonviolent Comparison, or NVC, group).

Demographic information was collected from all participants. The demographic sheet used in the study is located in Appendix D. Table 1 summarizes the characteristics of all participants in the study. The three groups were fairly similar in mean years of education, although the DV Voluntary group averaged approximately three years more education than the DV Mandated group (16.6 versus 13.2 years). There were large differences in age, with the DV Mandated group being almost twice as old, on average, as
Table 1. Characteristics of Participants (N = 127)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>DV Voluntary (n = 19)</th>
<th>DV Mandated (n = 48)</th>
<th>NVC (n = 60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age in years (SD)</td>
<td>46.8 (8)</td>
<td>36 (10)</td>
<td>24.5 (8)</td>
</tr>
<tr>
<td>Mean years education (SD)</td>
<td>16.6 (4)</td>
<td>13.2 (4)</td>
<td>14.1 (2)</td>
</tr>
<tr>
<td>Ethnicity/Race (n[%])</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>19 (100)</td>
<td>33 (71)</td>
<td>38 (65)</td>
</tr>
<tr>
<td>African American</td>
<td>0</td>
<td>2 (4)</td>
<td>0</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>0</td>
<td>4 (9)</td>
<td>6 (10)</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>2 (4)</td>
<td>6 (10)</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>0</td>
<td>1 (2)</td>
<td>2 (3)</td>
</tr>
<tr>
<td>Biracial</td>
<td>0</td>
<td>2 (4)</td>
<td>6 (10)</td>
</tr>
<tr>
<td>American Indian</td>
<td>0</td>
<td>1 (2)</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Latin</td>
<td>0</td>
<td>1 (2)</td>
<td>0</td>
</tr>
<tr>
<td>Lebanese</td>
<td>0</td>
<td>0</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Russian</td>
<td>0</td>
<td>0</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Income (M [SD]) in thousands/year</td>
<td>151 (106)</td>
<td>64.3 (57)</td>
<td>54.4 (65)</td>
</tr>
<tr>
<td>Median income in thousands/year</td>
<td>145</td>
<td>50</td>
<td>38</td>
</tr>
<tr>
<td>Reported past physically violent</td>
<td>5 (23)</td>
<td>18 (37)</td>
<td>2a* (3)</td>
</tr>
<tr>
<td>relationship (n[%])</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship status (n[%])</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partnered</td>
<td>19 (100)</td>
<td>48 (100)</td>
<td>40 (66)</td>
</tr>
<tr>
<td>Not partnered</td>
<td>0</td>
<td>0</td>
<td>20 (33)</td>
</tr>
</tbody>
</table>

a These cases were excluded from statistical analyses because it was assumed that the men should not be considered part of the nonviolent sample.

Note. DV=Domestically violent. These were men in treatment for domestic violence. NVC= Nonviolent comparison group of men from the community.
Income is reported in thousands of dollars per year.

the NVC group; this is not surprising given that the NVC group was drawn from a community college, and efforts were not made to match the groups on age. The DV
The income level of the DV Voluntary group was significantly higher than the other two groups; it was almost three times that of the DV Mandated group. Interestingly, all the members of both the DV groups reported being partnered (not necessarily married) compared to 66% of the NVC group, which may in part be related to the differences in age of the groups. The demographic data included a question about past physically violent relationships, and responses indicated that 5 of the 19 men in the DV Voluntary group reported past physical violence (23%), compared to 37% of the DV Mandated group. Two men in the NVC group reported past physical violence, so these scores were not considered in statistical analyses because they were no longer considered to be appropriate for a nonviolent comparison group. The relevance and implications of the differences in demographics between these groups is discussed in the final section of this paper.
Measures

The Interpersonal Dependency Inventory (IDI)

The Interpersonal Dependency Inventory (IDI) is a 48-item self-report instrument used to measure interpersonal dependency (see Appendix A). Hirschfield et al. (1977), authors of the IDI, defined interpersonal dependency as “a complex of thoughts, beliefs, feelings, and behaviors which revolve around the need to associate closely with, interact with and rely upon valued other people” (p. 610).

The IDI was chosen for this study for a number of reasons. First, the IDI has been widely used and has been found to have construct validity as a measure of interpersonal dependency (for a review see Bornstein, 1994) as well as good internal consistency (Hirschfield et al., 1977). In the present study, internal consistency was calculated at .817. Additionally, the IDI was the most commonly used measure in looking specifically at attachment and domestic violence, and there appeared to be a need for replication, given the conflicting results in the recent research. The IDI measures dependency in general, not just in romantic relationships. This was important because I did not know if all the men would be in relationships and thus I wanted to avoid respondents not filling out the measure simply because they were not currently partnered. In other words, I wanted to assess the trait of interpersonal dependency versus a state (i.e., attachment style in romantic relationships or on a particular spouse).

Additionally, I hoped the IDI appeared less threatening because it did not require people to report on behaviors within their romantic relationships; it was designed to decrease the chance for socially desirable reporting. Finally, the IDI was developed by
combining the theories of object relations, social learning theory and ethology (the scientific study of animal behavior); both object relations theory and social learning theory are used to explain domestic violence so a measure that includes these concepts seemed appropriate.

In an effort to minimize any focus on dependency by participants while they were completing the inventory, the term *Personal Attitude Survey* (PAS) was used to identify the survey in the present study (this term was selected following Buttell et al. [2005]’s prior use of the term in their study of 158 domestically violent men and 25 nonviolent men).

Three subscales and a total score can be derived from the IDI. The subscales are Emotional Reliance (ER), Lack of Social Self-Confidence (LS), and Assertion of Autonomy (AA). Originally, Hirschfield et al. (1977) used the following formula to derive a total score for the IDI: 3 (ER) + 1 (LS) + 1 (AA). However, a new formula has been proposed to account for the assertion that the AA score is raised by the LS score because the AA score captures an ego defense against the feelings expressed in the LS subscale (Buttell et al., 2005). Hence, a fourth score was proposed by one of the original developers (Bornstein, 1994), which was used to compute a total IDI score in the present study. The equation used is as follows: IDI total = 40.84 + .20 (ER) + .18 (LS) - .66 (AA) + .53 (LS x AA/30). Buttell et al. (2005) noted that in the new equation the constant value of 40.84 is used to produce means approximating 50 on large, heterogeneous samples; a standard deviation of 6 suggests, then, that a score of 56 would indicate strong feelings of dependency and 44 would indicate self-sufficiency. No normative data for the new scoring system were available at the time of Buttell et al.’s (2005) study, nor am I
aware of any new publications that include normative data. However, the computation of the new equation was verified prior to analyzing the current data (F. Buttell, personal communication, January, 2009).

