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## Exploring intimate partner violence through the lens of modern attachment theory

Lisa Marie Smeltzer  
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Lisa Marie Smeltzer  
Exploring Intimate Partner  
Violence through the Lens of  
Modern Attachment Theory

## ABSTRACT

This study used modern attachment theory as a framework for exploring intimate partner violence (IPV). It was the expectation of the researcher that using this framework would allow for a non-gendered approach; an approach that would be a step towards looking at IPV as the procedural enactment of an attachment style rather than as a victim/perpetrator dichotomy. Other studies have looked at intimate partner violence through attachment theory, though the unique factor in this study is its focus on affect tolerance. The purpose was to support or refute researcher's claims that affect regulation is predicated on one's attachment style.

Using a small sample (N=67) of males and females court-ordered to attend offender treatment group as a result of a violent incident with their intimate partner, this study explored the relationship between affect tolerance and attachment style. The study employs the use of two self-report measures: the Affect Tolerance Scale (Fowler, J.C. (2008) Affect Tolerance Scale. Stockbridge, MA. Unpublished.) and the Experience in Close Relationships – short form (Wei, Meifen; Russel, Daniel W.; Mallinckrodt, Brent & Vogel, David L. (2007) Published).

Findings of the study support claims of the interrelationship between affect regulation and insecure attachment styles. Further conclusions include an analysis of attachment styles of offenders who have maintained their violent relationships, and a combined-gender analysis. Clinical implications for such findings are discussed.

EXPLORING INTIMATE PARTNER VIOLENCE THROUGH  
THE LENS OF MODERN ATTACHMENT THEORY

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2009

## ACKNOWLEDGEMENTS

This thesis could not have been accomplished without the assistance of many people whose contributions are gratefully acknowledged.

I wish to thank my research advisor A. Jill Clemence, PhD for her calming presence, her ability to clarify my thoughts, and her sense of humor. I also would like to acknowledge Francis Kaklauskas PsyD for his guidance and honesty, and the providers who allowed me to come into their groups to present my study.

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## INTRODUCTION

Every 18 seconds, an act of intimate violence occurs in the United States (<http://www.safehousealliance.org/index.cfm?objectid=B62DEF7B-D614-E19E-21594E826B68BD21> retrieved on 11/26/2008). Six million women in America are “beaten” each year by their male intimate partners. Four thousand of those women are killed (<http://www.safehousealliance.org/index.cfm?objectid=B62DEF7B-D614-E19E-21594E826B68BD21> retrieved on 11/26/2008). Intimate partner violence is an epidemic.

In an effort to bring an end to domestic violence, concerned citizens such as mental health professionals, social workers, activists, clergy members, and community organizers, as well as law enforcement agencies and members of our political and legal systems, have tried to find the one predicting factor that would cause a person to abuse their loved one. In intimate partner violence, we see behaviors such as punching, kicking, spitting, controlling of finances, sabotaging opportunities, forced sexual acts, deprivation of basic needs, threatening, stalking, burning, possessiveness, coercion, rape, destruction of personal property, and manipulation. These are only a fraction of the behaviors. Who would do such things, but a “*bad*” person? Within the legal system, there must be a perpetrator and a victim. But arrests or incarcerations generally have not proven to be curative.

In the late 1970’s after feminists and allies brought attention to the plague of partner violence victimizing large numbers of women, batterer intervention programs were established (Murphy, Healy & Smith, 2008). It became clear that there was a need for the offender’s behaviors to receive critical attention. Victim advocacy would not put

an end to the violence; those responsible needed to be held accountable, and perhaps more importantly needed the opportunity to heal and learn how to be non-violent in relationships.

It is the foundation of this study to suggest that, in instances of intimate partner violence, there are two victims. This is not to take accountability away from he or she who behaves in violent and terrorizing ways, but to acknowledge that in order for a partnership that has been characterized by abuse to heal, both individuals need a tremendous amount of support and treatment. Our societal response is over simplistic in dividing partners into categories of victim and offender, and hasn't proven effective in treating or eradicating intimate partner violence.

Mental health providers looking at intimate partner violence (IPV), which does not include familial or child abuse, occasionally consider the attachment style of the individuals in the relationships. But many of those studies indicate that a particular attachment style is not a *predictor* of adult relationship violence. Though we may not be able to affirmatively prove that an insecure or disorganized attachment style can predict future violence, the study of modern attachment theory, which focuses on the neurobiological manifestations of attachment on the individual's ability to regulate and tolerate affect, can better highlight how or why adult enactments of partner violence can occur and thus provide perpetrator treatment providers with information as to how best to work with their clients. Court mandated offender/perpetrator treatment programs, at date, predominantly are behavioral in approach and group therapy is the more popular treatment modality. This researcher is speculative of the efficacy of such a treatment approach.



New neurobiological research findings have the potential to suggest that the perpetration of violence on a loved one is not a cognitive act; it is an implicit, or non-conscious, manifestation of an insecure attachment style. Behavioral therapies, though helpful and efficacious in many instances, do not take into account that until attachment wounds are healed and new styles of attaching are forged, violent relationship dynamics may persist. Therapeutic approaches grounded in modern attachment theory may prove to produce comprehensive and lasting positive effects.

This study has chosen to frame the plague that is intimate partner violence within modern attachment theory and its core tenet of affect regulation (Schore & Schore, 2008, Applegate & Shapiro, 2005). Affect tolerance is central to our human experience; how do we tolerate strong experiences of love or the deep sinking feeling of sadness, the thrill and ferocity of excitement or terror, or the agony of guilt and shame? Schore and other neuropsychobiologically-minded researchers and clinicians would declare that affect regulation is central to the human experience and that the primary attachment between infant and caregiver provides the template from which each individual will be in the world. They attest that attachment style determines how an individual copes and manages affect.

This study will look at individuals (male and female) who have been arrested on charges of domestic violence and court-ordered to attend offender treatment groups. One may assume, that based on the individual's attendance in offender treatment, they will present with difficulty managing strong affect or difficulty being in relationship with others. This population then shows promise in testing if or how attachment style can influence one's ability to tolerate strong affective states.

The literature review will provide a basic introduction into attachment theory and its neurobiological underpinnings. Current research in the field of intimate partner violence will be discussed. Parallels will be drawn between the primary infant-caregiver dyad, the adult intimate partnership, and finally the client-clinician therapeutic dyad.

Among many endeavors, such as taking a non-gendered approach and incorporating same-sex relationships, this study aspires to take a macro-level societal issue such as intimate partner violence and frame it within a micro-level context.

## CHAPTER II

### LITERATURE REVIEW

A preliminary search for literature on the topic of intimate partner violence may leave the investigator overwhelmed with the tremendous amount of information developed, studied, and conceptualized by several schools of thought, each with their own theories on “causes”, preventative measures, and/or treatment modalities. The research that informs this study is a compilation of studies of modern attachment theory, particularly its neurobiological underpinnings of procedural memory and affect regulation, and their relationship to enactments of intimate partner violence.

#### *Attachment Theory*

A number of researchers have continued to expand upon the initial formulations of John Bowlby, the father of attachment theory who is known for his concept of the “internal working model”. As described by Bowlby (1973), an individual develops an internalized expectation of others based on their continued experiences with their primary caregivers. Each relationship builds on the previous. As cited in Davies, “Bowlby described attachment as a fundamental need with a biological basis” (Davies, 2004). Infants depend on others to get their survival needs met. However, aside from the biological necessity, attachment is thought to have four significant functions: to regulate affect and emotional activation; to foster a sense of security; to provide for the expression of feelings and communication; and to serve as a foundation for exploration (Davies, 2004). It is the relationship with the primary caregiver that the infant learns to soothe or regulate their emotions. This “learned” relationship creates a learned being in the world.

Essentially, an infant expresses a need. How that need is responded to in the majority of situations, is generalized to the infant as a way of being in relation with others.

In most studies, attachment styles are based on the 4 groups established by Mary Ainsworth: Secure, Insecure/avoidant, Insecure-Ambivalent/Resistant, and Insecure-Disorganized/disoriented. A secure attachment is one characterized by a flexible relationship (Moore, 2008, Gormley, 2005). The infant has a consistently attuned caregiver. (While much of the early research refers to the attachment with the mother, this study chooses to focus on the term ‘caregiver’ so as to include all familial dynamics.) However, caregivers need not be perfect and synchronized with the infant at all times; in fact, it is nearly impossible. The infant can learn from the nature of the attuned periods to repair or regulate during times of disengagement or mis-attunement from the attachment figure. Davies quotes Daniel Siegel MD (2001) as saying “Repair is...important in helping to teach the child that life is filled with inevitable moments of misunderstandings and missed connections that can be identified and connection created again” (Davies, 2004). This ability to repair, a flexible ability for the infant to maintain connections with others, is the hallmark of a secure attachment (Davies 2004, Gormley 2005, Moore, personal communication, 2008). An infant, or even adult, who is preoccupied about whether their caregiver or attachment figure will respond appropriately or stay in relationship (as seen in insecure attachments) will consequently be inhibited from exploring or focusing as their inherent sense of safety is diminished. Typically securely attached children follow normal expected developmental milestones and are able to tolerate strong levels of affect (Davies, 2004). If an infant or child has an intrinsic knowing that they will be taken care of, if necessary, they will feel freer to explore their surroundings and more capable of taking in new information. It is this exploratory

learning that can lead to a sense of mastery and therefore greater levels of self confidence. Grossman stated that “Secure children show more concentrated exploration of novel stimuli and more focused attention during tasks” (as cited in Davies, 2004). Davies describes longitudinal studies that confirm the generalization of attachment styles throughout childhood and into adolescence. In focusing on children, he states, “Children judged as securely attached at 12 and 18 months were seen at 42 months as more flexible and resourceful. They had fewer behavior problems, sought attention from teachers in positive ways, and effectively elicited their teachers’ support when distressed” (Davies, 2004). Weston reports that adults with secure attachments are more likely to acknowledge stressors and seek out appropriate support (Weston, 2008). It is possible, however, that with severe stressors a secure attachment style can shift into a more insecure style, but the ability to “rebound” back to a more secure attachment is available once the stressors are decreased (Davies, 2004).

Insecure attachment styles, which have been more critically explored since the work of Ainsworth, have been essentially divided into avoidant, ambivalent, and disorganized/disoriented. This study will categorize the insecure attachments as avoidant or anxious (ambivalent/disorganized/disoriented) as is the case in other studies of intimate partner violence (Brennan & Shaver, 1995; Frayley & Waller, 1998; Lopez & Brennan, 2000 as cited in Gormley, 2008) though it is important to look at each category now in order to understand the depths of each style.

Avoidant attachment styles, as seen in infants, can be characterized by the child playing independently, ignoring their caregivers as they move in and out of the room, and a focus on play with toys rather than with people. They convey an impression of self-reliance and security. As children, we see the individuals opting not to ask for help,

perhaps to save themselves from disappointment. The avoidant attachment can be seen as a defensive strategy. Some studies, as stated in Davies, show that children described as having an avoidant attachment style often are marked with “higher levels of hostility and unprovoked aggression” (Davies, 2004). In adults, we see this as detached, self-reliance.

Infants labeled as having the ambivalent/resistant (or anxious) attachment style often are characterized by *wanting* attachment to others, but a supreme distrust of the possibility. This later will manifest as low self esteem/self worth in relationships and a heightened level of need and reassurance. Infants with this attachment style will show an intensely emotional reaction to separation from the caregiver as well as a strong reaction to the reunion.

While avoidant or ambivalent/anxious styles are insecure, they appear to be organized. Disorganized/disoriented attachment often occurs when abuse and/or neglect is present in the primary years, and as stated in the name, show a “lack of organized strategy for eliciting comforting when they are under stress” (Davies, 2004). This style is represented by often contradictory behaviors. They may experience and express fear towards their caregivers while maintaining a desire to be close. As we will discuss later that emotional regulation is learned through co-regulation, evidence supports that persons with a disorganized/disoriented attachment lack internal and external strategies to regulate distress, leaving them in a constant state of activation or arousal. This persistent arousal is too much for the infant to tolerate, consequently affecting his/her ability to self regulate. If, in situations of abuse/neglect, the caregiver is the source of the fear, the innate desire to reach to the attachment figure for support and comforting is simultaneously heightened while it is repeatedly shut down. In contrast to the secure attachment, insecure styles that are marked with anxiety and disorganization make it

difficult for the infant or child to freely explore or focus on developmental tasks. Self esteem/self worth is lower and the ability to handle new and/or strange situations is significantly compromised. Relationally speaking, Lyons-Ruth, Bronfman, & Atwood cite that disorganized infants, by preschool age, begin to control their parents in one of two ways; punitively, in which the “children are involved in coercing, attacking, or humiliating the parent” or care giving, in which the child’s focus is on “entertain[ing], direct[ing], organiz[ing], or reassure[ing] the parent” (Lyons-Ruth et al, 1999). This attempt at organization further exemplifies the innate qualities of seeking attachment.

