

INVESTIGATING A BATTERER TYPOLOGY: THE ROLE OF PERSONALITY
CHARACTERISTICS, ATTACHMENT, AND FAMILY OF ORIGIN DYNAMICS

A Dissertation

by

LORI R. ROBINSON

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

May 2005

Major Subject: Counseling Psychology

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ABSTRACT

Investigating a Batterer Typology: The Role of Personality Characteristics, Attachment,
and Family of Origin Dynamics. (May 2005)

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The purpose of this study was to further investigate the tripartite typology of batterers, proposed initially by Holtzworth-Munroe and Stuart (1994). This study empirically examined the typologies of male batterers based on personality characteristics followed by an examination of the possible differences between batterer typologies based on attachment dimensions, severity of violence in current adult romantic relationships, witnessing or experiencing family of origin violence, and family of origin dynamics.

Participants in this study include a sample of 93 court-mandated adult males who were on probation for some type of spousal abuse. Data was obtained by administering a demographic form, severity of abuse rating form, the Millon Clinical Multiaxial Inventory- III (Millon, Davis, Millon, 1997), Straus' (1979) Conflict Tactics Scale, the Family Adaptability and Cohesion Evaluation Scale (FACES-III)(Olson, Portner, & Labee, 1985), and the Adult Attachment Scale (Collins & Reid, 1990).

Four clusters of men were identified as Borderline/Dysphoric (B/D), Antisocial (A), Non-Pathological (N-P), and Depressive (D). Three of the groups resembled the predicted subtypes (B/D, A, and N-P). The results of this study indicated that the N-P

subtype is most consistent with the proposed typology and with previous literature. Distinctions between the B/D and A subtypes were not as clear and differences were inconsistent with the manner predicted by the theoretical typology on several of the research questions.

Scores on the attachment dimensions were consistent for the B/D and N-P groups, but not for the A group. Severity of violence for the N-P group was supported but results indicated that the B/D subtype reported greater severity of violence than the A subtype, contrary to the theoretical typology. Differences in violence frequencies outside the home were not found. Support was found for the hypothesis that the N-P subtype would report experiencing and witnessing the least amounts of family of origin violence but results indicated that the B/D and A subtypes differed in a manner inconsistent with the proposed typology. Lastly, support was not found for the hypothesized differences between the subtypes on family of origin measure. Recommendations for future research are discussed.

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CHAPTER I

INTRODUCTION

Domestic violence is undeniably a problem facing society today. According to statistics, domestic violence costs the United States from five to ten billion dollars annually in medical expenses, police and court costs, shelters and foster care, sick leave, absenteeism, and non-productivity (American Medical Association, 1992). The nature of domestic violence, which tends to occur “behind closed doors”, makes determining actual prevalence rates difficult, but what is known is staggering.

According to data recently released from the National Crime Victimization Survey (NCVS) (Rennison & Welchans, 2000) estimates indicate that in 1998 alone, about 1 million violent crimes occurred between intimate partners. Current literature reports conflicting data on the genders of the perpetrators of violence. In 2003, Kwong, et al. reported that several representative surveys “have shown that the majority of respondents who report experiencing relationship violence acknowledge that both partners engaged in violence.” (p. 289). In a 1994 study by O’Leary, Malone, and Tyree found mutual battering in more than half of the respondent’s relationships.

Contrary to this data, the NCVS reported that of the 791,210 crimes of domestic violence in 1999, women were the victims in 85% of the cases leaving men the victims in just 15% of the crimes. While men are certainly victimized by their female partners, the data suggest that women are in much greater danger of being assaulted, seriously injured, or murdered by their male partners. Husband to wife or male-to-female violence

This dissertation follows the style of the *Journal of Consulting and Clinical Psychology*.

typically results in greater physical and psychological injuries (Rosenbaum & O'Leary, 1986; Straus & Gelles 1990; Byrne & Arias 1997) than violence in the opposite direction. Further, between 1993 and 1998, 22% of the violent crimes against women were by their partners, compared to 3% for men (Rennison & Welchans, 2000). Paymar (1993) estimated that as many as one out of every four men will use violence against a partner at some time during their relationship and severe male to female physical assaults are said to occur in 8-13% of marriages and re-occur in two-thirds of these relationships (Fazzone, Holton, & Reed, 1997).