The Family of Origin Questionnaire

The Family of Origin (FOQ) questionnaire consists of items identifying early life experiences (before age 18) of separation and loss, erratic care, violence in the family of origin, and violence in the individual’s current spousal or cohabitating relationship (Corvo, 2006). The questionnaire was used in this study after obtaining written permission and a hard copy from the creator of the questionnaire, Kenneth Corvo, Ph.D. In his research, Corvo (YEAR) labeled the survey as simply Questionnaire. In the current study, the term Family of Origin was added to give the participants an idea of what types of questions they would be asked to answer. The questionnaire consists of 26 items, some of which require filling in blanks (see Appendix B). For example, if a respondent answered “yes” to a question of whether he had been sexually abused, a line was offered to write the relationship of the perpetrator to the respondent. A number of items include Likert scales to rate frequency of certain occurrences, such as witnessing one’s father being intoxicated or hearing a parent threaten to leave or to commit suicide.

In the current study, for purposes of comparing the DV and NVC groups, 11 items that could be scored as yes or no and that indicated an incident of separation or loss were selected from the 26 total items. These 11 items were chosen in part for their ease of scoring (yes or no). Additionally, they were the items used in the original research. These items asked about parental divorce, separation due to parent or child living away from the home, deaths in the family, a parent being hospitalized for mental health treatment, and
separation due to the child being hospitalized. The mean number of incidences of separation and loss were then compared for DV and NVC groups. The FOQ also contains three questions assessing physical abuse by parents or others and sexual abuse. These items were not included in the planned statistical comparison of the two groups because incidents of past abuse have typically been used to support a social learning theory explanation for domestic violence. In the current study, the purpose was to see whether separation and loss events alone could distinguish the two groups; in other words, to assess whether other disruptions in attachment would differentiate the two groups, regardless of abuse. However, these items are of interest to examine, and, thus, were included. Additionally, in a post hoc analysis the three items were added to the original 11 items resulting in a total violence, separation and loss events score.

*Psychological Maltreatment of Women Inventory*

The Psychological Maltreatment of Women Inventory (PMWI; Tolman, 1989) consists of 58 items assessing the frequency of emotionally and psychologically abusive behaviors using a Likert scale from 1 (*Never*) to 5 (*Very frequently*) and includes an option of NA or not applicable (see Appendix C). I applied online for permission to use the PMWI and was granted permission to do so. In the present study the PMWI was labeled *Treatment of Partner Inventory* (TPI) on the copy completed by participants. The reasons for using TPI were twofold. First, due to the procedure required to obtain data from community colleges for the NVC group, both men and women took the surveys (though only data for males were used in subsequent analyses); thus, the word *partner* was more appropriate than the word *women*. Second, the word *maltreatment* might have
suggested a judgment by the researchers of certain behaviors, and thus the word 
*treatment* was used instead.

Two subscales are derived from the PMWI. The 22-item Emotional-Verbal subscale measures behaviors such as verbal attacks, attempts to demean the partner, and withholding emotional resources. The Dominance-Isolation subscale (26 items) measures behaviors related to isolation from resources, demands for subservience, and other rigid observances of traditional sex roles. In Tolman’s original scale construction, 10 items were not included in the subscale construction, though the reasons for this are unclear. Many of these are items with a higher likelihood of being scored as *not applicable* (because they include items about cohabitating and child rearing). Additionally, some items may have been somewhat redundant so were not considered necessary to construct the subscales.

**Procedure**

Pacific University Institutional Review Board approval was obtained prior to conducting this study. Data collection consisted of gathering an informed consent form (located in Appendices E and F), a brief demographic sheet (Appendix D), and the three other measures described above (The IDI in Appendix A, Family of Origin and PMWI in Appendix C). The men in the DV group were offered the opportunity to participate in the study by their group facilitators. They were informed that were not required to participate, that they would not be asked to put their names on any of the surveys, and that they could receive credit for journal entries (part of their requirement to complete the program) if they turned in the completed surveys; none declined to participate. The men

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1 Although I was acting as a therapist in clinical training at the agency during the course of the study, I was not present during data collection.
used their group time to complete the surveys, and surveys were collected in a separate envelope from the informed consent forms. The questionnaires were kept in a secure file cabinet at the agency.

The participants in the comparison group were offered the opportunity to participate in the study by instructors at a local community college who had agreed to administer the surveys. Both instructors offered the students extra credit points upon turning in completed surveys; one indicated that the surveys were used in conjunction with a lesson about psychology research. Informed consent forms were collected separately from surveys, and students were informed that they did not have to put their names on the survey. Instructors collected the surveys and forms and kept them in their offices until I collected them. None of the participants in the comparison group was required to participate; the actual participation rate was not tracked.

Men in the DV group were instructed to respond to the PMWI by considering the relationship that brought them to the group in order to minimize any possible treatment effects. A number of men in the comparison group answered “not applicable” (NA) to all of the items, indicating that they were not currently partnered; these men’s PMWI scores were not included in the final analysis. Hence, the only NVC PMWI scores are those of partnered men. Additionally, those who answered NA to items that would normally constitute one of the subscales were not included in final analysis because I was unable to find a precedent for how to score NA items. Ultimately, within the DV group there were 61 available Dominance-Isolation subscale scores and 63 Emotional-Verbal subscale scores for analysis. Within the NVC group there were 15 Dominance-Isolation subscale
scores and 25 Emotional-Verbal subscale scores. The lower numbers in the NVC group were due to the fact that many participants wrote “N/A because do not have a partner.”
RESULTS

The first two statistical analyses presented in this section are comparisons of all of the men in treatment for domestic violence (i.e., the DV group, which was composed of the DV Mandated subgroup and the DV Voluntary subgroup) and the nonviolent comparison group (NVC group). In the third analysis, the members of the two DV subgroups – the court-mandated participants and those attending treatment voluntarily – were compared to each other. The fourth analysis was exploratory, in that it was a test of whether there was a correlation between the scores on the IDI and the subscales of the PMWI. In this fourth analysis, the scores of all the study participants were included. Finally, post-hoc analysis involved comparing the DV group to the NVC group on the PMWI. An alpha level of .05 was used for all analyses.

An independent samples t-test was performed to test the hypothesis that the men in the DV group would have higher mean IDI scores than the men in the NVC group. For this comparison there were 66 available DV scores and 58 NVC scores. Two NVC cases were excluded from analysis because the individuals endorsed having been in a physically violent relationship and hence did not qualify as nonviolent. Means for the IDI for the DV and NVC groups were 55.32 (SD = 4.3) and 55.96 (SD = 3.8), respectively. A Levene’s test for equality of variances revealed that equal variance could be assumed. No significant difference was found between the two groups on total IDI score, $t(124) = - .975, p = .331$. Thus, the hypothesis that the men in the DV group would have higher mean IDI scores than the men in the NVC group was not supported.
An independent samples \( t \)-test was performed to test the hypothesis that the DV group \((n = 61)\) would report, on average, more incidents of separation and loss on the FOQ than would the NVC group \((n = 58)\). Eleven items on the FOQ addressing separation and loss were included in the analysis. A breakdown of event by group is presented in Table 2. The DV group reported an average of 2.9 incidents of separation and loss events \((SD = 1.6)\); the NVC group reported an average of 2.2 separation and loss events \((SD = 1.4)\). A Levene’s test revealed that equal variance could be assumed. Results indicated that there was a significant difference between the two groups, \( t(115) = 2.5, p = .013 \). This result indicates a moderate effect \((d = .5)\). Thus, the hypothesis that the DV group would report, on average, more incidents of separation and loss on the FOQ than would the NVC group was supported.