There are several labels of insecure attachments that have been conceptualized and marketed, but two central styles that will be the focus of this study are the anxious attachment in which the infant/child/adult is impulsive and disregulated, unable to control their behaviors and needing close proximity with others, and an avoidant attachment style in which the infant/child/adult is rigidly regulated, without expression, and seemingly unattached to others.

### *Neuropsychobiological Perspectives*

Schore and Schore (2008, 9) describe attachment theory as “deceptively simple on the surface” whereby the theory proposes that our earliest attachments shape the ways in which we interact with others throughout the lifespan. But modern attachment theory is the interdisciplinary manifestation of combining Bowlby’s early concept of the internal working model with neurobiology, allowing for further exploration into using an attachment theoretical lens to look at human behaviors. It is no longer nature vs. nurture, but nature *and* nurture.

According to Moore, Schore, and Siegel, the right hemisphere, also known as our mammalian or survival brain, is “online” at birth (Moore, personal communication

9/16/2008, Schore 2005 & Siegel 2003). One of the right brain's roles is to read situations as safe or threatening. Sounds and images that are not safe or perceived as safe produce a threat response in the infant, but because the infant cannot initiate an instinctual fight or flight response, their only defenses are to cry and/or cling to a protective caregiver. If the environment for an infant is constantly changing or is perceived as dangerous, the right hemisphere is activated more often, in anticipation of responding to threat (Moore, personal communication 9/16/2008). This high regulation becomes the norm and neuropathways are set. The infant "learns" how to respond to particular individuals based on the experience he/she has had. Neurobiologists have come to refer to the brain as a "use-dependent organ" that establishes "neuronal pathways based on activity triggered by experience" (Perry, 1995, 1997; Siegel, 2003; Schore, 1994 as cited in Moore 2007, 2). This learning refers to what is known as procedural learning.

Different from declarative memory, or our verbal, conscious, or explicit memory which includes semantic, narrative, episodic memories, procedural memory is that which is called non-declarative, implicit, sensory, non-verbal, or non-conscious (Moore, 2007; Cozolino, 2006). It is also what Cozolino calls "stimulus-response conditioning", and it is procedural memory that shapes our relationships (Cozolino, 2006, 127). Robert Scaer (2008) described procedural memory as "acquired in a flash and stored for a lifetime. These unconscious procedural memories serve as survival mechanisms, ready to be unleashed instantly in the face of present, perceived danger" ([http://www.wmeades.com/precariouspresent\\_m.htm](http://www.wmeades.com/precariouspresent_m.htm) retrieved on 8/27/2008). Scaer refers to procedural memory as "autonomic memory" implying the embeddedness in the autonomic nervous system ([http://www.wmeades.com/precariouspresent\\_m.htm](http://www.wmeades.com/precariouspresent_m.htm) retrieved on 8/27/2008). Moore cites the phrase introduced by Graham Music in which he states



“cells that fire together, wire together” in response to Hebb’s Law which in simple terms states that neuronal pathways are carved into place through repetitive experiences and new experiences are filtered through these already-formed pathways, forming patterns of behavior. She states that procedural memory is a “crucial” aspect of attachment and the attachment process, and “is the neurophysiological basis for much of our human learning.” (Moore, pg2) As cited in Moore, Daniel Siegel (1999) stated about the infant brain:

“The brain can be called an “anticipation machine” constantly scanning the environment and trying to determine what will come next. Mental models of the world are what allow our minds to carry out this vital function that has enabled us as a species to survive. Prior experiences shape our anticipatory models, and thus the term “prospective memory” has been used to describe how the mind attempts to “remember the future” based on what has occurred in the past. ...Anticipating the future may be a fundamental component of implicit [procedural] memory, distinct from the capacity to plan for the future. The more complex and deliberate aspect of planning may depend upon the explicit memory processes such as declarative memory. (Siegel, 1999, 30).”

In this way, what is familiar is linked to ‘safe’ therefore embedding into the psyche a particular style of being with others. As humans, we need to organize the information that we are consistently being presented; it is an inherent defensive strategy and is involved in every interaction (Moore, personal communication, 5/8/2009). For example, if a caregiver is a scary or overwhelming figure, the infant will look away to help regulate him or herself. When another individual appears with a similar way of being as the scary caregiver, the infant will call on earlier memories and behave accordingly. Thus the pattern is formed. We can also look at an infant whose cries are met with a calming presence versus an infant whose cries are ignored or met with anxiety or hostility. While the first infant will begin to learn that reaching out to others is safe

and effective, the second has the two options of crying louder to demand the attention deserved, or not cry or reach out for others at all. This procedurally established message becomes a non-conscious attachment style. This can also explain why often adults who were abused as infants have difficulties tolerating strong affect of their children or others; they are at the mercy of their own heightened emotions and impulses (van der Kolk & Fisher, 1994 as cited in Davies, 2004).

To further explicate this point, Tronick and associates in 1978 conducted research on caregiver attunement/misattunement (as cited in Applegate & Shapiro, 2005). In the study, 3-month olds were given two minutes of face-to-face time with their mothers in which the mothers were affectively synchronized. The mothers were then instructed to hold a flat expression, not responding to their child. Tronick et al noted how the infants tried to repair misattunement through several means; initially positive, the infant cooed, smiled, and wiggled. The infants, unsuccessful and desperate to get a reaction from their mother, averted their gaze (indicating self-regulation), then began to drool, cry or scream. The authors concluded that if an infant's attempts at engagement are met with engagement, they experience the possibility of and their effectiveness in repairing disruptions with others. If their attempts at re-engagement or repair are met with hostility or disengagement (abandonment), the experience of the ineffectiveness, similar to the former example of mastery, will be internalized and learned procedurally.

This study will be drawing heavily from Allan Schore's work of the neurobiological basis of attachment which he has termed Modern Attachment Theory. He contends that in order for an individual to attain a cohesive self system that is capable of regulating various forms of arousal as well as behaviors, cognitions, and affects, the infant must be immersed in a secure and regulated environment (Schore, 2001). Our

sense of self is originally co-created and we learn to regulate first by co-regulating. At the heart of his proposed modern attachment theory is the learned dynamic experience of affect regulation, and thus refers to modern attachment theory as a regulatory theory (Schore & Schore, 2008, Applegate & Shapiro, 2005).

As stated earlier, the right hemisphere is connected more with the inner workings of the autonomic nervous system (ANS), the “energy-expending” function of the body that is responsible for many of the organ functions as well as the fight, flight, or freeze survival responses. Schore references researchers who state that the attunement between the caregiver and infant can be described as an attunement of the nervous systems and cites Trevarthen as stating that “the intrinsic regulators of human brain growth in a child are specifically adapted to be coupled, by emotional communication, to the regulators of adult brains” (Schore, 1990 as cited in 2001, 116), or in other words, co-regulation.

In co-regulation the infant uses the caregiver in order to “learn” (procedural memory) how to handle impulses and emotions. The distressed infant turns to the caregiver for comfort and reprieve from the overwhelming nature of the distress. In co-regulation, Schore describes a delicate dance of what he calls “affect synchrony” (Schore, 2001, 114). Through this synchronized dance, the infant learns to regulate. In other words, it is a “felt” learning that becomes generalized to the infant’s internal and external world. Schore cites that “In such synchronized contexts of “mutually attuned selective cueing” the infant learns to send specific social cues to which the mother has responded,” thereby establishing an “anticipatory sense of response of the other to the self...” (Bergman, 1999, p96, as found in Schore, 2001, 114). The foundation of the neuropathways of affect regulation is laid.

Schore describes the first postnatal year as being organized around the development of self regulation and attachment formulation (Schore, 2005). The infant uses their senses to take in information from the outside world; taste, smell, and touch (Moore, personal communication, 2008). In the early attachment engagements, the secure caregiver makes themselves contingent, maneuverable, and somewhat predictable to the infant (Schore, 2005). The caregiver takes in the expression, relates it back, regulating the experience for both participants. But the attunement is not so much to the overt behaviors of the infant as it is to the infant's internal emotional experience. This attunement depends heavily on the caregiver's capacity to regulate his or her own emotional state. As noted earlier, no caregiver can be attuned at all times. But while the caregiver may not be attuned to the infant's experience, the infant, by virtue of its developing system and need of the attachment figure for survival, is wholly attuned to the caregiver.

Frequent experiences of repair will make it easier for the infant at times when no caregiver is around. This is the experience of learning to self regulate. The infant will learn to tolerate heightened negative affect, as he/she will know, from experience, that a repair or time of alignment is possible. When infants/individuals are consistently rejected, their sense of agency is "truncated in ways that can compromise their ability to become aware of their own affective state and use that awareness to alter the state if needed. In turn, difficulty discerning their own state will make it difficult to attune accurately to the inner states of others" (Applegate & Shapiro, 2005, 56). What comes of this in adulthood is an unconscious enactment of this primary attachment relationship.

Enactments can be the most succinct way to describe how childhood relational dynamics manifest themselves repetitively in adult relationships. At the heart of

enactments, “the interaction that is being created contains within it unconscious relational elements of the two participants, consciously and unconsciously reacting to and affecting each other” (Ginot, 2007, 325). “Enactments reveal the participants’ implicit, neurally encoded relational and emotional patterns that inevitably come alive.” (Ginot, 2007, 317). As described earlier, neural pathways become entrenched, creating a repetitive self-state, the template from which one operates. If the original self-state was one marked with anxiety, fear, anger, or withdrawal it is conceivable that the system will work to maintain that way of being in relation with others, again, to preserve homeostasis. Any interaction that triggers implicitly familiar emotions will also trigger an enactment of behavior. As we look at intimate partner violence, we are theoretically looking at enactments of historic attachment experiences. And though much of the research on intimate partner violence makes the distinction of perpetrator/offender versus victim, the acceptance of unconscious enactments derived from implicit memories of attachment blurs such identities.

### *Intimate Partner Violence and Attachment Theory*

When looking at intimate partner violence, or IPV, through the lens of modern attachment theory, it is important to think of the concepts of enactment and co-regulation. Co-regulation is the act by which an individual uses a partner in order to regulate themselves much like the act between caregiver and infant. In this respect, we look at *how* violence is used in relationships; what regulatory purpose might it serve? The nervous system is designed to be regulated, free of dis-ease and therefore, will seek out that which will help the system balance. It would then make sense that an individual with an insecure attachment style will seek out a partner to co-regulate. What has been found in the literature is that often both partners in relationships marked with violence are

working from an insecure framework. It is the “mispairing” that can oftentimes be found at the heart of the violence.

Gormley’s study clearly presents a typology of behaviors of partners with attachment anxiety and attachment avoidance that echoes other literature of IPV and attachment. “Theoretically, IPV driven by adult attachment anxiety would be motivated by a desire to preserve the relationship in order to avoid abandonment” (Gormley, 2005, 791). Real or perceived abandonment can activate jealousy and excessive proximity seeking as well as “emotional highs and lows” (Kesner & McKenry, 1998, 420). Generally, a partner with attachment anxiety will often feel remorseful after a violent episode or even a fight, again in order to maintain the relationship, while “IPV driven by adult attachment avoidance would be motivated by a desire to maintain self-sufficiency and avoid closeness” (Gormley, 2005, 792). Real or perceived intimacy is seen as threatening and therefore activating a procedural response that would afford a sense of independence. Devaluing partners and the relationship, and controlling behaviors are common in partners with attachment avoidance (Gormley, 2005; Kesner & McKenry, 1998). Denial of violence or victim blaming are also common behaviors of partners with avoidant attachment styles (Gormley, 2005). Feeney & Noller (1990) additionally found that subjects with avoidant styles “were more likely to report never having been in love” or “to indicate low intensity of love experiences” (287).