While some individuals would like to minimize the impact of domestic violence, its consequences cannot be overlooked. Some cases may be "just simple assault" but at times, the violence can escalate to the point of lethality when spouses become murderers. The data clearly supports a case for women being at a much greater risk for homicide by a romantic partner than for a man. For example, in 1999 male murder victims were substantially less likely than female murder victims to have been killed by a romantic partner. A partner killed an estimated 32% of female murder victims while the rate for men was about 4% (Rennison, 2001). During that year, 74% of all domestic homicides were perpetuated by a male against his female partner (Rennison, 2001).

In 1996, the Federal Bureau of Investigation reported that their husbands or boyfriends murdered 30% of the women slain in the U.S. that year. Holtzworth-Munroe (1992) reported that as many as 15-25% of the homicides against females in the United States are conjugal murders. And lastly, more than three women are murdered by an intimate partner in this country every day (Bureau of Justice Statistics Crime Data Brief, 2003). Although research investigating the causes and effects of all types of intimate

violence is needed, the focus of the present study is on male to female intimate violence because of the need to develop better treatment and prevention techniques to avoid the escalation of further assaults and homicides.

Unfortunately, spousal abuse not only affects the couple, but children in the family as well. It has been suggested that children who grow up in violent homes have significantly higher risks for behavioral problems, including suicide, substance abuse, depression, anxiety, and juvenile delinquency (McNeal & Amato, 1998). Boys who witness battering are more likely to batter their female partners as adults than boys raised in nonviolent homes (Texas Department of Criminal Justice, 1999).

The NCVS (2000) estimated that about 3.3 million children are exposed to violence by a family member against their mother or female caregiver. Additionally, 4 of 10 female victims of domestic violence lived in households with children under the age of 12. But perhaps most disturbing, are the findings by Straus and Gelles (1990) indicating that 50% of children in domestically violent homes are also victims of child physical abuse (Kemp, 1998).

Unfortunately, women and their unborn children are also at risk. Up to one-half of all injuries presented by women to emergency rooms were the result of a partner's aggression, and 10% of these women were reportedly pregnant at the time (National Domestic Violence Hotline, 1999). Other data indicate that as many as 324,000 women each year experience domestic violence during their pregnancy (Gazmararian, et al. 2000). And, sadly, the number one case of death of pregnant women is murder (Horon & Cheng, 2001; Nannini, Weiss, Goldstein, & Fogerty, 2002). Clearly, domestic violence is a crime that affects both children and adults of all ages.

One notion that has consistently been supported in the empirical literature regarding exposure to domestic violence is the intergenerational transmission of violence. Recent surveys suggest cause for both optimism and concern. In 2001, the NCVS reported that the overall cases of domestic violence had decreased between 1993 and 1999 (Rennison, 2001) but of concern was the finding that the age group most likely to be abused in a romantic relationship were women and girls, aged 16 to 24. What this data tells us is that domestic violence is not a societal problem that may “die off” with older generations, but one that is tragically passed onto children and perpetuated.

Given these facts, practicing counselors and researchers have a responsibility to be aware of this issue and to begin to look for effective interventions and preventative techniques. Currently, services for female victims and their children exist in most counties and, generally speaking, appear to have a good success rate. Unfortunately, treatment for male batterers lags behind and has achieved only a modest success rate at best (Rosenfeld, 1992). While current research indicates that treatment can be effective (Gondolf & Hanneken, 1987; Edleson & Gruzenski, 1988; Hastings & Hamberger, 1994) it seems that a better question now might be, what types of treatment best-fit what types of batterers, and how can we distinguish among these types? Furthermore, what are the origins of these abusive behaviors and how can we target interventions aimed at prevention?