An independent samples \( t \)-test was performed to test the hypothesis that men attending treatment voluntarily \((n = 19)\) would have higher mean scores on the IDI than would the men court-ordered to attend treatment \((n = 48)\). The mean score on the IDI for the court-mandated DV group was 55.70 \((SD = 4.62)\). The mean IDI score for the voluntary DV group was 54.28 \((SD = 3.5)\). A Levene’s test revealed that equal variances could be assumed. No significant difference was found between the groups, \( t(64) = -1.18, p = .242 \). Therefore, the hypothesis that men attending treatment voluntarily would have higher mean scores on the IDI than would men court-ordered to attend treatment was not supported.

A bivariate correlation was performed to examine the exploratory question of whether the two subscales of the PMWI were correlated with the average IDI scores.
<table>
<thead>
<tr>
<th>Item</th>
<th>DV Group</th>
<th>NVC Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parents were divorced</td>
<td>28 (42)</td>
<td>18 (40)</td>
</tr>
<tr>
<td>2. Mother ever lived away from family</td>
<td>9 (14)</td>
<td>6 (10)</td>
</tr>
<tr>
<td>3. Father ever lived away from family</td>
<td>17 (27)</td>
<td>14 (24)</td>
</tr>
<tr>
<td>4. Respondent ever lived away from parents</td>
<td>22 (34)</td>
<td>12 (20)</td>
</tr>
<tr>
<td>5. Deaths in your immediate family</td>
<td>23 (35)</td>
<td>21 (35)</td>
</tr>
<tr>
<td>6. Father ill for extended period of time or suffered from a serious or life threatening illness.</td>
<td>13 (20)</td>
<td>11 (19)</td>
</tr>
<tr>
<td>7. Mother ill for an extended period of time or suffered from a serious or life threatening illness.</td>
<td>10 (15)</td>
<td>6 (10)</td>
</tr>
<tr>
<td>8. Other relatives that you were close to died</td>
<td>20 (30)</td>
<td>20 (34)</td>
</tr>
<tr>
<td>9. Respondent ever hospitalized as a child</td>
<td>30 (46)</td>
<td>20 (34)</td>
</tr>
<tr>
<td>10. Father treated or hospitalized for mental or emotional illness</td>
<td>5 (8)</td>
<td>1 (2)</td>
</tr>
<tr>
<td>11. Mother treated or hospitalized for mental or emotional illness</td>
<td>11 (17)</td>
<td>7 (12)</td>
</tr>
<tr>
<td>12. Parents were physically abusive</td>
<td>31 (47)</td>
<td>10 (17)</td>
</tr>
<tr>
<td>13. Adults other than parents were physically abusive</td>
<td>10 (15)</td>
<td>4 (7)</td>
</tr>
<tr>
<td>14. Sexually abused as a child</td>
<td>10 (15)</td>
<td>3 (5)</td>
</tr>
</tbody>
</table>
of all participants in the study. Within the DV group there were 61 available Dominance-Isolation subscale scores ($M = 38.7$, $SD = 12.4$) and 63 Emotional-Verbal subscale scores ($M = 46.7$, $SD = 12.3$). Within the NVC there were 15 Dominance-Isolation subscale scores ($M = 34.1$, $SD = 13.3$) and 25 Emotional-Verbal subscale scores ($M = 32.0$, $SD = 10.2$). No significant correlation was demonstrated between the Emotional-Verbal subscale of the PMWI and IDI scores ($r = .115$, $p = .144$). However, a moderate positive correlation was found between the Dominance-Isolation subscale of the PMWI and IDI scores ($r = .328$, $p = .004$). In other words, higher scores on the Dominance-Isolation subscale, which measures behaviors related to isolation from resources, demands for subservience, and other rigid observances of traditional sex roles, were related to higher levels of interpersonal dependency.

Post-hoc analyses revealed a statistically significant difference between the DV group ($n = 63$) and the NVC group ($n = 25$) on the Emotional-Verbal subscale of the PMWI, $t(86) = 5.20$, $p = .000$. Mean Emotional-Verbal subscale scores for the DV and NVC groups were $46.7$ ($SD = 15$) and $32.1$ ($SD = 10.2$), respectively. No difference was found between the DV and NVC groups on the Dominance-Isolation subscale, but the sample size of the NVC group was so small ($n = 15$) that this result is questionable. A bivariate correlation was performed to see whether one subscale of the IDI was more correlated than the others with the PMWI subscales. The analysis revealed a slight positive correlation between the Emotional Reliance (ER) subscale of the IDI and the Dominance-Isolation subscale of the PMWI ($r = .242$, $p = .037$).
DISCUSSION

Summary of Results

Interpersonal Dependency

The first purpose of this study was to test the hypothesis that men in treatment for domestic violence would report more interpersonal dependency, an indicator of insecure attachment, than would a community sample of men. Some researchers have found differences between these two groups (e.g., Buttell et al., 2005) and others have not found a difference (e.g., Buttell & Jones, 2001). Thus, in this study I replicated previous research to determine whether interpersonal dependency is a relevant issue to address in abuse intervention. The measure used to assess interpersonal dependency was the IDI.

The hypothesis that men in treatment for domestic violence would report higher levels of interpersonal dependency than a comparison group of men in the community was not supported. The results of the current study are similar to Buttell’s (2006) study in which there was no difference between a DV group and a nonviolent comparison group on the IDI. There are a number of possible explanations for the results of the current study. One is that the men in treatment for domestic violence were grouped together in the first comparison of this study; more recent literature suggests that there are subtypes of domestically violent men. For example, Chiffriller and Hennessy (2006) identified five types of batterers: pathological batterers, sexually violent batterers, generally violent batterers, psychologically violent batterers, and family-only batterers. Future researchers could first categorize the men into subtypes and then assess whether each subtype differs...
from the nonviolent comparison group on the IDI. However, Chiffriller and Hennessy attempted to identify a subset of variables that would best predict membership in each subtype. They found that attachment style (as measured by the Relationship Scales Questionnaire) was not a good predictor of batterer subtype. Rather, they found that three factors were the best predictors of group membership: psychopathology, physical, psychological and sexual coercive conflict resolution tactics, and total scores on measures of the first two factors.

One difference between this study and the aforementioned study, however, is that different measures of attachment were utilized. The IDI does not address attachment style; rather, higher scores suggest excessive dependency, which in turn is thought to be an indication of insecure attachment in general. Future research using the IDI could help determine whether the IDI can predict membership in subtype. Nevertheless, the fact that no significant difference was found in average IDI scores between men in treatment for domestic violence and a comparison sample of men seems to suggest that dependency, as measured by the IDI, does not distinguish violent from nonviolent men in this sample. It is important to note, however, that the only men excluded from the NVC group were the two who endorsed past physical violence. If the definition of abuse was broadened to include other forms of abuse it is possible that a number of the men in the NVC group would not have qualified for the non-abusive sample. In fact, 15 members of the NVC group did not differ significantly from the DV group on the Emotional-Verbal abuse subscale of the PMWI. One suggestion for a future study is to isolate a truly non-abusive sample of men who are matched in age, SES, and so forth to the DV group, rather than
using a community sample with unknown demographic characteristics. This would allow for a clearer comparison of abusive and non-abusive men.