As the above research shows, the ability to self regulate and tolerate intense affect lies in our earliest attachments. Bowlby has described it as the “default” reaction to particular people or situations (Bowlby, 1982 as cited in Gormley, 2005). The implications for this are tremendous as we look at attachment styles, affect regulation, and intimate partner violence. Gormley (2005) eloquently states that using attachment

theory-driven research “can (a) describe individual differences in *who* might become abusive in romantic relationships; (b) suggest *which behaviors* might be expected under various conditions; (c) inform us about *what consequences* to perpetrators, their romantic partners, and their relationships might be expected; and (d) help us understand *why* abusive people act as they do” (786). Looking at attachment anxiety or avoidance, in particular, has helped researchers and clinicians to more clearly see the intentions or motivations behind relationally violent behavior.

Furthermore, using attachment theory and its neurobiological components to explicate intimate partner violence breeds a discussion free from gender roles/gender oppression, and, potentially, the dichotomy of good vs. evil people. Perhaps looking at attachment styles and procedural memory will engender a more compassionate response towards both “victims” and “perpetrators”.

#### *Research on IPV and Attachment*

Authors of a 1998 study of attachment theory and intimate partner violence declared that research on relationship violence was very limited and stated that the application of attachment theory was recent. However, those pioneer studies of the 1990’s captured the attention of future researchers hoping to uncover the unique predicting factor of adult relational violence. Buttell et al in 2005 stated that only two studies had investigated dependency, which they believe is the trademark of insecure attachment, with court mandated batterers. They also described the findings as being inconclusive (Buttell, Muldoon, & Carney, 2005). Much of the research has been done in single gender and heterosexually coupled studies, with minimal attention being placed on homosexual relationships.

Kesner & McKenry (1998) attempted to apply Bowlby's attachment theory to intimate partner violence through a study of 149 heterosexual couples. The participants were interviewed regarding their childhood attachment foundations, current adult attachment experiences, relationship history and current stressors. Through the use of the Adult Attachment Style Questionnaire (Bartholomew and Horowitz, 1991), the Conflict Tactics Scale (Straus, 1979), the Attachment History Questionnaire (Pottharst and Kessler, 1990) and the Life Events Scale (Sarason et al., 1978) study results indicated that childhood attachment styles could predict adult attachment experiences, though not predict violence perpetrated against intimate partners. Similar to later studies, this study found that males reporting insecure attachment styles with predominant anxious features also reported a greater likelihood of the use of violence in their relationships (Kesner & McKenry, 1998). They also found that the partners of the violent males commonly reported insecure attachment styles, though endorsing avoidant rather than anxious features. The theory of life stressors as a predicting factor of violence was not supported by this study, as researchers found that securely attached individuals who did not report violent behaviors were not free from life stressors (Kesner & McKenry, 1998). Where this aspect can be helpful to the use of attachment theory and IPV is that results indicated that participants with insecure attachment styles reported higher incidences of life stressors. Attachment research points to correlations of insecure attachment styles and decreased capabilities to tolerate intense affect. While this study chose to look at life stressors as potential predictors of violence, this study will alternately look at affect tolerance.

Doumas, Pearson, Elgin and McKinley (2008) used a study of 70 heterosexual couples and through interviewing and assessing both partners, looked for attachment



styles and violence. While historically, studies look at one partner, this study was one of the few that looked at both partners' responses. They used a modified version of the Relationship Questionnaire (Bartholomew & Horowitz, 1991) to label attachment styles and the Conflict Tactics Scale (Straus, 1979) to capture violent behaviors within the relationship. The researchers used two methods of studying the violence; the dichotomous style of violent or non-violent which would lump one-time violent acts with multiple offenses and also a continuous style which the researchers believed made more sense to the quality and style of the abuse (Doumas, Pearson, Elgin & McKinley, 2008). They found that attachment "mismatchings" can be a risk factor for intimate partner violence, but does not necessarily predict partner violence. Using a hierarchical regression analysis, the researchers found that the combination of an "avoidant" male partner and an "anxious" female partner often was associated with violence (Doumas, Pearson, Elgin & McKinley, 2008). The clinical implications of the study "include focusing on the discrepancy between partners' needs for intimacy and distance within the couple as a strategy for treating intimate partner violence" (Doumas, Pearson, Elgin & McKinley, 2008, 616).

Tjaden & Thoennes (2000) state that "approximately 1.5 million women and 800,000 men report experiencing intimate partner violence in their lifetime (as cited in Doumas, Pearson, Elgin & McKinley, 2008, 617). In the framework of the study, violence was examined from a co-regulatory, or systems, perspective. "When attachment needs are threatened, individuals become alarmed and attempt to regain the desired level of proximity with the attachment figure" (Doumas, Pearson, Elgin, & McKinley, 2008, 617). "From an attachment theory perspective, intimate partner violence can be viewed

as an attempt to establish or maintain a level of personal security within the relationship” (Bowlby, 1984 as cited in Doumas et al, 2008, 618).

Babcock, Jacobson, Gottman, & Yerington (2008) also looked at how violence is used within the heterosexually married relationships to create homeostasis. They found that often for male partners with attachment anxiety, wife withdrawal was a major contributor to the violence. For the husbands with attachment avoidance, their wife’s continued need for closeness and assurance was a significant precursor to violence. This study focused primarily upon *how* violence is used in co-regulation for the partners.

Barbara Gormley (2005) found similar results as some of the above studies, as she too found that “mispairings” of attachment anxiety and avoidance often were present in relationship violence. She wanted to take a deeper look at gender perspectives. She cited 2000 and 2002 meta-analytic studies that reported that “men and women perpetrated equal amounts of intimate partner violence”, which she calls gender symmetry (Gormley, 2005, 785). She reviewed 6 different studies related to men’s and women’s intimate partner violence; 3 studies of both genders, 2 studies of male perpetrated partner violence, and 1 female perpetrated partner violence. All studies were of heterosexual couple dynamics. One of the male studies added character organization as a component, which she remarked as possibly enhancing the relationship between attachment anxiety, attachment avoidance, and IPV (Gormley, 2005). The studies reviewed in Gormley’s article used a combination of adult attachment measures and the CTS. As Gormley’s focus was to look at IPV and what she calls gender symmetry, she found the CTS to be lacking as measure as it failed to shed light on the intentions behind the violence. She found, as stated earlier, that looking at severity of abuse is important when looking for gendered similarities and differences. She notes that often male perpetrated violence is

more severe, whereas female perpetrated IPV is less so. Looking at frequency rather than severity, she believes, does not provide a complete picture (Gormley, 2005). Though she found continued links to attachment avoidance and attachment anxiety with IPV, her hopes of finding a study that compared male and female differential contributions to IPV were unfulfilled.

In Buttell and Carney's 2005 study, they cited the issue of mandatory arrest laws as a leading cause of the presence of more females in court mandated offender treatment. Initially put into place so that victims would not have to bear the responsibility of pressing charges against their loved ones, these laws have, perhaps unintentionally, brought about more arrests of women, whether they are the initial perpetrators or not. It is important to note that this idea is based on an assumed model of heterosexual relationships. The authors state that much of the research on IPV is done in such a way to look at gender differences. They claim that the result of such study has worked to "delineate differential causes and consequences of intimate partner violence for both male and female participants" (Buttell & Carney, 2005, 35). The purpose of their 2005 study was to investigate pre-treatment levels of interpersonal dependency and violence among women who have been court mandated to attend a batterer intervention program to determine if there is a correlation, and also to evaluate the efficacy of a 16 week cognitive based psychoeducational program. The authors cite Sonkin and Dutton (2003), researchers who have been looking at attachment theory and domestic violence, and who have stated that "incorporating attachment theory into batterer treatment is well founded" (Sonkin & Dutton as cited in Buttell & Carney, 2005, 37). The authors also state that "despite the apparent connection between attachment theory and male batterers, there have been no studies exploring the relevance of attachment theory to female

batterers” (Buttelle & Carney, 2005, 37) They believe that looking at attachment theory and female batterers is a necessary step in order to find the underlying cause of intimate partner violence.

Buttelle and Carney chose to look at interpersonal dependency as an indirect mean to look at adult attachment style. They used the Interpersonal Dependency Inventory (Hirschfield, Klerman, Gough, Barrett, Korchin, & Chodoff, 1977), a 48 item self-report measure also used in Buttelle, Carney & Jones study of interpersonal dependence among male batterers, and the Revised Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). The researchers decided to focus on the use of attachment theory, and more specifically, interpersonal dependence because a common variable in the offenders they observed in their clinical practices was their over-dependency on their partnerships and their inability to maintain secure relationships in their lives (Buttelle, Muldoon & Carney, 2005, 211) Results were that offenders that completed the program are “excessively dependent on their partners” (Buttelle & Carney, 2005, 33) and that that dependence was related with their completion of the program and that completion of the 16-week cognitive based psychoeducational program *increased* that dependence.

This study was important because it was a strong advocate for finding a non-gendered all-encompassing treatment approach. “Consequently, if future research confirms that all batterers, regardless of gender, have dependency issues that should be addressed in BIPs, then dependency and attachment issues may become dependent variables in the treatment of female batterers as well.” (Buttelle & Carney, 2005, 54) They also noted that attrition rates for men and women are also similar (51%) (Buttelle & Carney, 2005) further pushing for a more attachment-specific treatment approach.

One of the limitations was that the study was unable to differentiate the dual roles of victim and perpetrator that can be common in partnerships marked with violence. We also do not know whether the act of violence for which the women were arrested was an act of defense. With this aside, female batterers have very similar characteristics to their male counterparts.

Stanley et al explored the nature of violence in same-sex male relationships, in hopes of finding clear patterns and predictors. The researchers believed that not taking a complete contextual look at the partnerships marked with violence would leave readers with a “misleading picture of intimate violence” (Stanley et al, 2006, 31). Fairly recent findings show that the frequency of IPV in same-sex male relationships is comparable to that of lesbian and heterosexual partnerships (Lie et al., 1991; Lockhart et al., 1994; Renzetti, 1992 as cited in Stanley et al 2006) providing further evidence that the causes of IPV are more substantial than claims of gender differences or gender oppression. The study sought to look at a more complete contextual picture of how violence becomes entrenched in intimate partnerships, particularly in male same-sex couples, though concluding with themes that can be generalized to all relationships.

A significant conclusion made in the Stanley study was that despite most domestic violence research references to victims and perpetrators, those roles are not so clear to define. The study showed a larger amount of bi-directional violence than unidirectional. Other studies of same-sex partnerships cited that many of the participants referred to themselves as both perpetrator and victims of violence (as cited in Stanley et al, 2006). Two deductions may be made from this point; when there are no clear gendered roles, it is easier to see the relational complexities involved in IPV, and where there are no gendered roles, mutual combatance is a more openly discussed

concept. Other findings included the difficulty in finding clear associative patterns of aggression and intentions of violence, and the correlation of emotional abuse and physical abuse; the more severe the emotional/psychological abuse, the more severe the physical abuse (Stanley et al, 2006).

The Stanley study used a typology created by Johnson (2001) in order to categorize the different violent dynamics found; the dynamics described were Common Couple Violence (CCV) wherein neither partner is necessarily violent or controlling, but mild mannered and infrequent violence has occurred, the Patriarchal Terrorism relationship in which control and domination from one partner are key factors in the dynamic, Mutual Violence, where both partners are violent, and Violent Resistance in which both partners are violent but only one uses the violence as a method of control (Johnson 1995, 2001 as cited in Stanley et al, 2006). The Stanley et al study found that this typology was limiting and 23% of the partnerships used in the study could not be categorized.

Most important to this study, are the findings that of all patterns discovered in the same-sex male partner violence study, a clear theme of what was labeled the mismatching of “demand/withdrawal” interaction, prevailed. Cited were situations in which the more “demanding” partner felt ignored or dismissed, leading to using violent means to get the attention of the other. Similarly cited were situations in which the more avoidant partner resorted to violence in order to get the separation they felt they needed (Stanley et al, 2006). “The most consistent themes in participants’ stories involved unmet or threatened emotional needs; incompatible needs for closeness versus autonomy, frustrated desires for commitment and monogamy, and loss of the relationships. Therefore, attachment

theory may be a useful perspective from which to view these findings” (Stanley et al, 2006, 40).

For treatment recommendations, the Stanley et al study purported that applying treatments used for heterosexual dynamics are inadequate for gay partnerships, with the potential underlying message that many IPV treatment programs are focused on gender roles rather than generalized relationship dynamics.