Some answers to the above questions may be potentially found in recent research regarding the typology of batterers. The current literature indicates that batterers are a heterogeneous population (Hamberger, Lohr, Bonge, & Tolin, 1996) and attempts to distinguish subgroups of this population appear promising. Several studies have been

conducted testing a model of batterer typology based on the one originally proposed by Holtzworth-Munroe and Stuart (1994). Hamberger, Lohr, Bonge, and Tolin (1996), Waltz, Babcock, Jacobson and Gottman (2000), and Holtzworth-Munroe, Meehan, Herron, Rehman, and Stuart (2000) all conducted studies based on this model and found general empirical support.

General support has been found for the “three cluster solution” (Hamberger, Lohr, Bonge, and Tolin, 1996) but the factors for inclusion into one of the three generally supported clusters vary as do the method of the clustering. Holtzworth-Munroe and Stuart (1994) used both proximal (immediate influences) and distal (historical influences such as early family life) variables to distinguish between the groups and use of severity and generality of violence as factors for predicting inclusion into a particular group. On the other hand, Hamberger, Lohr, Bonge, and Tolin (1996) used only the presence or absence of pathology and the type of pathology as a way to predict generality of violence and severity. Finally, to date, no study thus far has examined batterer typology differences based on attachment dimensions or batterer family of origin structure from an established theoretical/empirical perspective. The literature suggests the importance of these variables in batterer violence but largely without an empirical base. (Hamberger, Lohr, Bonge, and Tolin (1996), Waltz, Babcock, Jacobson and Gottman (2000).

Statement of the Problem

Although current empirical literature supports the presence of batterer typologies, no one consistent typology has yet emerged. Thus, more empirical work is necessary to help clarify a particular typology. Such a typology is needed to better inform treatment programs for this population. Much of the past research regarding the typologies of male

batterers has been criticized for not being theory-based in their investigations (Cardin, 1994; Feldman & Ridley, 1995). This study will rely on an empirically supported typology. In addition, the lack of empirical support for the influence of family of origin structure and attachment dimensions in distinguishing the abusers types is lacking.

Purpose of the Study

This study will further investigate the tripartite typology of batterers, proposed initially by Holtzworth-Munroe and Stuart (1994). This study will examine empirically the typologies of male batterers based on personality characteristics followed by an examination of the possible differences between batterer typologies based on attachment dimensions, severity of violence, witnessing or experiencing family of origin violence, and family of origin dynamics.

Research Hypotheses

This research will investigate the following hypothesis:

- 1) Male battering typologies are associated with different **attachment dimensions**:
 - a. Antisocial batterers will report attachment patterns characterized by low dependence on others.
 - b. Borderline/Dysphoric batterers will report attachment patterns characterized by anxiety in intimacy-demanding relationships.
 - c. Non-pathological batterers will report attachment styles characterized by comfort with closeness.
- 2) Male battering typologies are associated with different **family of origin dynamics**:
 - a. Antisocial batterers will report extreme family structure.

- b. Borderline/Dysphoric batterers will report extreme family structure.
 - c. Non-pathological batterers will report balanced family structure.
- 3) Male battering typologies are associated with different **levels of severity of violence** within adult romantic relationships:
- a. Antisocial batterers will report the most severe levels of violence of the three subtypes of batterers.
 - b. Borderline/Dysphoric batterers will report less severe levels of violence, as compared to antisocial batterers.
 - c. Non-pathological batterers will report the least severe levels of violence as compared to both Antisocial batterers and Borderline/Dysphoric batterers.
- 4) Male battering typologies are associated with different **violence frequencies** outside the family:
- a. Antisocial batterers will report the most frequent violence outside the family of the three subtypes of batterers.
 - b. Borderline/Dysphoric batterers will report less frequent violence outside the family than antisocial batterers.
 - c. Non-pathological batterers will report the least frequent level of violence outside the family as compared to both Antisocial batterers and Borderline/Dysphoric batterers.
- 5) Male battering typologies will exhibit for **witnessing** different levels of inter-parental family of origin abuse:
- a. Antisocial batterers will report witnessing the highest levels of interparental family of origin abuse of the three subgroups.