Interestingly, both groups scored above what prior authors have cited as average for the IDI. However, as stated previously, no norms were available for the new scoring system at the time of the study, so perhaps the new system results in higher mean scores. More research with the IDI is needed to establish norms for the new scoring system.

*Incidents of Separation and Loss*

The second purpose of the current study was to examine the hypothesis that men in treatment for domestic violence would report more incidents of separation and loss in childhood than would a comparison group from the community. The questionnaire utilized in the current study was the Family of Origin Questionnaire (Corvo, 2006). One prior researcher (Corvo, 2006) found that separation and loss events in the lives of domestically violent men helped predict current levels of violence; however, the number of separation and loss events for domestically violent men was not compared to a nonviolent group in that study.

The second hypothesis, that men in treatment for domestic violence would report more incidences of separation and loss than would a community sample, was supported. There was a statistically significant difference in the average number of separation and loss events between the two groups. The difference was statistically significant, although the actual difference was fairly small (less than one total event). Nonetheless, this result is interesting because it suggests that incidents of separation and loss alone may be able to distinguish abusive from non-abusive men. The three items assessing physical and sexual abuse were not included in the original analysis because the goal was to see
whether incidents of separation and loss alone could distinguish between the groups, regardless of abuse history. When the three items assessing physical abuse and sexual abuse were included in the comparison, the difference was even more significant. Men in the DV group reported an average of 3.6 total events of violence, separation, and loss, compared to 2.5 for the NVC group.

*Sexual and Physical Abuse*

One of the most striking findings from this comparison was that, overall, 15% of the DV group reported having been sexually abused, compared with 5% of the NVC group. Approximately 10% of all respondents reported having been sexually abused. Given these findings, future researchers might focus on the prevalence of a history of sexual abuse among domestically violent men and continue to explore how these past traumatic experiences contributed to their abusive behavior. Additionally, there may be treatment implications, such as the need for assessing posttraumatic symptoms and the need for treatment that considers the role these symptoms may play. A total of 47% of the DV group reported physical abuse by a parent, compared to 17% of the NVC group. These results further underscore the need for future research that is focused on how treatment providers and programs might consider the impact of these experiences on the lives of the men – including their emotional health, beliefs, attachment, level of trust, and ability to participate in treatment. Future researchers should also focus on the most effective way to reach out to the men and provide a supportive treatment modality that will encourage healing and positive behavior change.

Along these lines, Sonkin and Dutton (2003) made a case for incorporating attachment theory into psychotherapy with perpetrators of domestic violence. They
suggested that different attachment styles may require different interventions and approaches; for example:

The batterer with the fearful attachment style likewise needs to heal the split that exists within them from childhood trauma and losses so that they can both learn to self-soothe their attachment anxiety through means other than avoidance or pushing others away through anger and violence. Preoccupied attachment style need structures necessary to contain their emotional reactivity in attachment interactions, while learning greater self sufficiency and less dependency on attachment figures for self-definition and security. (p. 129)

The third purpose of the study was to compare the reported interpersonal dependency of men who attend treatment voluntarily to men court-ordered to attend treatment; it was hypothesized that men entering treatment voluntarily would report more interpersonal dependency than would court-mandated clients. The rationale behind this hypothesis was that men who attend voluntarily may be attending treatment as a way to prevent their spouses from leaving, whereas court-mandated clients are in treatment because they were caught by law enforcement and may not have otherwise sought treatment. Differences between the groups could speak to a need for differing modes of treatment based on referral status.

**Voluntary vs. Court Mandated Men and Interpersonal Dependency**

The third hypothesis, that men attending treatment voluntarily would evidence higher IDI scores than would court-mandated men, was not supported. This finding should be interpreted with caution given the small size of the voluntary group \(n = 19\). Larger sample sizes in each group would increase the likelihood of finding a difference if one does exist. Future researchers should include larger samples of men who are in treatment voluntarily, although this proved to be difficult in the current study and may be
a challenge for subsequent researchers, given that voluntary groups are not as common as
court-mandated abuse intervention groups.

It is possible that the IDI did not distinguish the groups because interpersonal
dependency is simply a complicated construct; it theoretically captures a trait, but
perhaps is really more of a state. For example, the men in treatment for domestic violence
were at varying stages of treatment, and how they perceived themselves at the time of the
study versus when they entered treatment may be different. For example, the item *I prefer
to be by myself* might change based on current relationship, recent subjective experience
of oneself, and other factors. Although research has shown IDI scores to be reliable over
time, there is no widely accepted criterion regarding what constitutes an acceptable level
of retest reliability for a personality test or measure (Bornstein, 1997). It is possible that
for both groups the measure simply captured a snapshot in time and that for the DV group
their scores could have been related to current status in treatment. It is possible that their
subjective experience of themselves has changed over time. However, researchers in at
least one study have found that the level of interpersonal dependency as measured by the
IDI was not affected by treatment for domestic violence (Carney & Buttell, 2006). Future
researchers could continue to examine whether treatment can target interpersonal
dependency; however, the results of this study further complicate the issue of whether
interpersonal dependency, as measured by the IDI, is a relevant treatment issue for
domestically violent men.

Another possible explanation as to why the voluntary group did not differ from
the court-mandated group has to do with the problem of defining abuse that was
mentioned in the introduction to this paper. That is, there are inconsistencies in the
definitions of abuse and often the term is used to apply only to physical violence, which
only a handful of the voluntary men reported. In fact, this problem also likely pertains to
why differences were not found between the DV group and the NVC group. The problem
is that the DV group consisted mostly of court-mandated participants (all but 19 of the 67
men were court-mandated). Although I did not gather information on their specific
crimes, the fact that they were arrested means they had entered the criminal justice
system, which often happens when there is an altercation or a victim is identified. It is
possible that members of the NVC group had behaved in similar ways but had not been
cought or arrested, or, that they would be considered to have had a history of abusive
behaviors if the definition of abuse was not restricted to behaviors that are considered
criminal (such as expanding the definition to include emotional abuse). In other words,
the current study might more accurately be described as a comparison of men who have
been arrested for domestic violence or who admit to having been abusive with men who
deny physical abuse. This statement points in the direction of interesting future research
into who admits to abuse, how abuse is defined, and whether people consider themselves
to be abusive if they have never been physically abusive.

Relationship between Emotional Abuse and Interpersonal Dependency

Finally, as an exploratory aspect of the study, I examined the relationship between
emotional and psychological abuse of one’s partner (as measured by the PMWI) and
level of interpersonal dependency among all the participants in the study (both
domestically violent men and the community sample). The rationale for including this
analysis was that a lot of domestic violence researchers have used measures of physical
violence and thus have not addressed the fact that emotional abuse is common, damaging, and a potential precursor to physical violence.