#### *Current Study*

Current research in neuropsychology points to the biological and physical bodily manifestations of attachment. A secure attachment in infancy has been linked to positive self esteem, healthy boundaries with others, and an ability to manage or tolerate intense emotions or stress. Behavior in adult relationships is theorized as an enactment of the primary attachment relationship. If the initial attachment relationship is disturbed in some way either through neglect, abuse, or persistent mis-attunement, the individual will continue to seek out similar dynamics. Additionally, capacity to tolerate intense emotions will be compromised, potentially leading to poor impulse control. Studies indicate that while attachment styles can serve as risk factors towards adult relationship violence, it is unclear as to whether they serve as predictors. Though we may not be able to affirmatively prove that an anxious or avoidant attachment style can predict future violence, the information gathered in this study will have important implications for the treatment of court-mandated offenders. If violence is used in order to maintain an attachment relationship or to manage intense affect, treatment should be focused accordingly. In addition, the participants will be male and female, lending potentiality for gendered or non-gendered trends of attachment and affect regulation.

This study has chosen to look at females and males who have been labeled as offenders of intimate partner violence and who have been court-mandated to attend group treatment. It is important to note that from the research, the Adult Attachment Interview created by Brennan, Clark & Shaver, or versions of this interview, and the Conflict Tactics Scale are predominantly used in looking at IPV. Gormley (2005) argues that the CTS, though a helpful tool, measures frequency of abuse rather than measuring the severity of intimate partner violence. As this study is interested in finding patterns and/or themes that defy gender roles, the CTS does not appear to be an applicable tool. For purposes of respecting participants' time, the AAI also will not be administered, but a shortened derivative version. In addition to investigating adult attachment style, this study will survey the individual's ability to tolerate strong affect. This will be done through the use of 2 self-reporting measures: the Experiences in Close Relationships-short form survey (Wei, Meifen; Russel, Daniel W.; Mallinckrodt, Brent & Vogel, David L. (2007) Published) and the Affect Tolerance scale (Fowler, J.C. (2008) Affect Tolerance Scale. Stockbridge, MA. Unpublished.) Given the literature, and a simultaneously growing body of research on affect regulation therapies, it seems natural and appropriate to use these two measures to look at ways to provide appropriate and effective treatment to men and women who have been labeled as perpetrators of intimate partner violence.



## CHAPTER III

### METHODOLOGY

The purpose of this study is to explore intimate partnership violence through the lens of modern attachment theory as it is described in the literature review. It is the intentions of this researcher to add to a current dialogue about the relational dynamics of intimate partner violence veering from the personal attributes and definitions of “victims” and “offenders”. It should be noted that violence in this study is defined by the legal system. As presented in the literature review, behavior in adult relationships can be seen as an enactment of the primary attachment relationship. If the initial attachment is disturbed in some way either through neglect, abuse, or persistent mis-attunement, the individual may continue to non-consciously seek out similar dynamics throughout their life. Additionally, what can be learned from current research on same-sex partnership violence is that the perpetration of violence is not gender specific. With all of this in mind, it is the hypothesis of this researcher that “offenders” of intimate partnership violence, male or female, will endorse an insecure attachment style and low affect tolerance; thus, furthering the hypothesis that violence can be utilized in order to maintain a particular attachment.

The design of this study was quantitative with two self-reporting measures and some room for open-ended exploratory questions. To get a large pool of participant perspectives, it seemed appropriate to use a quantitative study rather than a qualitative interview. Due to the exploratory and personalized nature for the study, self-report measures seemed like the optimal method of data collection. Self-report measures allow

the participant to share their personal experience rather than having the researcher make inferences about the experience. Each participant received a 3-page study questionnaire.

The first page of the questionnaire was for demographic data collection and provided the participant with space to self-identify and/or explain further on particular questions (Appendix A). The demographics page, was created to elicit information relevant to the nature of attachment, but also was exploratory in nature. It contained 14 questions. Participants were asked to self-identify their gender, sexual orientation, age, race/ethnicity, marital status, the charges that led to their membership in the court-mandated group and an additional question of prior domestic violence offenses.

Research pertaining to partner violence often includes a discussion of abuse history, so this was added to the questionnaire with space for explanation. Additionally, the participants were asked about their primary caregivers and if they are still in relationship with the partner they had the altercation with. And finally, the participants were asked if they were under the influence of drugs or alcohol during the time of the altercation, and if they were “suffering from any physical pain due to illness, disability, or injury during the time of the incident that brought [them] into treatment”. This final question regarding physical pain was added to the questionnaire for further research into somatic psychology and/or using somatic techniques in treatment.

The participants then filled out the Affect Tolerance Scale (Fowler, J.C. (2008), Affect Tolerance Scale. Stockbridge, MA. Unpublished.)(Appendix B) and the Experiences in Close Relationships-short form survey (Wei, Meifen; Russel, Daniel W.; Mallinckrodt, Brent & Vogel, David L. (2007) Published) (Appendix C). As described in the research, insecure attachment styles can manifest in high rates of impulsivity, disrupted or disturbed relationships, and a low tolerance for negative affect. As it is

hypothesized that folks who perpetrate violence will have an insecure attachment, the use of the Affect Tolerance Scale was thought to further expand upon this theory. (Appendix D) The ATS is 20 questions, each directed at exploring the participant's experience of powerful emotions. The questions present the opportunity to look primarily at the frequency with which the participant experiences strong negative emotions, as well as a more discreet look at coping capabilities. For example, the participant is asked to describe the frequency with which they experience the following: "I can't escape painful feelings", "I am too damaged to get better", or "I can find ways to make myself feel better" (Fowler, 2008). Of course, with every scale that has predetermined measures for the participant to select, there are limitations. The selected parameters chosen to survey the participant may not coincide with the participants' experiences. However the Affect Tolerance Scale provided very direct and descriptive statements in order to examine affect tolerance more fully. Internal consistency reliability and item to scale correlations will be examined in this study.

Hazan and Shaver developed the first self-report questionnaire to measure adult attachment styles called the Experiences in Close Relationship Scale (Wei, et al, 2007). Based on Ainsworth's 3 types of attachment styles, (avoidant, anxious, and secure) the scale has been used for various populations in either its original format or newer versions. The apparent desire for self-report measures of adult attachment styles expanded and measures ranging from single-items up to 323 items (Wei, Russell, Mallinckrodt, & Vogel, 2007) were created, though, generally based upon Shaver and Hazan's original scale (Hazan, C., & Shaver, P (1987) Published) or its latest 36-item measure (Brennan, K.A., Clark, C.L., & Shaver, P.R. (1998) Experiences in Close Relationship Scale. Published.) .

This study employed The Experiences in Close Relationship Scale (ECR)-Short Form (Wei, Russell, Mallinckrodt, & Vogel, 2007), a streamlined version of the ECR with only 12 items for self-report. Because this study also included the potentially emotionally triggering 20-item Affect Tolerance Scale, a shortened relationship attachment scale was a strategic choice in order to maintain participant compliance and motivation to complete the study. The scale, tested in 2007 for its reliability, validity, and factor structure with six separate samples, proved to be comparable to the original version on all accounts (Wei, et al, 2007). However, the authors note that “the internal consistency reliability of the short form is lower relative to the original version of the measure” and the diminution in this reliability is expected because of the reduced number of items and therefore a lesser number of redundancy (Wei, Russell, Mallinckrodt, & Vogel 2007 p202). The shortened version focuses on anxiety and avoidance attachment styles both of which the literature describes as styles that can lead to the use of violence in order to maintain either closeness or distance. Considering the population, the emotional component of this topic, the desired N of 50, and time limitations, the ECR-short form proved to be an optimal choice for determining the participants’ adult attachment styles. (Appendix E) This researcher did, however, add one more item to the scale; an open-ended exploratory prompt for the participant to express which items they felt best described the partner they got into the altercation with that led to their arrest. Contemplating *how* violence is used in order to maintain the relationship (either to avoid abandonment or to avoid intolerable intimacy), this question was added also in an attempt to look for the ‘mispairings’ that have been described in the literature without having the partner participate in the study (Doumas, et al, 2008). The reliability, consistency, and usefulness of this additional item will be addressed in the discussion chapter.

### *Sample*

100 participants were recruited for this study, with a final number of 67 male and female participants to be analyzed. This quantitative study was administered to a sample of men and women attending court-mandated perpetrator treatment group therapy for acts of domestic violence with the focus on violence that occurs within intimate partnerships. Again, the definition of violence, limited as it was, was dictated by the legal system. Each participant of this study was court ordered to participate in an offender treatment group. A prior screening process had already occurred in order to ensure that group treatment was the most appropriate method of treatment for the individual. For example, some court mandated offenders have particular qualities that make individual treatment or treatment within a more structured environment the best choice for them. The members of the groups that were recruited had been labeled as “group ready” and capable of attending therapy once a week. Some were also in concurrent substance abuse treatment. Because of the prior screening, the only further exclusion criterion was to ensure that the client’s charges were for violent acts against their intimate partner and not a child or family member. Child abuse was at times included within the charges brought against the participant, but the focus was on the adult relationship.

Treatment providers were recruited from the Colorado Domestic Violence Offenders Management Board. This organization is a licensing agency that oversees offender treatment in the state of Colorado. Its philosophy is: “that domestic violence is a crime and not the result of or response to a failing relationship” ([http://dcj.state.co.us/odvsom/Domestic\\_Violence/](http://dcj.state.co.us/odvsom/Domestic_Violence/), 4/12/2009). Their website offers a list of clinicians who have been licensed as DV Offender Treatment providers. When a provider is on the list, it means that they have met all state qualifications established in

the standards of practice. All licensed providers practicing in the county were called, 15 in total (Appendix F). Five providers returned calls and asked for further information via email (Appendix G, H). As all five providers remained interested, a letter of permission needed to be secured in order to proceed with the Human Subjects Review Board approval and to begin the study (Appendix I). The HSRB insisted on receiving all letters of permission before the study could begin, wanting to ensure the participants' rights were being respected. One provider offered to translate the study into Spanish as she ran three groups of Spanish only speakers that she wanted to include in the study. However, because of the timing of the study, she was unable to do so and the perspective of this group of offenders was not included. Therefore, the study relied on the remaining four providers. Two providers led offender treatment groups in agency settings that focused on anger management, drug & alcohol rehabilitation, and "DV classes". Between the two, they ran a total of 15 groups per week. The other two providers facilitated offender treatment groups out of their private practices. They had smaller groups and together ran a total of 6 groups a week. The intentional N was 50, but 67 study questionnaires were completed and returned by the deadline. It may be important to note that each provider was particularly interested in Attachment Theory and relational dynamics in their work with group members. The likelihood of participation by group members may have been increased because of this. (Two of the providers asked for the results, as well as several group members.)

### *Ethics and Safeguards*

By virtue of the fact that the participants of this study were court mandated to attend the classes, their presence in the group was involuntary by nature. In order to proceed with this population, their vulnerability had to be acknowledged and appropriate measures needed to be taken so that they felt in no way coerced to participate. The groups of potential participants were made aware of the nature of the study prior to the researcher's visit. The SCSSW HSRB required a list of "Talking Points" before approving the study as a measure of ensuring ethical practice (Appendix J). It was stressed to the group members that their participation be completely voluntary in order to establish that they, in no way, felt coerced to participate in the study. It was also made clear to the participants that their participation would have neither a positive nor negative effect on their status with the courts or with their participation in the group therapy.

To protect confidentiality and to avoid coercion, stamped and addressed envelopes with the enclosed study were handed out to every group member. Each study packet included the informed consent (Appendix L), the 3-page questionnaire, a therapist referral list (Appendix K), and an additional copy of the informed consent titled "For Your Records" (Appendix M). The participants were made aware that no data would be collected unless accompanied by signed consent forms. They were also informed that all data that was collected would be blinded using random number assignments.

The participants were prompted to take the study home to complete, and either mail it in to the researcher or return it to a box left in the room by the researcher to be picked up the following week. The data was kept in a locked file with informed consents separate from the survey questionnaires. Once the data from the survey questionnaires was translated onto an excel spreadsheet, the file was password locked. Data was

emailed to a statistical analyst in a coded spreadsheet format with no possible identifiable information include.