- b. Borderline/dysphoric batterers will report witnessing moderate levels of interparental family of origin abuse as compared to the three subgroups.
 - c. Non-pathological batterers will report witnessing the lowest levels of interparental family of origin abuse of the three subgroups.
- 6) Male battering typologies will exhibit for **experiencing** different levels of severity of family of origin abuse.
- a. Antisocial batterers will report experiencing the most severe levels of family of origin abuse of the three subgroups.
 - b. Borderline/dysphoric batterers will report experiencing moderately severe levels of family of origin abuse as compared to the three subgroups.
 - c. Non-pathological batterers will report experiencing the least severe levels of family of origin abuse of the three subgroups.

CHAPTER II

REVIEW OF THE LITERATURE

Although male partner battering has long been a serious problem, interest in intervention and treatment essentially did not begin until the 1970's with the growth of the women's movement (Walker, 2001). Formal legislation aimed at protecting women from the dangers of domestic violence was not passed until 1984 when the U.S. Congress passed the Family Violence Prevention and Services Act and the Victims of Crime Act (Walker, 2001). These acts provided the first federal funding for women's shelters and helped focus attention upon the need for treatment for not just the victims, but for the offenders as well. Saunders (1996) wrote that although treatment programs for men have proliferated since the 1970's, "tests of their effectiveness have not kept pace." It is hoped that treatment programs will benefit from continued investigation into this serious problem and that a better understanding of the offenders will lead to increased treatment efficacy.

Research investigating the causes of male battering behavior has grown over the last 20 to 30 years and specialized treatment programs have been developed (Hamberger, 1997). The following chapter will review the literature regarding male partner battering and topics discussed in this chapter include theories of male battering, battering typology, attachment theory and its relationship to theories of male battering, and the influences and effects of family of origin dynamics.

In a comprehensive review of the literature, Feldman and Ridley (1995), identified typology research as a promising strength in the area of male battering research:

Overall, the work on typologies holds future promise for both research and practice by (a) more clearly understanding the network of causes and correlates of interpersonal violence by addressing the heterogeneity of the problem and population; (b) more clearly defining the construct of interpartner violence, which may help to explain currently inconsistent and mixed findings associated with a range of important variables; and (c) suggesting differential treatment strategies and formats matched to a subtype of perpetrators.

Theories of Male Partner Battering

Clinicians and researchers have long debated the origins of battering behaviors but one trend that has consistently been noted is that violence tends to be transmitted intergenerationally (Ehrensaft et al., 2003; Capaldi & Clark, 1998; Magdol et al., 1998; Hotaling & Sugarman, 1986). What remains uncertain at this point, however, is a better understanding of the means by which this occurs. Some of the more prominent and current theoretical explanations for male partner battering includes psychosocial (social learning theory), sociocultural (feminist theory), interpersonal (family systems), and psychological (attachment and psychodynamic theory, psychopathology) (Lawson, et al., 2003 & Feldman & Ridley 1995).

Social learning theorists hold that battering behaviors are learned ‘responses that are acquired in the same manner that any other social behavior pattern is acquired and maintained, especially direct experience and observing the behaviors of others’ (Feldman & Ridley, 1995, p. 312). Social learning theorists assert that boys who witness violence grow up believing that violence is an appropriate way to behave in relationships (Bandura, 1979; Dutton, 1998). However, it does not specifically account for the fact

that many individuals who are raised in an environment where violence is witnessed (between marital partners) do not grow up to be abusive in their own romantic relationships.

One review of the literature examined the social learning theory of the transmission of violence and found that best estimates were that only 30% of individuals growing up in homes where violence is witnessed later go on to abuse their partners (Kaufman & Zeigler, 1987). This study suggested that while being abused as a child places one at a higher risk for later becoming abusive toward a partner, it does not account for the estimated 70% of those who do not. Ehrensaft, Cohen, Brown, Smailes, Henian, and Johnson (2003) criticized social learning theory's assertion that experiencing or observing violence perpetuates it on the basis that the theory has been tested primarily on unrepresentative samples, such as the children of mother's in women's shelters. This study emphasizes the need for further research of the theory with "unselected" samples.