The exploratory analysis revealed a moderate positive correlation between the Dominance-Isolation subscale of the PMWI and the total IDI score. The Dominance-Isolation subscale measures behaviors such as isolating one’s partner from resources, making demands for subservience, and other rigid observances of traditional sex roles. The results of this study, then, suggest that higher scores on this subscale are associated with more interpersonal dependency. This finding is curious because one might expect a person who wants a subservient spouse, or who fits the role of “traditional male,” to be quite independent rather than dependent. However, Bornstein (1994) found that scores on two subscales of the IDI, the ER (Emotional-Reliance) and LS (Lack of Social Self-Confidence) were positively correlated with scores on indices of neuroticism, anxiety, depression, and interpersonal sensitivity. Additionally, Dutton, Saunders, Starzomski, and Bartholemew (1994), using a measure of attachment style, found that a fearful attachment style in male perpetrators was highly related to emotional abuse (measured by wives’ reports using the PMWI), correlating .46 with the Dominance-Isolation subscale and .52 with the Emotional-Verbal abuse subscale.

Perhaps the correlation found in this study suggests that the demanding or controlling behaviors captured by the Dominance-Isolation subscale of the PMWI are related to underlying dependency captured by the IDI. Furthermore, in examining all the subscales of the IDI and the PMWI, the two with a statistically significant correlation were the Emotional-Reliance subscale of the IDI and the Dominance-Isolation subscale of the PMWI. There was a slight positive correlation; however, this finding may suggest
a relationship between feelings of being more emotionally reliant on others and the use of behaviors that are controlling and congruent with traditional male sex roles and expectations of women. Examples of items on the ER scale include: *I believe people could do a lot more for me if they wanted to; I would be completely lost if I didn’t have someone special;* and *I must have one person who is very special to me.* The correlation between these items and behaviors of dominance and isolation is thus not altogether surprising; if a person fears being alone, it follows that he or she may resort to using isolation or fear to keep a partner from leaving. Additional research is needed to replicate these findings among larger samples. If emotional reliance is correlated with psychological maltreatment, it may warrant consideration as a treatment focus.

**Strengths and Limitations of the Present Study**

One of the strengths of this study is that it included a measure of psychological maltreatment rather than simply a measure of physical violence. The study of psychological maltreatment is important because evidence suggests that psychological maltreatment almost always accompanies physical abuse and may be a predictor of physical violence; furthermore, some research suggests that psychological maltreatment itself may be as (or more) detrimental than physical abuse (Tolman, 1999). Studies such as this one bring to light the all-too-common issue of psychological abuse; indeed, in this study, some of the men in the community sample endorsed the same levels of Dominance-Isolation behaviors as the men in treatment for domestic violence. Tolman (1989) noted that many men are able to stop being physically abusive while attending a treatment program but may actually increase other abusive behaviors as a way to maintain control over their partners.
A second strength of this study is that the measure of incidents of separation and loss is a behavioral measure. This is important because assessing for attachment style is difficult in that it can tend to rely on retrospective reporting of subjective experience. The FOQ items refer to specific events and thus lessen the possibility of subjective reporting. However, this is also a potential limitation in that the results can speak to quantity of the events but not to the quality of how the events were addressed in the person’s life.

A third strength of this study is that it included both men attending treatment voluntarily and court-mandated participants in the DV group, which offered the opportunity to compare the two groups. Previous researchers have often included only court-mandated clients. The sample of men attending treatment voluntarily was small in this study, so findings should be interpreted with caution. However, the findings suggest that, at least where interpersonal dependency is concerned, delineating between voluntary and court-mandated men is not necessarily meaningful. Additional strengths include the fact that the participants were drawn from an urban sample and that the participants were relatively diverse (28% of the DV group identified as other than Caucasian, and 38% of the comparison group identified as other than Caucasian). The diversity of the sample may make the results more generalizable to the general population. Efforts were made to find a comparison sample that would more closely match the men in treatment for domestic violence by gathering data from a community college rather than from the traditional graduate student courses in psychology often involved in research. However, although the group may have been more ethnically diverse than an undergraduate sample might have been, it was still very different from the DV group in terms of demographics.
Specifically, the participants were younger and had lower income levels compared to the DV group.

One significant limitation of the study is related to the aforementioned problem of defining abuse. In this study, the comparison group was comprised of much younger men who were not in treatment for domestic violence; two who reported having physically abused a partner in the past were excluded, but no other measure was used at the outset to determine whether these participants had a history of perpetrating other types of abuse. This makes it difficult to interpret differences when they did exist (such as in incidents of separation and loss) because the possible range of abusive behaviors may not have been adequately assessed. It is possible that the groups were different on some measures because of their SES or their age. Another limitation of the study is that the size of each group was fairly small. Also, I had not anticipated that so few participants in the community sample would fill out the PMWI; fewer were partnered than expected, and many omitted so many items (indicating that they were not applicable) that their scores were not interpretable. This is not a major limitation, however, because I had not planned to compare PMWI scores of DV and NVC participants. However, the finding in post hoc analyses that the NVC group did not differ from the DV group on the Dominance-Isolation subscale may be questionable given the small sample size. Another possible limitation is that the measures were all self-report in nature, which, even when anonymous, is subject to unreliable reporting, especially when the nature of the questions is sensitive. Future research might use a concurrent measure of partner report of abusive behavior.
Conclusions

Perhaps the greatest implications from this study are found in the correlations between the subscales of the IDI and the PMWI. The results of the present study suggest a relationship between emotional reliance on one’s spouse and behaviors such as isolating one’s partner and being domineering. If these results can be replicated, it might suggest that addressing this emotional reliance would be fruitful in abuse intervention. And perhaps attachment theory can speak to how to go about this, such as presenting treatment as a safe place (a “secure base”) from which to explore different ways of being. If insecure attachment happens in an invalidating environment, perhaps abuse intervention should be appropriately validating (as well as challenging). If emotional reliance is related to controlling behaviors, perhaps abuse intervention can foster appropriate independence, accountability and responsibility. Anecdotally, the nature of domestic violence crimes tends to foster, in treatment providers, (and in the community at large), a need to shame and a desire to punish; attachment theory suggests that shaming and being invalidating only reinforces the problem. Also, controlling types of behaviors are not uncommon; partnered men in the community sample evidenced similar scores on the measure of dominance and isolation to the men in treatment for domestic violence, suggesting the need for outreach and education for the general populous.