Because the purpose of this project was to look at current attachments with loved ones and acknowledge experiences of intense feelings, it was quite possible that questions on the survey would trigger an emotional response by the participants. In addition to investigating attachment styles, there were questions that specifically asked if the participant has experienced verbal, physical, or sexual abuse. The direct nature of the survey may have caused participants to look at their personal history with hurtful and/or harmful relationships and feel vulnerable and perhaps emotionally unstable. A list of local therapist referral numbers and hotline numbers was thus provided (Appendix K).

However the participants could benefit from doing the study by gaining new perspective from thinking about their own attachment and the possibility that their history of relationships had brought them where they are. (Some providers stated later that they believed that an unintentional benefit was the participant sharing their experience with the study in the group.) A handful of participants asked that the results of the study be sent to the providers to be disseminated.

#### *Data Analysis*

Data will be analyzed using SPSS. Demographic data will be calculated using means, standard deviations, and percentages for relevant items. A t-test will be used to test for differences by gender on each scale. If there are no differences, the data will be combined for the rest of the analyses. Scale reliability for the ATS and ECR with this sample will be conducted using coefficient alpha.

The central hypothesis of this study is based on the assumption that court-mandated offenders of intimate partner violence will endorse an insecure attachment



style. With neurobiological research and the concept of attachment theory as a regulatory theory in mind, the ATS and the ECR-S were utilized to answer the question: How is attachment style, affect tolerance, and intimate partnership violence inter-related?

Pearson correlations between scales will be used to test two things: 1) if participants' scores on anxious attachment subscale of the ECR-S are correlated with scores on the ATS; and 2) if scores on the avoidant attachment subscale of the ECR-S are correlated with scores on the ATS. This will help to determine whether or not those who endorse an insecure attachment also present with low affect tolerance, and will provide information of the way these variables may be differentially related.

Pearson correlations will assist in determining if there is a relationship between the ATS and either ECR subscale. Additionally, there will be further analysis to explore similarities or differences between those participants who identify as being in relationship with the partner from the altercation, and those who are not. This analysis will also be used to look for trends of intergenerational abuse; do those participants who identify as having experienced abuse in their lifetime show a tendency toward a particular adult attachment style or ability to tolerate strong affect?

## CHAPTER IV

### FINDINGS

One hundred male and female potential participants were recruited for this study. Of the 100, a total of 67 responded (67%). As the participants were given the option to either return their questionnaire packets to a mailbox at the location of their treatment or to mail the packet to the researcher, it should be noted that only one packet was mailed. Unfortunately, it was received after the due date and was unable to be used in the study.

#### *Demographic Data Survey*

In following with the self-reporting nature of the study, the demographic collection allowed for self-identification. Four questions offered pre-selected answers with no space for further explanation. The remaining ten demographics questions either provided space for identification or space for further explanation of a 'yes' or 'no' question.

The cohesive factor in the study population was that each participant had been arrested and charged with perpetrating some form of domestic violence on their partner. However the charges and convictions ranged from non-violent crimes such as obstruction of phone and harassment, to disorderly conduct, to assault with a deadly weapon and felony menacing. Twenty-three of the participants wrote in the generic "domestic violence" as the charge against them. Nine of the participants indicated that they had held prior domestic violence convictions. See Tables 1 & 2.

The ages of the participants ranged from 18 to 69 years old with a mean age of 33.75 a standard deviation of 11.487 and a median of 31. Twenty-one females (31.3%) and 46 (68.7%) males participated in the study.

The participants were given the options of single, married, divorced, separated, in a committed relationship or 'other' to demonstrate their current relationship status. Nineteen respondents (28.4%) indicated that they are currently single, 21 (31.3%) as married, 10 (14.9%) divorced, seven (10.4%) separated, and eight (11.9%) indicated that they are in a committed relationship. One respondent designated 'other' but did not offer any additional explanation, and one respondent did not answer the question.

This question appears to have some unreliability in that some participants answered as being 'single' while later noting that they were still in relationship with the person with whom they had the altercation. Others noted that they were divorced while also in a committed relationship. However, it is important to identify that 27 participants (40.3%) revealed that they are still in relationship with the partner with whom they had the altercation. Results show that these partnerships have lasted from as little as 9 months to as long as 48 years.

Aside from one participant who self identified as bisexual, the remainder of the participants who wrote in their sexual orientation identified as heterosexual (88.1%). Seven participants did not respond to this question. It is thus assumed that the partnerships described in this study are primarily heterosexual partnerships. See Table 3.

As the participants were allowed to self-identify on the demographics page in order to obtain more personalized information, this created an issue of coding. In terms of identification of race and/or ethnicity, this was particularly true. In one instance, a number of participants wrote "White" while others chose "Caucasian". They were coded

together so that 39 (58.2%) of the participants identified as White/Caucasian. Similarly grouped, 20 participants, 29.9%, identified as Hispanic/Latino. Two participants (3%) described themselves as “Black/Asian” and “Half Korean”. For the data analysis, both participants were coded as “biracial”. See Table 1 for a more in-depth look at the sample.

Participants were asked if they have ever experienced abuse. They were given the options of physical, verbal, sexual, and neglect to circle and also added room to explain further. Thirty-five (52.2%) participants revealed that they, indeed, have experienced ‘abuse’ as a generic term. Of those, 30 (44.8%) noted that they had been verbally abused, 22 (32.8%) specified that they had experienced physical abuse, 9 (13.4%) revealed sexual abuse, and 4 (6%) specified experiencing neglect. See Table 4.

To get a superficial look at family history, participants were asked if they were raised by their biological parents or family members or if they were adopted or fostered. Fifty-nine (88.1%) participants answered that they had been raised by biological family members. Four participants were adopted or fostered and one participant reported ‘other’. No further measures of analysis were used as this single item did not evoke any particular information that would be useful for the purposes of this study.

In an additional attempt to get a well-rounded look at the factors at play during the time of the incident that brought the participants into offender treatment, two questions were dedicated to looking at the offender’s ‘state’ during the time of the incident. Affect tolerance is a dominant theme in the study, so it seemed appropriate to look at any external factors that could weaken one’s ability to tolerate distress. Though statistics vary depending on the definition of ‘under the influence’, intoxication or substance use is common in many reported domestic disputes. Thirty-two (47.8%) participants indicated that they were under the influence of drugs or alcohol during the

time of the incident that brought them into treatment. Participants were also asked if they were “suffering from any physical pain due to illness, disability, or injury during the time of the incident that brought [them] into treatment”. Seven participants (10.4%) answered ‘yes’, with one male participant writing in that he had “a broken heart”. Due to the non-specific wording of both questions and lack of follow-up inquiries, the responses can be referred to for a generalized descriptive picture of the sample, but are not significant or reliable enough for deeper analysis.

#### *Experiences in Close Relationship – Short form*

Participants were asked to rate their experience in intimate relationships by using a 7 point likert scale in which 1=Disagree Strongly and 7= Agree Strongly. The number 4 on the scale was designated as ‘Neutral’. Within the twelve items are six items geared toward determining an ‘anxious’ attachment style and six for assessing for an ‘avoidant’ attachment style. Low scores on both subscales are then reflective of a secure attachment, although no cutoff scores are available for categorizing individuals by attachment style. Thus, correlations will be used to examine the relationships among subscales and measures, and means will be compared across this and other studies using the ECR-s to provide a preliminary comparison by groups.

One hundred percent of the participants completed the ECR-S. Coefficient alpha was run on the subscales to test the internal reliability (anxiety alpha= .711, n=67, N of items =6; avoidance alpha= .834, n=67, N of items = 6). Scores on the anxious attachment subscale ranged from 6 to 40 with a mean score of 18.4030 and standard deviation of 7.49557. Scores on the avoidant subscale ranged from 6 to 34 with a mean score of 17.1791 and standard deviation of 8.15554. In the Wei, Russell, Mallinckrodt, Vogel study (2007) in which they administered the ECR-S as a stand-alone measure to a

sample of 65 undergraduate students enrolled in a psychology course, the mean score on the anxious attachment subscale was 22.45 with a standard deviation of 7.14 (Wei et al, 2007, 198). The mean score for the avoidant attachment subscale was 14.97 with a standard deviation of 6.40 (Wei et al, 2007, 198). It was assumed that this study's population, by virtue of their court-mandated attendance to treatment for IPV, would present with a higher mean for both subscales of insecure attachment styles, though this was only true for the avoidant attachment style.

T-tests were run to determine if there were significant differences in the ECR-S scores by gender. The mean score on the anxiety subscale for males was 18.3043 versus 18.6190 for females; the mean score on the avoidance subscale for males was 17.5652 versus 16.333 for females. No significant differences were found (anxiety subscale:  $t = -.158$ ,  $p = .875$ ; avoidance subscale:  $t = .571$ ,  $p = .570$ ). Therefore, the responses from the male and female participants were combined for the rest of the analyses.

ECR-short form is concrete and straightforward in nature with pre-formulated scoring capabilities. Due to the open-ended nature of the additional question added by this researcher on the ECR-short form, "Which items listed above (by number) on this scale would you attribute to your partner? (For example, "#s 2,5,10 describe my partner)" considerably diverse responses were received, making the data collected potentially unreliable. Forty-eight of the participants attempted an answer for this question and the following comments were written as a response to the question, as opposed to the proposed number scores: "I have been diagnosed Bi-polar II just after incident", "Love my man", "None of this really applies. My wife has a history of mental illness that is now being treated", "None describe him" and "I've gone through this

treatment ‘cause of *her* insecurity’’. As noted earlier, this question was an endeavor to look for potential ‘mis-pairings’ in the sample.

#### *Affect Tolerance Scale*

In conceptualizing attachment theory as a regulatory theory, as asserted by Allen Schore, the Affect Tolerance Scale was utilized. The name of the scale, as suggested by the HSRB, was not revealed in the study. However, it was stated on the scale that the purpose was to explore the participants’ experience of strong emotions.

Participants were asked to consider each of the 20 statements and circle the number that most closely represented their experience; 1=’I never experience such things.’, 2=’I rarely experience such things (1-2 times a month)’’, 3=’I sometimes experience such things (1-2 times a week)’’, 4=’I often experience such things (3-5 times a week)’’, and 5=’I frequently experience such things (daily)’’.

Fifty-seven of the 67 (85%) participants completed the Affect Tolerance Scale. One participant changed the frequency factors to match his experience, therefore making his scale invalid. Another participant indicated that she was an addict up until the time of the incident, but is currently sober. She reported that she was answering the questions as she was experiencing them now after months of sobriety. Due to the potential confusion, this individual’s protocol was also not used. The remaining unused scales were either not completed, or were completed in such a fashion that they displayed unreliability (for example, circling 1 for every question when there are reverse-designed statements). Individual scores on the ATS ranged from 21 to 73 with a median of 33.00, a mean of 38.11, and a standard deviation of 13.889.

T-tests were run to determine if there were significant differences in the ATS scores by gender. The mean score for males was 36.78 versus 41.24 females. No

significant difference was found ( $t=-1.111$ ;  $p=.271$ ). Therefore, the responses from the male and female participants were combined for the rest of the analyses.

#### *Relationships among ECR-S Subscales and ATS*

Pearson correlations were run to determine if there was a relationship between the ATS and either ECR subscale. There was a significant moderate correlation between the ATS and ECR anxiety ( $r=.561$ ,  $p=.000$ , two tailed) and a significant weak correlation between the ATS and ECR avoidant ( $r=.328$ ,  $p=.013$ , two tailed). Both correlations were positive (as one scale went up, so did the other; as one scale went down, so did the other).

These findings led to a further analysis of ATS and ECR scores of those participants who answered 'Yes' to being in relationship with the partner with whom they had the altercation. The purpose was to determine whether individuals who stayed in the relationship after a violent episode were more likely to demonstrate low affect tolerance (higher scores on the ATS) and higher scores on the anxious attachment subscale when compared to individuals who are no longer in the offending relationship. T-tests found that there was a significant difference in the ATS score ( $t(53.744)=-3.107$ ,  $p=.003$ , two tailed) with a mean of 31.9 for those remaining in the relationship compared to a mean of 42.06 for the group of individuals who did not remain in the relationship. There was no significant difference in the examination of avoidant attachment style on the ECR-S by groups. However there was a significant relationship among those who endorsed an anxious style ( $t(64)=-2.476$ ,  $p=.016$ , two tailed). Those who remained together had a lower mean (15.778) than those who were not (20.282). Essentially, the participants who are no longer with their partners have more problems with affect tolerance, and are predominantly more anxiously attached.