Feminist theories of male battering behaviors "asserts that our society remains highly patriarchal and that the socialized, internalized, and culturally approved values regarding the subordinate role and status of women directly influence the frequency and level of violence against women" (Feldman & Ridley, 1995, p. 321). Feminist theorists believe that our society condones and enables men to dominate, control, and abuse their partners and that battering is "covertly and overtly reinforced" in our society (Feldman & Ridley, 1995; Yllo, 1993; Dobash & Dobash, 1979).

Research does indicate that wife battering occurs at a significantly higher rate "among men who hold patriarchal ideologies and approve of violent attitudes towards a female partner" (Lawson et al., 2001, p. 87; Stith & Farley, 1993). Straus (1990)

estimated that men holding such patriarchal and husband-dominated views are up to eight times more likely to be abusive to a partner.

However, Gelles (1993) criticized feminist theory stating that the theory does not account for other types of family violence including female to male partner violence and child and elder abuse. The theory has also been criticized because it does not account for the large numbers of men who live under the same societal influences who do not abuse their wives or partners (Dutton, 1995; O'Leary, 1993). Kemp (1998) asserts that feminist theories of male battering behavior is supported by the literature but emphasized that it does not adequately explain all domestic violence.

Family systems theories of male battering propose a model in which battering occurs as a symptom of underlying dysfunction within the relationship (Cardin, 1994). The theory assumes that battering is a product of the relationship and that violence may serve a functional role in maintaining the relationship (Bograd, 1984; Neidig & Friedman 1984). This theory focuses on characteristics of the relationship such as the degree of sex role polarization, enmeshment, and individuation, and violence is seen as a distance regulator (Bograd, 1984). Critics of family systems theory argue that the abuser alone is responsible for the battering behavior and deny any notion that the victim shares in the responsibility of her abuse (Cardin, 1994, Bograd, 1984, 1994).

Finally, attachment theory has recently been included in models examining spouse abuse. Some believe it may better account for the anger and rage expressed within the context of the marital relationship than previous theories alone. In an interesting article focused on examining the role of attachment in battering behavior, Dutton, Saunders, Starsmoski, and Bartholomew (1994) refer to batterer's angry

emotional responses as “intimacy -anger.” They state “attachment theory suggests that an assaultive male’s violent outburst may be a form of protest behavior directed at his attachment figure (in this case, a sexual partner) and is precipitated by perceived threats of separation or abandonment” (page 1368).

This point is further elaborated upon by Cardin (1994) who draws from Bowlby’s theory of attachment and its disruption. Cardin explains:

The internal working models constructed by the sons of unreliable, absent, or needy caregivers may predispose these boys to anxious and ambivalent attachment...conflicts in their adult interactions with spouses or significant others. The hypersensitivity of these individuals to perceived abandonment or enmeshment threats might precipitate “self defensive” attack behaviors designed (unconsciously) to reestablish a “safe” level of interpersonal proximity. (p. 555).

Recently, attachment theory’s model of male battering behavior has received much empirical investigation (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Van der Kolk, 1998; Dutton, 1995; Holtzworth-Munroe and Stuart, 1994; Dutton, Saunders, Starzmoski, & Bartholomew, 1994) and appears to be a promising area of research.

One notion of interest to come from this area of research is the finding that attachment styles tend to differ between batterers and non-batterers. In 1997, Holtzworth-Munroe, Stuart, and Hutchinson conducted a study, which compared three groups of men: martially distressed violent men, martially distressed nonviolent men, and non-distressed nonviolent men. They found the violent men to evidence more preoccupied, insecure, and disorganized attachment styles as well as more jealousy,

mistrust and dependency upon their wives. Dutton, Saunders, Starzmoski, and Bartholomew (1994) found men with anxious-avoidant attachment styles to be significantly more violent in romantic relationships than men with secure attachment styles. However, recent developments in attachment research have indicated that there is no evidence for a true attachment typology (Fraley & Waller, 1998) and such research suggests that attachment should be examined dimensionally.

Battering Typology

One might hypothesize that the need to develop more accurate theories and treatments for male batterers leads to investigations of battering typologies. This line of work also arose out of the need to improve upon the relatively limited treatment success of early clinical interventions (Dunford 2000; McCord, 1992). In 1992, Rosenfeld concluded that treatment success was only modest at best and recidivism rates were high. As Walker (2001) stated, “it is apparent that the single -intervention approach to offender-specific treatment is simplistic and not effective enough to help stop the violence” (p. 184). One of the desired outcomes of typology research is the development of more sophisticated treatment interventions specifically targeted for different types of offenders.