The examination of separation and loss variables opens up further questions. If men in treatment for domestic violence report more incidences of separation and loss than do other men, as they did in this study, perhaps this finding helps explain one of the pathways into abusive behavior. That is, it is possible that these incidents affected brain development, emotion regulation, trust, and so forth. Also, the men in treatment for
domestic violence reported more childhood physical and sexual abuse than the comparison group. In other words, many men in treatment for domestic violence have had traumatic experiences, so abuse intervention may choose to address these traumas; specifically, providers should address the meanings made from these traumas and the effects on current relationships. Taken together, the findings of the current study do not offer definitive evidence for the relevance of attachment theory in abuse intervention but they may point in that direction. The results also speak to the utility of using the PMWI in assessment of abuse as well as in future research on domestic violence and abuse intervention.
REFERENCES


APPENDIX A

Interpersonal Dependency Inventory

Name: ___________________________ Date: ___________________________

Age: ______ Sex: ______ Education: ______

Instructions: 48 statements are presented below. Please read each one and decide whether or not it is characteristic of your attitudes, feelings, or behavior. Then assign a rating to every statement, using the values given below:

4 = very characteristic of me
3 = quite characteristic of me
2 = somewhat characteristic of me
1 = not characteristic of me

1. I prefer to be by myself.
2. When I have a decision to make, I always ask for advice.
3. I do my best work when I know it will be appreciated.
4. I can't stand being teased over when I am right.
5. I would rather be a follower than a leader.
6. I believe people would do a lot more for me if they wanted to.
7. As a child, pleasing my parents was very important to me.
8. I don't need other people to make me feel good.
9. Disapproval by someone I care about is very painful for me.
10. I feel confident of my ability to deal with most of the personal problems I am likely to meet in life.
11. I'm the only person I want to please.
12. The idea of losing a close friend is terrifying to me.
13. I am quick to agree with the opinions expressed by others.
15. I would be completely lost if I didn't have someone special.
16. I get upset when someone discovers a mistake I have made.
17. It is hard for me to ask someone for a favor.
18. I hate it when people offer me sympathy.
19. I easily get discouraged when I don't get what I need from others.
20. In an argument, I give in easily.
21. I don't need much from people.
22. I must have one person who is very special to me.
23. When I go to a party, I expect that the other people will like me.
24. I feel better when I know someone else is in command.

OVER—
25. When I am sick, I prefer that my friends leave me alone.

26. I'm never happier than when people say that I have done a good job.

27. It is hard for me to make up my mind about a TV show or movie until I know what other people think.

28. I am willing to disregard other people's feelings in order to accomplish something that's important to me.

29. I need to have one person who puts me above all others.

30. In social situations I tend to be very self-conscious.

31. I don't need anyone.

32. I have a lot of trouble making decisions by myself.

33. I tend to imagine the worst if a loved one doesn't arrive when expected.

34. Even when things go wrong I can get along without asking for help from my friends.

35. I tend to expect too much from others.

36. I don't like to buy clothes for myself.

37. I tend to be a loner.

38. I feel that I never really get all that I need from people.

39. When I meet new people, I'm afraid that I won't do the right thing.

40. Even if most people turned against me, I could still go on if someone I love stood by me.

41. I would rather stay free of involvements with others than to risk disappointments.

42. What people think of me doesn't affect how I feel.

43. I think that most people don't realize how easily they can hurt me.

44. I am very confident about my own judgement.

45. I have always had a terrible fear that I will lose the love and support of people I desperately need.

46. I don't have what it takes to be a good leader.

47. I would feel helpless if deserted by someone I love.

48. What other people say doesn't bother me.
APPENDIX B

Family of Origin Questionnaire

First I would like to ask you some questions about the family in which you grew up. These questions refer to things that may have occurred when you were a child, before you were 18 years old. Questions about your parents may also refer to step-parents if you had them.

1. While you were growing up, who did you live with?

   From:

   Age 0-4 _______________________________________________________

   Age 5-9_______________________________________________________

   Age 10-13______________________________________________________

   Age 14-18_______________________________________________________

2. Were your parents divorced?          Yes______    No_______

   If yes, how old were you? ______________

   If yes, did either of them marry again?  Father_______ Mother________

   If yes, did that (those marriages) end in divorce?   Father_____     Mother____

3. Did either of your parents ever live away from the family?

   Mother ______ If yes, how old were you at those time(s)? ____ ____ ____ ___

   Father_______ If yes, how hold were you at those time(s)? ____ ____ ____ ___

4. Did your father ever threaten to leave you? (circle one)

   Never  Rarely    Sometimes    Often     Very often
5. Did your father ever threaten to leave the family? (circle one)
   Never   Rarely   Sometimes   Often   Very often

6. Did your mother ever threaten to leave you?
   Never   Rarely   Sometimes   Often   Very often

7. Did your mother ever threaten to leave the family?
   Never   Rarely   Sometimes   Often   Very often

8. Did your father ever threaten to commit suicide?
   Never   Rarely   Sometimes   Often   Very often

9. Did your mother ever threaten to commit suicide?
   Never   Rarely   Sometimes   Often   Very often

10. Other than short visits (two weeks) did you ever live away from your parents?
    (with other relatives, foster family, etc.)  Yes_____  No_______

    If yes, with whom? _________________________________________________

    How long?________________________________________________________

    Your age at the time(s)? _____ _____ _____ _____ _____

11. Were there any deaths in your immediate family when you were a child?
    Yes_____  
    No_______

    If yes, who? _______________  Your age at the time___________

    If yes, who? _______________  Your age at the time___________
If yes, who? _____________________ Your age at the time________

11. Was either parent ill for an extended period of time (more than two weeks) or suffer from a serious or life-threatening illness?

Father_____ Your age at the time(s) _______ _______ _______ _______.  
Mother_____ Your age at the time(s) _______ _______ _______ _______.

12. Did you have any other relatives that you were close to die when you were a child? Yes____ No____

If yes, who? ______________________ Your age at the time______

If yes, who? ______________________ Your age at the time______

If yes, who? ______________________ Your age at the time______

14. When you were a child, were you ever hospitalized? Yes____ No____

If yes, how many times? _________

If yes, for how long each time? ______ ______ ______ ______ ______

Age what age each time? ______ ______ ______ ______ ______

15. Did you ever see your father drunk?

Never Rarely Sometimes Often Very Often

16. Did you ever see your mother drunk?

Never Rarely Sometimes Often Very Often

17. Did your father ever use illegal drugs?

Never Rarely Sometimes Often Very Often
18. Did your mother ever use illegal drugs?

   Never   Rarely   Sometimes   Often   Very Often

19. Were either of your parents treated (medicated, saw a therapist) or hospitalized for mental or emotional illness?

   Father: Yes____ No____

   Mother: Yes____ No____

20. Sexual abuse refers to intentional sexual contact between adults and children. It includes, but is not limited to, rape. Were you sexually abused as a child?