Additionally, operating from an assumption that those who have experienced abuse tend to later abuse others, t-tests were run with participants who answered 'yes' to the generic question if they have "ever experienced abuse" to determine if there were differences in ATS or ECR scores. No significant differences were found in any of the scores.

## CHAPTER V

### DISCUSSION

The results of this study support many of the findings in the current and previous literature of modern attachment theory as a regulatory theory. The research asserts that the capacity to meet developmental milestones, tolerate and regulate affect, maintain relatively positive self-esteem, and forge secure adult relationships is predicated on a primary secure attachment. Most notable, is the incredible impact that attachment has on the infant or individual's capacity to tolerate affect and how that plays out in intimate adult partnerships.

The use of the Affect Tolerance Scale and the Experience in Close Relationship-Short form substantiate the correlation between low affect tolerance and insecure attachment styles. A significant relationship was also found between participants who reported to still being in relationship with the partner with whom they were violent and an attachment style marked with anxious features. Results from the male and female participants were combined as t-tests indicated no significant differences, allowing for the non-gendered approach suggested by authors Stanley (2006), Gormley (2005), and Buttell & Carney (2005). Some findings such as participants' experiences of prior abuse and/or being 'under the influence' during the time of the violent incident, were noted but not investigated enough to offer substantial evidence to the current body of literature of respective literature.

Working under the assumption that, by virtue of their attendance in court-mandated domestic violence offender treatment, the sample would present as having

difficulty in managing impulsivity and regulating affect or that they would endorse an insecure attachment style, this study sought to test for both. However, because there are no scores on the ECR-S that delineate an anxious, avoidant or secure attachment, nor were there gradients to which someone could be identified as having low, moderate or high tolerance for strong affect on the ATS, the correlations provided the most telling information. The Pearson correlations between scores on the ATS and ECR-s confirmed the inter-relationship between affect tolerance and attachment. Lower capacity to manage strong affect could, indeed, be the result of insecurity whether it was in the form of anxious or avoidant features.

The Kesner & McKenry study (1998) found that males who demonstrated a stronger likelihood of using violence in their relationships also endorsed insecure attachment styles with predominant anxious features. The analysis in this study of participants who remained in relationship with their partner after the incident indicated that anxious features dominated the scores. The findings in the analysis then testify to the theory that violence may be *used* as a way to maintain an attachment and that individuals who are anxiously attached may perpetrate violence as a means to keeping their partner closer. Indeed, this does not serve as a way to predict partnership violence, much like the literature indicates.

This study was unable to add to IPV research on mis-pairings as seen in Kesner & McKenry, 1998, Gormley, 2005, or Doumas et al, 2008 as it only looked at the perspective of one member of each pair. The additional question on the ECR-S added by this researcher for the purpose of insight into the pairing did not provide coherent results. However, by using self-report surveys, this study added to the research, the perspective of males and females who have been labeled as offenders. This study also helped to

confirm the researcher's expectations informed by research done on same-sex partnership violence, that gender may play a small role but is not as significant a factor as has been posited in the past. T-tests were run to determine if there were distinct differences between male and female experiences with affect tolerance or with their experiences in relationships, to which there were not. While this study did add to the literature on attachment and gender, due to the limited scope of the study in which it can be assumed that heterosexual relationships were the dominant relationship experienced, this study did not add to the broader picture of intimate partnership violence among same-sex partners.

This study also added to a body of literature in which prior history of abuse (intergenerational transmission) is looked at when conceptualizing perpetration of interpersonal violence. Fifty-two percent of the sample self-identified as experiencing abuse in their lifetime. However, it could be argued that looking at early attachments, is in fact, looking at the intergenerational transmission of trauma.

Also noted in this study is the finding that 47.8% of the sample described themselves as having been 'under the influence' during the incident of violence with their partner. Further correlational analyses could be conducted with the participants who were under the influence and their scores on the ATS and ECR-S, looking at the *function* of the use (or abuse) of alcohol or substances.

#### *Limitations of This Study*

With every study, there are inherent limitations and restraints. Although the findings of this study added to the body of evidence supporting the interconnection of modern attachment theory and IPV, its limitations should be noted.

There is always an inherent drawback when a sample is taken from a population in a particular geographic location. This study was conducted within the county of the

researcher's residence due to time and transportation constraints. County Census (2007) information describes the population as 92.5% white, 13.1% Hispanic/Latino, 3.8% Asian American, 1.6% biracial, 1.2% black/African American, .8% Native American, and .1% Native Hawaiian or other Pacific Islander (<http://quickfacts.census.gov/qfd/states/08/08013.html> 4/12/2009). The capitol city nearby would have offered another perspective with perhaps a more metropolitan feel. Additionally, this researcher was unable to garner permission from providers who worked with the LGBTQ community, again, limiting the perspective of the study.

One of the more notable limitations of the study surrounds the means of defining violence. Whereas one would define violence as physical force used against another, someone else would define threatening or harassing to be just as injurious to the victim. In an effort to work with a particular population, men and women in domestic violence offender treatment, this study chose to use the term violence as it has been defined by the legal system. In working with folks who had been charged with crimes of violence against their partners, this study adopted the limitations around "legal-speak" (charges vs. convictions), the system of designating perpetrators and victims, and mandatory arrest laws. Mandatory arrest laws require that law enforcement make an arrest when a domestic dispute is called in. Biases and prejudices amongst law enforcement officials then play a particularly large part in who is arrested and who will be given the label of offender. This study, under the restraints of using the legal determination of violence, also does not address issues of mutual combatance.

In consideration of the measures used in this study, the authors of the ECR-S noted an interested finding as they used the scale across populations of different "ethnicities". They found that with the original version and the shortened version of the

measure, White, African American, and Hispanic/Latino participants described a stronger agree-ance with the items dedicated to expressing desire for partners to be there during times of need as opposed to their Asian American counterparts (Wei, et al, 2007). This study could benefit from sampling across a broader demographic context of participants in order to tease out this finding.

Two group treatment providers suggested that it would be helpful to know how far along the participants were in their treatment. They noted that often participants are less inclined to accept responsibility for their actions near the initiation of treatment. Although the current study did not control for length of treatment, it is assumed that the participants' willingness to proceed with the study speaks to some ability to take responsibility for their actions.

Personal biases are always present in research, and this study is no exception. The interest in this topic comes from the researcher's personal history with intimate partner violence and a professional experience working with "victims". After years of seeing and hearing what seemed to be different versions of the same story, it appeared that in order to put a halt to relationship violence, it would be important to address the issues of the "offender". With the introduction of newer neurobiological findings in the realm of relationships, and recent research in same-sex partnership violence, however, the line between offender and victim can become blurred. This study is an attempt at exploring partnership dynamics, though it is still conducted within the victim/offender duality of the legal system.

#### *Strengths of this Study*

There is innate difficulty in using scales as they are somewhat limiting. This study may have been more descriptive by using the Mary B Main Adult Attachment

Interview, though to administer this interview one must complete a thorough training that time would not permit for this study. Additionally, such a measurement tool is based on the administrator's observations. This study relied entirely on self-report measures, highlighting the perspectives of the participants. Both psychometric measures proved to be sound instruments in terms of reliability and validity. The demographics page provided a descriptive picture of the sample population in addition to adding to some current theories (i.e. intoxication during the time of the incident, abuse history, age etc).

This study sought to explore the interrelationship of affect tolerance, insecure/secure attachment, and intimate partner violence. Some studies, such as that of Kesner & McKenry (1998) for example, made attempts to look at current stressors or generalized stress and their role in partnership violence. However, no studies were found that specifically looked at affect tolerance. This study is new in this respect. Moreover, it took its cues from research of same-sex partnerships and attempted to look not at each gender's experience, but to look at the overall experience of partners who use violence in their intimate relationships. As stated earlier, neurobiological perspectives may blur the societal lines of offender and victim, *and* offer a context in which the social construction of gender does not play a strong role.

#### *Implications for the Field of Social Work*

A modern attachment theory approach to clinical work can lend itself to getting at the heart of what many clients are struggling with; the ability to connect with others or to tolerate intense emotions. It can be used to take a micro look at a macro-level societal issue. Allen Schore, who is cited throughout much of the literature for modern attachment theory, ascertains that modern attachment theory is very much aligned with the biopsychosocial perspective inherent in clinical social work stating that it

encompasses the “brain-mind-body-environment relational matrix out of which each individual emerges” (Schore & Schore, 2008, 10). It does not imply inherent qualities of “badness” or weak character; rather it is a theory in which individuals are seen in context.

Schore proposed in 2001 that “the empathic therapist’s capacity to regulate the patient’s arousal state within the affectively charged nonconscious transference-countertransference relationship is critical to clinical effectiveness” (as cited in Schore & Schore, 2008, 10). Essentially, Schore is suggesting that the therapist allow for the client to learn to regulate their affect through the therapeutic alliance (co-regulation). This is a key point as the dominant form of treatment provided to individuals who have been charged with acts of domestic violence is group treatment. It is only those who can afford an individual therapist, or who are deemed unstable and not-group-ready who do not work in groups. Though group treatment has many therapeutic qualities, and is effective in treating more clients at a single time, we need to ask ourselves *how* effective it is in working within the attachment framework. Is talk therapy enough? Researchers such as those found in this literature review would say that it is not (Schore, 2008; Applegate & Shapiro, 2005; Cozolino, 2006, Moore, 2009). They state that it is the right brain-to-right brain interactions that are the healing component for individuals with attachment disruptions. “Just as the left brain communicates its states to other left brains via conscious linguistic behaviors so the right nonverbally communicates its unconscious states to other right brains that are tuned to receive these communications. Regulation theory thus describes how implicit systems of the therapist interact with implicit systems of the patient” (Schore & Schore, 2008, 14). Is sitting with others who have landed themselves in a similar situation and learning didactically how to be in relationship with



others, the optimal mode of treatment for anyone who may, essentially, have a procedural attachment disorder?

### *Recommendations for Future Research*

Based on the findings and intentions of this study, recommendations could be made for future research.

While this study sought to learn about the experience of those individuals labeled as offenders of intimate partner violence, it became clear that a more thorough analysis of the relationships, perhaps those that remained intact after the incident(s), could garner more information around the co-regulatory efforts of the couple based on their attachment styles. Interviews of both partners seem a noteworthy endeavor in this as this perspective can work to take the victim/perpetrator dichotomy out of the picture as well as study *how* or *why* violence is used within the relationship. Clinicians often ask themselves of particular behaviors, what function or purpose does this behavior have? In the same vein, it may also be useful to look at recidivism rates through the lens of modern attachment theory; is there a particular style that lends itself to chronic abuse?

Also recommended is to follow those participants who identify very strongly on the ECR-S as having either insecure attachment style through therapeutic treatment that focuses on the intersubjective co-regulatory aspects of the therapeutic alliance. How can body-centered regulating modalities such as EMDR, Brain-spotting, or Somatic Experience help with attachment disruptions?

Further, as the system of treatment in our society cannot change overnight, and to respect that there are many strengths to group work, how can group leaders facilitate interactive regulation among group members? Can right brain-to-right brain attunement occur within a group setting? Research into group relational interactions could, indeed,

help transform the mode of care that individuals who act out violently against their intimate partners receive.

### *Conclusion*

Intimate partner violence is a societal issue that has endured with time despite the continuous press that it has gleaned. Though this study did not find predictive factors of interpersonal violence, it did present a case for a conceptualization of this phenomenon that could affect therapeutic treatment. The population chosen for this study was one that hopefully marks the extremes to which an insecure attachment style can manifest itself. However, modern attachment theory and its interventions can be generalized to all individuals, regardless of their attachment style and can be effective in all areas of human behaviors and interactions.