Researchers have expressed the motivations of their investigations as having important implications for the assessment and treatment of male batterers (Ornduff, Kelsey, & O’Leary, 1995; Holtzworth -Munroe, 1994, Saunders, 1992). Clinicians were aware that the “one size fits all” treatment was not necessarily the most effective and expressed a need for better client-treatment matching (Kemp, 1998; Cardin, 1994; O’Leary, 1993). Researchers likewise, acknowledged that batterers were, a heterogeneous group (Cardin, 1994; Hamberger & Hastings, 1991; Tolman & Bennett,

1990; Caesar, 1986) and began to focus on developing subgroups by essentially two different means; deductively from clinical observation, and empirically (Holtzworth-Munroe, 1994).

Among the deductive, or clinically derived typologies, are those that subgroup batterers based upon two primary criteria: the severity and generality of their violence (Mott-McDonald, 1979, Sweeney & Key, 1982;). Mott-McDonald addressed severity by splitting the men into two groups: hitters and batterers and saw the batterers as engaging in more frequent and severe abuse. Fagan, Stewart, and Hansen (1983) and Shields, McCall and Hanneke (1998) addressed the generality of the batterers violence and categorized the men as those who commit acts of violence within the family only versus those who are generally violent (that is both within and outside of the home).

A third type of classification system developed through deductive means is that of pathology or personality disorders. Faulk (1974), Elbow (1977) and Caesar (1986) all developed subgroups of batterers based on interviews with these men and their subsequent assessment of the men. As one might expect, the clinically derived typologies were criticized based on their lack of empirical testing, upon the reliance of the batterers self-reports for information, usage of clinical only versus community wide samples, and lack of reliance upon theory to develop the typology (Cardin, 1994; Holtzworth-Munroe & Stuart, 1994; Elbow, 1977).

Some of the more prominent empirically derived typologies of male batterers include those by Hamberger and Hastings (1986), Gondolf (1988), Saunders (1992), and Holtzworth-Munroe and Stuart (1994) (Cardin, 1994). Hamberger and Hastings (1986) conducted a cross validation study and attempted to develop a "batterer profile" based on

personality and pathology as measured by the Millon Clinical Multiaxial Inventory (MCMI; Millon, 1983), the Novaco Anger Scale (NAS; Novaco, 1975), and the Beck Depression Inventory (BDI; Beck et al., 1961). This study grouped the batterers into three categories: schizoid/borderline, the narcissistic/anti-social, and dependent/compulsive. However, Hamberger and Hastings' (1986) typology may be limited as their participants consisted of only those who were arrested and who subsequently volunteered for treatment (about 7% of the original sample population).

Gondolf (1988) conducted a cluster analysis and proposed a similar typology of male batterers. He empirically derived three clusters consisting of: sociopathic, antisocial, and typical batterers subgroups. Gondolf himself, however, acknowledges the limitations of his study including his reliance solely upon the self-reports of the abused women. There is concern that these women may tend to underreport her partner's aggression towards her and may be unaware of his violence towards others outside of the home (Edelson & Brygger, 1986; Gondolf, 1988). Lastly, Gondolf also samples from a limited population pool of women who were living in a shelter. This group may likely over-represent lower socio-economic classes and more severe types of male batterers.

In 1992, Saunders published a study in which he categorized 165 batterers via cluster analysis. He also identified three subtypes: family-only, generalized, and emotionally volatile batterers. Saunders stated his purpose to be to "replicate and extend the findings of previous studies and to use many variables from different studies in a single study" (p. 266). Saunders' purpose was similar to that of Holtzworth -Munroe and Stuart (1994) and may be viewed as a new line of inquiry that collects similar constructs

from various studies and then attempts to use previous work to fashion a “composite” typology.