   Yes_______ No________

   If yes, by whom?(Do not write their name, just relationship to you)____________

   Your age at the time of the abuse _________

21. Were your parents physically abusive to you when you were a child?

   Yes_______ No_______

22. Were any adults other than your parents physically abusive to you when you were a child? Yes _____ No____ If yes, who? ______________________________

23. Are you currently married or living with a partner? Yes____ No____

   If yes, how long have you been married or living together? _________

24. During that time has the relationship been physically violent? (hitting, pushing, etc.)

   Yes_____ No_____ 

   If yes, how long has the relationship been physically violent? ________

25. Have you been married before? Yes____ No____
If yes, how many times? ______

26. Prior to your current relationship or marriage, have you been in other violent relationships or marriages?

   Yes______     No______
APPENDIX C

Treatment of Partner Inventory

This questionnaire asks about actions you may have taken in your relationship with your partner. Answer each item as carefully and accurately as you can by circling a number next to each statement according to the following scale:

1=NEVER
2= RARELY
3= OCCASIONALLY
4= FREQUENTLY
5= VERY FREQUENTLY
NA= NOT APPLICABLE

IN THE PAST SIX MONTHS:

1. I put down my partner's physical appearance. 1 2 3 4 5 NA
2. I insulted my partner or shamed her/him in front of others. 1 2 3 4 5 NA
3. I treated my partner like she/he was stupid. 1 2 3 4 5 NA
4. I was insensitive to my partner's feelings. 1 2 3 4 5 NA
5. I told my partner she couldn't manage or take care of herself without me. 1 2 3 4 5 NA
6. I put down my partner's care of the children. 1 2 3 4 5 NA
7. I criticized the way my partner took care of the house. 1 2 3 4 5 NA
8. I said something to spite my partner. 1 2 3 4 5 NA
9. I brought up something from the past to hurt my partner. 1 2 3 4 5 NA
10. I called my partner names. 1 2 3 4 5 NA
11. I swore at my partner. 1 2 3 4 5 NA
12. I yelled and screamed at my partner. 1 2 3 4 5 NA
13. I treated my partner like an inferior. 1 2 3 4 5 NA
14. I sulked or refused to talk about a problem. 1 2 3 4 5 NA
15. I stomped out of the house or yard during a disagreement with my partner. 1 2 3 4 5 NA
16. I gave my partner the silent treatment or acted as if she/he wasn't there. 1 2 3 4 5 NA
17. I withheld affection from my partner. 1 2 3 4 5 NA
18. I did not let my partner talk about her/his feelings. 1 2 3 4 5 NA
19. I was insensitive to my partner's sexual needs and desires. 1 2 3 4 5 NA
20. I demanded that my partner cater to my whims. 1 2 3 4 5 NA
21. I became upset if dinner, housework, or laundry was not done when I thought it should be. 1 2 3 4 5 NA
22. I acted like my partner was my personal servant. 1 2 3 4 5 NA
23. I did not do a fair share of household tasks. 1 2 3 4 5 NA
24. I did not do a fair share of child care. 1 2 3 4 5 NA
25. I ordered my partner around. 1 2 3 4 5 NA
26. I monitored my partner's time and made her/him account for her/his whereabouts. 1 2 3 4 5 NA
27. I was stingy in giving my partner money to run our home. 1 2 3 4 5 NA
28. I acted irresponsibly with our financial resources. 1 2 3 4 5 NA
29. I did not contribute enough to supporting our family. 1 2 3 4 5 NA
30. I used our money or made important financial decisions without consulting my partner. 1 2 3 4 5 NA
31. I kept my partner from getting medical care that she/he needed. 1 2 3 4 5 NA
32. I was jealous or suspicious of my partner's friends. 1 2 3 4 5 NA
33. I was jealous of my partner talking to other men/women. 1 2 3 4 5 NA
34. I did not want my partner to go to school or other self-improvement activities. 1 2 3 4 5 NA
35. I did not want my partner to socialize with friends of the same sex. 1 2 3 4 5 NA
36. I accused my partner of having an affair. 1 2 3 4 5 NA
37. I demanded my partner stay home and take care of the children. 1 2 3 4 5 NA
38. I tried to keep my partner from seeing or talking to her/his family. 1 2 3 4 5 NA
39. I interfered in my partner's relationships with other family members. 1 2 3 4 5 NA
40. I tried to keep my partner from doing things to help her/him self. 1 2 3 4 5 NA
41. I restricted my partner's use of the car. 1 2 3 4 5 NA
42. I restricted my partner's use of the telephone. 1 2 3 4 5 NA
43. I did not allow my partner to go out of the house when she/he wanted to. 1 2 3 4 5 NA
44. I refused to let my partner work outside of the home. 1 2 3 4 5 NA
45. I told my partner that her/his feelings were irrational or crazy. 1 2 3 4 5 NA
46. I blamed my partner for my problems. 1 2 3 4 5 NA
47. I tried to turn our family, friends, or children against my partner. 1 2 3 4 5 NA
48. I blamed my partner for causing my violent behavior. 1 2 3 4 5 NA
49. I tried to make my partner feel crazy. 1 2 3 4 5 NA
50. My moods changed radically, from very calm to very angry, or vice versa. 1 2 3 4 5 NA
51. I blamed my partner when I was upset about something, even when it had nothing
to do with my partner. 1 2 3 4 5 NA
52. I tried to convince my partner's friends, family or children that she/he was crazy. 1 2 3 4 5 NA
53. I threatened to hurt myself if my partner left me. 1 2 3 4 5 NA
54. I threatened to hurt myself if my partner didn't do what I wanted her/him to do. 1 2 3 4 5 NA
55. I threatened to have an affair with someone else. 1 2 3 4 5 NA
56. I threatened to leave the relationship. 1 2 3 4 5 NA
57. I threatened to take the children away from my partner. 1 2 3 4 5 NA
58. I threatened to have my partner committed to a mental institution. 1 2 3 4 5 NA

Richard M. Tolman 1995
APPENDIX D

Demographic Information

Your current age__________

Sex _______ (Male, Female)

Please circle any of the words that apply to you:  Gay   Lesbian Bisexual Transgendered Questioning
Other _______________________

Racial/ Ethnic Identity ______________________

Years of Education ________ (for example, 13 years would be high school + 1 year)

Family income last year (approximately) ________________________________
Early Childhood Experiences and Interpersonal Relationships

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1. Introduction and Background Information

You are invited to be in a research study of the experiences and attitudes of men regarding their families of origin and their current relationships. Please read this form carefully and ask any questions you may have before agreeing to be in this study.

This study is being conducted by researchers at Pacific University: Laura Milner, M.S. and Genevieve Arnaut, Psy.D., Ph.D. The purpose of this study is to examine some of the experiences you had as a child as well as some of your current experiences and attitudes regarding your relationships.

2. Study Location and Dates

The study is expected to begin in May 2008 and to be completed by August 2008. The location of the study will be Allies in Change Counseling Center, Portland, Oregon.

3. Procedures

If you agree to be in this study, we will ask you to sign this informed consent form, which will be kept separate from the surveys you fill out. Next we will ask you to fill
out three surveys. The first survey has 48 items which you will rate by how well they describe you. For example, one item is: I prefer to be by myself. You would rate this item from 1 (not characteristic [or like] me) to 4 (very characteristic [or like] me). The second survey (26 brief questions) asks about your childhood experiences before you were 18. For example, it asks some questions about your parents and your home life. The third survey has 58 short questions about the frequency of some behaviors you may or may not have engaged in with your intimate partner. You will rate each item from 0 (Not applicable) to 5 (Very Frequently). You will not be asked to put your name on any of the surveys.

4. Participants and Exclusion

Only participants who meet the following conditions will be included in the study: Men who are over the age of 18 years of age, who speak and read English proficiently and who choose to sign this informed consent form. Participants who do not meet the above criteria will be excluded from the study.

5. Risks and Benefits

There are risks to participating in this research. Possible risks include feelings of sadness or regret about your past, or other negative feelings brought up by some of the questions. If at any time you feel overwhelmed by these feelings or decide not to continue you are not obligated to continue filling out the surveys. While you will not be offered any counseling services as part of this study, you will be given a list of options for counseling if you feel you would benefit from these types of services.