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APPENDIX A

Participant # \_\_\_\_\_

1. Gender: \_\_\_\_\_
2. Sexual orientation: \_\_\_\_\_
3. Age: \_\_\_\_\_
4. Race/ethnicity: \_\_\_\_\_
5. Marital Status:           Single           Married           Divorced           Separated  
                                   In a committed relationship           Other: \_\_\_\_\_
6. What charge led you to this mandated group?  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Have you ever had a prior offense of domestic violence?           Y           N
8. What were the charges against you? \_\_\_\_\_  
 \_\_\_\_\_
9. Have you ever experienced abuse?           Y           N  
     Physical                    Verbal                    Sexual                    Neglect  
 Please Explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Were you raised by your biological parents?           Y           N  
     a) If not, were you raised by relatives other than your parents?           Y           N  
     b) If not, were you adopted as a child?           Y           N  
     c) Were you a foster child?           Y           N
11. Are you still together with the partner you had the altercation with?   Y           N
12. If so, how long have you been with your partner? \_\_\_\_\_
13. Were you under the influence of drugs or alcohol during the time of the incident that brought you into treatment?           Y           N
14. Were you suffering from any physical pain due to illness, disability, or injury during the time of the incident that brought you into treatment?           Y           N

## APPENDIX B

We are interested in your experience of strong emotions. We want your honest opinion, and therefore ask that you carefully consider each statement and then circle the number that most closely matches your experience. You should feel free to use the entire scale, rating aspects that were not at all true for you, as well as those items that reflect your feelings.

1	2	3	4	5
I never experience such things	I rarely experience such things (1-2 times a month)	I sometimes experience such things (1-2 times a week)	I often experience such things (3-5 times a week)	I frequently experience such things (Daily)

- |     |  |   |   |   |   |   |
|-----|--|---|---|---|---|---|
| 1.  | I am easily overwhelmed by my emotions               | 1 | 2 | 3 | 4 | 5 |
| 2.  | No matter how hard I try, I'll never be good enough  | 1 | 2 | 3 | 4 | 5 |
| 3.  | I am sure I will be happy someday                    | 1 | 2 | 3 | 4 | 5 |
| 4.  | I have so many feelings that I can't sort them out   | 1 | 2 | 3 | 4 | 5 |
| 5.  | I lose myself when I get close to someone            | 1 | 2 | 3 | 4 | 5 |
| 6.  | My feelings of self-hatred will only get worse       | 1 | 2 | 3 | 4 | 5 |
| 7.  | This pain feels like it will never go away           | 1 | 2 | 3 | 4 | 5 |
| 8.  | I hate the person I've become                        | 1 | 2 | 3 | 4 | 5 |
| 9.  | I feel like I'm dying inside                         | 1 | 2 | 3 | 4 | 5 |
| 10. | I don't know if I can stand myself for one more day  | 1 | 2 | 3 | 4 | 5 |
| 11. | I can't escape painful feelings                      | 1 | 2 | 3 | 4 | 5 |
| 12. | I get totally overwhelmed by other people's feelings | 1 | 2 | 3 | 4 | 5 |
| 13. | I see no way out of my misery                        | 1 | 2 | 3 | 4 | 5 |
| 14. | I will do anything to escape my terrible feelings    | 1 | 2 | 3 | 4 | 5 |
| 15. | I cannot forgive myself for the things I have done   | 1 | 2 | 3 | 4 | 5 |
| 16. | I feel trapped by my feelings                        | 1 | 2 | 3 | 4 | 5 |
| 17. | I am too damaged to get better                       | 1 | 2 | 3 | 4 | 5 |
| 18. | I can find ways to make myself feel better           | 1 | 2 | 3 | 4 | 5 |
| 19. | When my feelings are intense, I can't think straight | 1 | 2 | 3 | 4 | 5 |
| 20. | I feel like I am drowning in horrible feelings       | 1 | 2 | 3 | 4 | 5 |

## APPENDIX C

Please rate your experience in intimate relationships using the 7 point scale below. Circle the number that corresponds best with the statement, 1 (disagree strongly) to 7 (agree strongly).

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Disagree Strongly</b>			<b>Neutral</b>			<b>Agree Strongly</b>

1. \_\_\_ I worry that romantic partners won't care about me as much as I care about them.
2. \_\_\_ I want to get close to my partner, but I keep pulling back.
3. \_\_\_ I am nervous when partners get too close to me.
4. \_\_\_ My desire to be very close sometimes scares people away.
5. \_\_\_ I try to avoid getting too close to my partner.
6. \_\_\_ I need a lot of reassurance that I am loved by my partner.
7. \_\_\_ I do not often worry about being abandoned.
8. \_\_\_ I find that my partner(s) don't want to get as close as I would like.
9. \_\_\_ I usually discuss my problems and concerns with my partner.
10. \_\_\_ I get frustrated if romantic partners are not available when I need them.
11. \_\_\_ It helps to turn to my romantic partner in times of need.
12. \_\_\_ I turn to my partner for many things, including comfort and reassurance.

\*Which items listed above (by number) on this scale would you attribute to your partner?  
(For example, "#s 2,5,10 describe my partner")

---

---

Thank you again, for your participation.



## APPENDIX D

Dear Lisa,

Please feel free to use this scale. Please see my website below and use it.

Best for your research!

Meifen

Meifen Wei, Ph.D.  
Associate Professor  
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Iowa State University  
W112 Lagomarcino Hall  
Ames, IA 50011-3180  
Office phone: 515-294-7534  
Office Fax: 515-294-6424  
homepage: <http://www.psychology.iastate.edu/faculty/wei/homepage.htm>

APPENDIX E

Dear Lisa,

You have my permission to use the affect tolerance scale.

J. Christopher Fowler, PhD

**Jill Clemence/ARC**  
02/12/2009 10:26 AM

To Christopher Fowler/ARC  
Cc so.just@hotmail.com  
Subject Affect Tolerance Scale

\*\*\*\*\*

Dear Dr. Fowler,  
Smith master's student, Lisa Smeltzer, would like to use your Affect Tolerance Scale as a measure in her study on the attachment styles of individuals convicted for intimate partner violence. She will be administering it to individuals mandated for group therapy. Her IRB committee would like to see that she has received permission from you for her to use the scale. Please respond to this email indicating whether or not she may use your scale in her study.

Thank you,  
Jill

A. Jill Clemence, Ph.D.  
Clinical Research Associate  
The Austen Riggs Center  
25 Main Street, P.O. Box 962  
Stockbridge, MA 01262  
413-931-5238  
Jill.Clemence@AustenRiggs.net  
[www.austenriggs.org](http://www.austenriggs.org)

## APPENDIX F

### Recruitment – Phone Script

Hi. My name is Lisa Smeltzer and I am an MSW student at the Smith College School for Social Work. As part of the requirements for the MSW degree, I am conducting a research study to explore how early relationships affect adult relationships. More specifically, I want to take an in-depth look at folks who have been labeled as perpetrators of violence in their relationships.

I was given your contact information {through the Colorado Domestic Violence Offender Management Board website} or by {name of provider}. As a provider of offender treatment in the state of Colorado, I am calling to ask your permission to approach your clients as potential participants for this study.

I'm looking to collect my data through three questionnaires. The first is a demographic survey, the second is an Affect Tolerance Scale, and the third is a survey of Adult Attachment Relationships. If you're interested I can email you the measures and the informed consent form that I will be presenting to the participants. I am offering no compensation for participation in the study and will make clear to the potential participants the nature of the study, risks and benefits to their participation, and also make clear that their participation will have neither a positive nor negative effect on their status with the courts or with their participation in group therapy.

I am estimating that my visit to the group will take approximately 30 minutes. This will allow ample time for me to clearly explain the project to the potential participants.

If you are interested or have any more questions, please feel free to contact me via email or call me at (303) 442-4562 (mailbox 1).

Lisa Smeltzer  
MSW Clinical Social Work Intern  
1240 Pine Street Boulder, CO 80302  
(303) 442-4562

### Recruitment – Voice Mail

In the case of no available email contact, I will make phone calls to providers. The following is the message that I will leave in the case that I receive a voice mail.

“Hi. My name is Lisa Smeltzer and I am an MSW student at the Smith College School for Social Work. I am conducting a research study to explore how early relationships affect adult relationships with particular interest in looking at folks who have been labeled as perpetrators of violence in their relationships.

I was given your contact information {through the Colorado Domestic Violence Offender Management Board website} or by {name of provider}. As a provider of offender treatment, I am calling to ask your permission to approach your clients as

potential participants for this study. It will be a fairly simple study. I will be collecting data through three separate questionnaires. I would appreciate the opportunity to speak with you more about this. If you're interested I can then email you all the information about the study and answer any questions you might have.

Please give me a call back at (303) 442-4562. Again, my name is Lisa Smeltzer. Thank you.”

## APPENDIX G

### Recruitment - EMAIL

{Name of provider},

My name is Lisa Smeltzer. I am a Masters of Social Work student at the Smith College School for Social Work. As part of the requirements for the MSW degree, I am conducting a research study to explore how early relationships affect adult relationships. More specifically, I want to take an in-depth look at folks who have been labeled as perpetrators of violence in their relationships.

As a provider of offender treatment in the state of Colorado, I am writing to ask your permission to approach your clients as potential participants for this study. I was given your contact information either through the Colorado Domestic Violence Offender Management Board website or through another provider.

I am looking to collect my data through three questionnaires. The first is a demographic survey, the second is an Affect Tolerance Scale, and the third is a survey of Adult Attachment Relationships. I have enclosed the measures for your review as well as the informed consent form that will be presented to the participants. I am offering no compensation for participation in the study and will make clear to the potential participants the nature of the study, risks and benefits to their participation, and also make clear that their participation will have neither a positive nor negative effect on their status with the courts or with their participation in group therapy.

I am estimating that my visit to the group will take approximately 30 minutes. This will allow ample time for me to clearly explain the project to the potential participants.

If you are interested or have any more questions, please feel free to contact me via email or call me at (303) 442-4562 (mailbox 1).

Lisa Smeltzer  
MSW Clinical Social Work Intern  
1240 Pine Street  
Boulder, CO 80302  
(303) 442-4562

## APPENDIX H

Colorado Domestic Violence Offender Management Board's Approved Provider List  
(303-239-4528) For an explanation of the four levels of approval (Entry Level,  
Provisional, Full Operating, and Clinical Supervisor), please see page 2. 68

**District: County:**  
**20 Boulder**

• **Aspen Treatment Services, Inc.**

275 Waneka Parkway  
Lafayette, CO 80026

Tel: 303-926-4188

Fax: 303-926-4202

*Jimenez, Yumil – LPC*

Full Operating Level

Treatment also provided for: Gays & Lesbians

Treatment also provided in: Spanish

• **Boulder Men's Center**

711 Walnut Street, Suite 200  
Boulder, CO 80302

Tel: 303-444-8064

Fax: 303-444-8180

*Daly, Quinn – CAC II*

Full Operating Level *Wassberg, Douglas C. – LCSW*

Full Operating Level

• **CO Group Psychotherapy Center**

1911 11th Street, #211  
Boulder, CO 80302

Tel: 303-545-9393

Fax: 303-545-9394

*Kaklauskas, Francis – LPC*

DV Clinical Supervisor Level

Treatment also provided for: Female Offenders

• **Counseling Services of Longmont**

1129 Francis Street  
Longmont, CO 80501

Tel: 303-772-3853

Fax: 303-772-1718

*Braunagel, Lynn – MSW, CAC III*  
Full Operating Level  
Treatment also provided for: Female Offenders  
*Cavazos-Pond, Yolanda – CAC III, MA*  
Full Operating Level  
Treatment also provided in: Spanish

• **Edward S. Marshall – Psy.D.**  
Licensed Clinical Psychologist  
2975 Valmont Road, Suite # 300  
Boulder, CO 80301  
Tel: 303-587-8767  
Fax: 303-781-7721  
Full Operating Level

• **Family Counseling Center**  
3765 Birchwood Drive  
Boulder, CO 80304  
Tel: 720-542-9728  
*Landman, Steve – LCSW, LMFT, CAC III*  
DV Clinical Supervisor Level  
Treatment also provided for: Female Offenders

• **Men & Women Seeking Empowerment**  
100 East South Boulder Rd., #105  
Lafayette, CO 80026  
Tel: 303-665-7037  
Fax: 720-890-7111  
*Huntoon, Sharon – CAC III, LPC*  
DV Clinical Supervisor Level  
Treatment also provided for: Gays & Lesbians, Female Offenders  
Boulder, CO 80302  
Tel: 303-886-7367

• **Michael A. Morrison, LPC**  
2211 Mountain View  
Longmont, CO 80501  
Tel: 303-886-7367  
Fax: 303-496-1977  
Full Operating Level

• **Monarch Counseling**

129 N. Harrison Avenue

Lafayette, CO 80026

Tel: 303-665-9044

Fax: 303-665-7844

*Montrose, Paulette – CAC III*

Full Operating Level

Treatment also provided for: Female Offenders

• **North Range Behavioral Health**

145 First Street

Fort Lupton, CO 80621

Tel: 303-857-6365

Fax: 303-857-2724

*Favela, Maribel – CAC III*

Full Operating Level

Treatment also provided for: Female Offenders

Treatment also provided in: Spanish

• **The Treatment Center**

2975 Valmont, #300

Boulder, CO 80302

Tel: 303-661-0222

Fax: 303-661-9359

*Ellis, Lisa – LPC, CAC III*

DV Clinical Supervisor Level

Treatment also provided for: Female Offenders

• **The Treatment Center**

700 Front Street, #101

Louisville, CO 80027

Tel: 303-661-0222

Fax: 303-661-9359

*Ellis, Lisa – LPC, CAC III*

DV Clinical Supervisor Level

Treatment also provided for: Female Offenders



• **W.E.A.V.E. Counseling, LLC**

1900 13th Street, Ste. 305A

Boulder, CO 80302

Tel: 303-413-0794

Fax: 303-413-0794

*Hast, Silvia – LPC, CAC III*

DV Clinical Supervisor Level

Treatment also provided for: Gays & Lesbians, Female Offenders

Treatment also provided in: Spanish

• **W.E.A.V.E. Counseling, LLC**

736 Kimbark

Longmont, CO 80501

Tel: 303-413-0794

Fax: 303-413-0794

*Hast, Silvia – LPC, CAC III*

DV Clinical Supervisor Level

Treatment also provided for: Gays & Lesbians, Female Offenders

Treatment also provided in: Spanish

## APPENDIX I

Lisa Smeltzer,

As a provider for Domestic Violence offender treatment, it is my responsibility to provide quality, compassionate, and thoughtful care for the group members. This letter is my written consent allowing you, Lisa Smeltzer, to approach members of my court mandated Offenders Treatment Group(s) for their voluntary participation in your thesis research study.