Questions about maltreatment of women may imply that the investigator has the opinion that men in treatment for domestic violence do these types of behavior. The questions do not imply any opinions of Allies in Change but are strictly to be used for an independent research project and not for any part of your treatment. For participants who are court mandated, because the information is confidential your probation officers will not have access to the information.

Because the information is anonymous your probation officers will not have access to the information. There is always, however, a small risk of a breach of confidentiality. This risk will be minimized by keeping names off of the surveys and coding instead with numbers and by keeping surveys separate from informed consent forms.

6. Alternatives Advantageous to Participants

Not applicable

7. Participant Payment
You will not receive payment for your participation. You will receive credit for one journal entry if you choose to fill out the surveys.

8. Promise of Privacy

The records of this study will be kept private. This informed consent form will be kept separately from any data we collect. If the results of this study are to be presented or published, we will not include any information that will make it possible to identify you as an individual.

9. Voluntary Nature of the Study

Your decision whether or not to participate will not affect your current or future relations with Pacific University or Allies in Change Counseling Center. If you decide to participate, you are free to not answer any question or withdraw at any time without prejudice or negative consequences.

10. Compensation and Medical Care

During your participation in this project you are not a Pacific University clinic patient or client, nor will you be receiving mental health care as a result of your participation in this study. If you are injured during your participation in this study and it is not the fault of Pacific University, the researchers, or any organization associated with the experiment, you should not expect to receive compensation or medical care from Pacific University, the researchers, or any organization associated with the study.

11. Contacts and Questions

The researcher(s) will be happy to answer any questions you may have at any time during the course of the study. The researcher(s) can be reached at (503) 352-2400. If you are not satisfied with the answers you receive, please call Pacific University’s Institutional Review Board, at (503) 352 – 2112 to discuss your questions or concerns further. All concerns and questions will be kept in confidence.

12. Statement of Consent

I have read and understand the above. All my questions have been answered. I am 18 years of age or over and agree to participate in the study. I have been informed that if I would like a copy of this form to keep for my records one will be made available to me.

Participant’s Signature  Date

Participant contact information:
Street address: ______________________
______________________
______________________

Telephone: ______________________
Email: ______________________

This contact information is required in case any issues arise with the study and participants need to be notified and/or to provide participants with the results of the study if they wish.

Would you like to have a summary of the results after the study is completed?
___Yes ____No

________________________________________
Dissertation Chair’s Signature
Date
APPENDIX F

PACIFIC UNIVERSITY
INFORMED CONSENT TO ACT AS A RESEARCH PARTICIPANT

(Comparison Group Informed Consent Form)

Early Childhood Experiences and Interpersonal Relationships
Investigator(s) Contact Information:

Principal Investigator(s):

Laura D. Milner, M.S.
Pacific University, School of Professional Psychology
(503) 352-2400
miln2127@pacificu.edu

Genevieve Arnaut, Ph.D., Psy.D.
Pacific University, School of Professional Psychology
(503) 352-2400
arnaut@pacificu.edu

12. Introduction and Background Information

You are invited to be in a research study of the experiences and attitudes of people regarding their early families of origin and current relationships. Please read this form carefully and ask any questions you may have before agreeing to be in this study.

This study is being conducted by researchers at Pacific University: Laura Milner, M.S. and Genevieve Arnaut, Psy.D. Ph.D. The purpose of this study is to examine some of the experiences you had as a child as well as some of your current experiences and attitudes regarding your relationships.

13. Study Location and Dates

The study is expected to begin in May 2008 and to be completed by August 2008. The location of the study will be Portland Community College, Portland, Oregon and Mount Hood Community College, Portland, Oregon. Data entry and examination will take place at the Psychological Services Center, School of Professional Psychology, Pacific University, Portland, Oregon.

14. Procedures

If you agree to participate in this study, sign this informed consent form, which will be kept separate from the surveys you fill out. Next we will ask you to fill out three surveys. The first survey has 48 items which you will rate by how well they describe
you. For example, one item is: I prefer to be by myself. You would rate this item from 1 (not characteristic [or like] me) to 4 (very characteristic [or like] me). The second survey (26 brief questions) asks about your childhood experiences before you were 18. For example, it asks some questions about your parents and your home life. The third survey has 58 short questions about the frequency of some behaviors you may or may not have engaged in with intimate partner. You will rate each item from 0 (Not applicable) to 5 (Very Frequently). You will not be asked to put your name on any of the surveys.

15. Participants and Exclusion

Only participants who meet the following conditions will be included in the study: Participants who are over the age of 18 years of age and who choose to sign the informed consent form. Participants also need to have proficiency in the English language. Participants who do not meet the above criteria will be excluded from the study.

16. Risks and Benefits

There are risks and benefits to participating in this research. Possible risks include feelings of sadness or regret about your past, or other negative feelings brought up by some of the questions. If at any time you feel overwhelmed by these feelings or decide not to continue you are not obligated to continue filling out the surveys. Although you will not be offered any counseling services as part of this study, you will be given a list of options for counseling if you feel you would benefit from these types of services.

17. Alternatives Advantageous to Participants

Not applicable

18. Participant Payment

You will not receive payment for participating in this study. If you choose to fill out the surveys your name will be entered into a drawing for a $30.00 Starbucks gift card. Your instructor may choose to offer additional credit for your participation.

19. Promise of Privacy

The records of this study will be kept private. This informed consent form will be kept separately from any data we collect. If the results of this study are to be presented or published, we will not include any information that will make it possible to identify you as an individual.

20. Voluntary Nature of the Study
Your decision whether or not to participate will not affect your current or future relations with Pacific University, Portland Community College or Mount Hood Community College. If you decide to participate, you are free to not answer any question or withdraw at any time without prejudice or negative consequences.

21. Compensation and Medical Care

During your participation in this project you are not a Pacific University clinic patient or client, nor will you be receiving mental health care as a result of your participation in this study. If you are injured during your participation in this study and it is not the fault of Pacific University, the researchers, or any organization associated with the experiment, you should not expect to receive compensation or medical care from Pacific University, the researchers, or any organization associated with the study.

22. Contacts and Questions

The researcher(s) will be happy to answer any questions you may have at any time during the course of the study. The researcher(s) can be reached at (503)352-2400. If you are not satisfied with the answers you receive, please call Pacific University’s Institutional Review Board, at (503) 352 – 2112 to discuss your questions or concerns further. All concerns and questions will be kept in confidence.

12. Statement of Consent

I have read and understand the above. All my questions have been answered I am 18 years of age or over and agree to participate in the study. I have been informed that if I would like a copy of this form to keep for my records one will be made available to me.

<table>
<thead>
<tr>
<th>Participant’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Participant contact information:

Street address: __________________________
________________________
________________________

Telephone: __________________________

Email: __________________________

This contact information is required in case any issues arise with the study and participants need to be notified and/or to provide participants with the results of the study if they wish.
Would you like to have a summary of the results after the study is completed? ___Yes  ____No

Investigator’s Signature  Date