I have read and understand the research study information provided by you. I understand the project purpose and design, and the benefits and risks of the volunteer's participation. I have had the opportunity to ask further questions about the study, ensuring that the rights of the group members are held to the highest standard.

Sincerely,

## APPENDIX J

My name is Lisa Smeltzer. I'm a graduate student at the Smith College School for Social Work. Within my studies, I've chosen to focus on how our earlier relationships in life affect our adult relationships. Obviously, I'm here tonight because my more specific focus is on relationship or partnership "violence" – violence being defined by the legal system. My hope is that the information gathered in this study and other studies like it that are out there, will have implications for treatment for court mandated offenders. I'm looking at males and females in this study focusing on relationship dynamics.

### THE STUDY:

- I have 3 forms or questionnaires for you to fill out. The first is some basic demographic information. Your name is not part of this. But I will tell you now that in order to use your completed questionnaires, I have to have your informed consent. I'll keep a master sheet of your names and which questionnaire goes with it, in the case that you call me and say that you want your perspective to be taken out of the study. This is the only way that I will be using your name. Once the study is completed, the master sheet with your names will be destroyed.
- It is incredibly important that you understand the study before you participate. I want to make sure that you understand what you are agreeing to participate in and that you voluntarily are choosing to participate.
- I also want to point out that your participation will have absolutely no bearing on your treatment here or with your situation with the courts. But your perspective is greatly appreciated and needed by those who are deciding your treatment here or in the legal system.
- The second form is a questionnaire called the Experiences in Relationship Scale which is a tool to determine how we are in our intimate relationships. I've added a final question about how you view your partners' style of relating to you.
- The final questionnaire is a scale to explore how strongly you feel certain emotions. Be as honest as possible with the options that are provided.
- My hope is to get 50 participants.

### PACKETS TO ENSURE ANONYMITY:

- One of the measures I've taken to ensure that you are participating voluntarily and anonymously is that I've placed the study in an envelope that is addressed and stamped. I will pass an envelope out to all of you to take home to decide on your own if you would like to participate. I'll also leave a box here with (name of provider) so you can just drop off the envelope next week.
- Inside each packet is an informed consent form. You will have to sign this so that I know that you understand the study and have agreed to participate. There's an additional copy inside for you to keep for your records with my contact information.

- There's the 3 page study
- There is a list of hotline numbers and counselors in case doing this study brings up any strong feelings for you. Remember that you also have this group and I think that this is a very important conversation that (name of provider) is willing to have with all of you as part of your work here.
- In total, it should take about 15-25 minutes to complete.
- I will need to have all studies returned or mailed in to me by (date).

Any questions?

## APPENDIX K

### Referrals

\*Mental Health Center of Boulder and Broomfield Counties: (303) 413 – 6263

Hotline: (303) 477 – 1665

Servicio en Espanol: (303) 433 – 8500

Broomfield Office: (303) 466 – 3007

Longmont Office: (303) 684 – 0555

Lafayette Office: (303) 665 – 2670

\*Boulder Therapy Center (720) 470-2618

\*Boulder Mental Health Center (303) 443-2154

\*Aurora Mental Health Center (303) 617-2300

\*Mental Health Center of Denver (303) 504-1250

\*[www.psychotherapistsguild.com](http://www.psychotherapistsguild.com)

## APPENDIX L

### Informed Consent Form

March 11, 2009

Dear Potential Research Participant:

My name is Lisa Smeltzer. I am conducting a study to see how early relationships affect adult relationships. More specifically, I want to take an in-depth look at folks who have been labeled as perpetrators of violence in their relationships. This research study for my thesis is being conducted as part of the requirements for the Master of Social Work degree at the Smith College School for Social Work and may be used in future presentations and publications to professional audiences.

Your participation is requested because you have been mandated to attend domestic violence offenders' treatment. If you choose to participate, I will give you a questionnaire packet that should take about 15-25 minutes to complete. It includes 3 sections. The first section is intended to gather demographic data. The second is a scale for measuring your experience of strong emotions and the third is a short survey about your experiences in relationships.

The potential risk of participating in this study may be that some questions could trigger uncomfortable thoughts and feelings. You will be given a list of resources for mental health services in your area.

You will receive no financial benefit for your participation in this study. This knowledge or insight has the potential to help to establish a framework for a different type of treatment for partners involved in abusive relationships. It is my hope that this study will help social workers working with folks who are or have been in abusive relationships have a better understanding of how best to support their clients. You may also benefit from receiving the opportunity to gain a new perspective.

Strict confidentiality will be maintained, as consistent with federal regulations and the mandates of the social work profession. Your identity will be protected, as no names or identifying information will be used in the reporting of the data. Your name will never be associated with the information you provide in the questionnaire. The data may be used in other educational activities as well as in the preparation for my Master's thesis. Your confidentiality will be protected by coding the information using random numbers and by storing the data in a locked file for a minimum of three years. The master sheet that will contain your name will be destroyed once the study is complete. After three years all anonymous data will be destroyed unless I continue to need it in which case it will be kept secured.

Your participation is completely voluntary. You are free to refuse to participate and/or answer specific questions and to withdraw from the study at any time before April 15, 2009. If you decide to withdraw, all materials pertaining to you will be immediately destroyed. If you have additional questions about the study or wish to withdraw, please feel free to contact me at the contact information below. If you have any concerns about your rights or about any aspect of the study, I encourage you to call me at the number listed below or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

I know that this is can be a difficult subject to talk about. Your participation will be greatly appreciated. Thank you for your time and consideration.

Lisa Smeltzer  
1240 Pine Street  
Boulder, CO 80302  
(303) 442-4562

**YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.**

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF RESEARCHER

\_\_\_\_\_  
DATE

## APPENDIX M

### FOR YOUR RECORDS

#### Informed Consent Form

March 11, 2009

Dear Potential Research Participant:

My name is Lisa Smeltzer. I am conducting a study to see how early relationships affect adult relationships. More specifically, I want to take an in-depth look at folks who have been labeled as perpetrators of violence in their relationships. This research study for my thesis is being conducted as part of the requirements for the Master of Social Work degree at the Smith College School for Social Work and may be used in future presentations and publications to professional audiences.

Your participation is requested because you have been mandated to attend domestic violence offenders' treatment. If you choose to participate, I will give you a questionnaire packet that should take about 15-25 minutes to complete. It includes 3 sections. The first section is intended to gather demographic data. The second is a scale for measuring your experience of strong emotions and the third is a short survey about your experiences in relationships.

The potential risk of participating in this study may be that some questions could trigger uncomfortable thoughts and feelings. You will be given a list of resources for mental health services in your area.

You will receive no financial benefit for your participation in this study. This knowledge or insight has the potential to help to establish a framework for a different type of treatment for partners involved in abusive relationships. It is my hope that this study will help social workers working with folks who are or have been in abusive relationships have a better understanding of how best to support their clients. You may also benefit from receiving the opportunity to gain a new perspective.

Strict confidentiality will be maintained, as consistent with federal regulations and the mandates of the social work profession. Your identity will be protected, as no names or identifying information will be used in the reporting of the data. Your name will never be associated with the information you provide in the questionnaire. The data may be used in other educational activities as well as in the preparation for my Master's thesis. Your confidentiality will be protected by coding the information using random numbers and by storing the data in a locked file for a minimum of three years. The master sheet that will contain your name will be destroyed once the study is complete. After three years all anonymous data will be destroyed unless I continue to need it in which case it will be kept secured.



Your participation is completely voluntary. You are free to refuse to participate and/or answer specific questions and to withdraw from the study at any time before April 15, 2009. If you decide to withdraw, all materials pertaining to you will be immediately destroyed. If you have additional questions about the study or wish to withdraw, please feel free to contact me at the contact information below. If you have any concerns about your rights or about any aspect of the study, I encourage you to call me at the number listed below or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

I know that this is can be a difficult subject to talk about. Your participation will be greatly appreciated. Thank you for your time and consideration.

Lisa Smeltzer  
1240 Pine Street  
Boulder, CO 80302  
(303) 442-4562

**YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.**

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF RESEARCHER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

## APPENDIX N

March 20, 2009

Lisa Smeltzer

Dear Lisa,

As I said in my email, your amendments are fine and we are now happy to give final approval to your study.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.  
Chair, Human Subjects Review Committee

CC: Jill Clemence, Research Advisor

Table 1

Frequency of Criminal Charges

N=67	Frequency	Percent
Criminal Charge(s) Identified by the Participants (Some Participants had more than 1 charge against them):		
Criminal Intimidation	1	1.5
“Domestic Violence”	27	40.2
Harassment	24	36
Assault	18	27
Criminal Mischief	6	9
Obstruction of Phones	2	3
False Imprisonment	3	4.5
Felony Menacing	1	1.5
Attempted Menacing	1	1.5
Misdemeanor Menacing	1	1.5
Alcohol Related	3	4.5
Child Abuse	4	6
Disorderly Conduct	1	1.5
Possession	1	1.5
Assault w/a Deadly Weapon	1	1.5
Violating a Restraining Order	1	1.5
Reckless Endangerment	1	1.5

Table 2

Frequency of Prior Domestic Violence-Related Criminal Charges

N=67	Frequency	Percent
<u>Charge</u>		
“Domestic Violence”	5	7.5
Harassment	1	1.5
Assault	2	3
Wire Tapping	1	1.5
No Prior Charges	58	86.6

Table 3  
Sample Demographics

N=67	Frequency	Percent
<b>Gender</b>		
Male	46	68.7
Female	21	31.3
<b>Sexual Orientation</b>		
Straight	59	88.1
Bisexual	1	1.5
Missing	7	10.4
<b>Race/Ethnicity</b>		
White/Caucasian	39	58.2
Hispanic/Latino/a	20	29.9
Black/ African American	1	1.5
Asian	1	1.5
Irish	1	1.5
Chinese	1	1.5
Biracial	2	3
Native American	1	1.5
Missing	1	1.5
<b>Relationship Status</b>		
Single	19	28.4
Married	21	31.3
Divorced	10	14.9
Separated	7	10.4
Committed Relationship	8	11.9
Other	1	1.5
Missing	1	1.5

Table 4  
Abuse Histories of Sample

N=67	Frequency	Prior
Abuse (generic)		
Yes	35	52.2
No	32	47.8
Physical Abuse		
Yes	22	32.8
No	44	65.7
Missing	1	1.5
Verbal Abuse		
Yes	30	44.8
No	36	53.7
Missing	1	1.5
Sexual Abuse		
Yes	9	13.4
No	57	85.1
Missing	1	1.5
Neglect		
Yes	4	6
No	62	92.5
Missing	1	1.5