Participants in Saunders’ study consisted of 182 men, about 70% of who were referred for mandatory evaluation and/or treatment. Of the remaining men, 24 % dropped out and the rest were self-referred. One primary criticism of this study is that it relied largely on the self-reports of these men who may be likely to underreport their violence and respond in ways that are more “socially desirable.”

In 1994, Holtzworth-Munroe and Stuart proposed a typology of male batterers based on previous studies. This typology was later tested by Waltz, Babcock, Jacobson, and Gottman (2000) and by Holtzworth-Munroe, Meehan, Herron, Rehman, and Stuart (2000). In developing this model, Holtzworth-Munroe and Stuart (1994) examined the existing typologies of male batterers and developed an original typology based on examining previously identified subtypes and the characteristics that emerged consistently in most all of these. Munroe and Stuart described the three dimensions they examined as “descriptive,” with the categories being: severity of marital violence (including frequency), generality of violence (presence of violence within versus outside of the home), and psychopathology or personality disorders.

Holtzworth-Munroe and Stuart’s (1994) work was not initially an empirically tested typology but rather one that “attempts to derive a theory driven framework for future research” (p. 23). Several steps were involved in the derivation of the typologies, which will be briefly discussed. First, Holtzworth-Munroe and Stuart conducted an exhaustive review of the literature and revealed three primarily descriptive dimensions (discussed previously). They also hypothesized about the frequencies of each subtype

with the general population of batterers (as opposed to those found in just clinical or court-referred samples). They estimated family-only batterers to comprise about 50% of batterers, while both borderline/dysphoric and generally violent/antisocial each accounted for about 25%. Second, they hypothesized about the specific subtypes and the expression of the descriptive variables in each subtype (see below for a more thorough review).

Next, Holtzworth-Munroe and Stuart created a developmental model of the various subtypes based on integrating various other intra-personal theories, as opposed to socio-cultural or other type theories. They explained that they felt earlier work lacked information on the specific subtypes at the individual level. Through this, two primary sets of factors were derived: distal and proximal variables. Distal variables were described as “background variables” and consist of: genetic influences (tendency towards impulsivity, temperament), childhood experiences (such as witness domestic violence or experiencing abuse), and peer experiences (such as peer group and adolescent drug use/abuse).

The five proximal variables were identified as: attachment to others (including dependency on others and empathy), impulsivity (inability to resist anger outbursts, etc.), social skills (difficulty being assertive, interpreting others’ intent), attitudes towards women (rigid or conservative sex roles, objectification of women), and attitudes towards violence (feelings of guilt and remorse or justification).

Following this, Holtzworth-Munroe and Stuart then applied their model to the various subtypes and assumed that these proposed variables interact with each other in such a way as to either increase or decrease risk of abuse as well as the severity of the violence. Finally, they also assume that the identified variables may prove useful in the

future as they will also help to distinguish between the various subtypes and have treatment implications.

Although not identical to Holtzworth-Munroe and Stuart, the current research will be informed by their model of classifying types of offenders. While the three descriptive dimensions (level/type of pathology, types/uses of violence, and attachment styles) may be discussed separately, empirical research supports the notion that these three factors combine, or cluster together, to produce three distinct categories of batterers (Hamberger & Hastings, 1986; Gondolf, 1988; Saunders, 1992; Holtzworth-Munroe & Stuart, 1994; Waltz, Babcock, Jacobson, and Gottman, 2000; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000). Holtzworth-Munroe and Stuart (1994) labeled these clusters as the: “generally violent/antisocial” batterer, “borderline/dysphoric” batterer, and “family only” batterer.

Tweed and Dutton (1998), Waltz, Babcock, Jacobson, and Gottman (2000), and Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart (2000) tested the model proposed by Holtzworth-Munroe and Stuart (1994) and found support for these typologies. Empirical evidence supported the notion that generally violent and borderline/dysphoric batterers tend to have more antisocial, narcissistic, and borderline personality characteristics than batterers whose levels of violence is less severe and only within the family.

Generally violent batterers were defined as those who are violent both within and outside of the family. These are men for whom violence is a part of life. They tend to be the most delinquent and have more extensive criminal records involving a number of offenses in addition to the assault of a partner (Tweed and Dutton, 1998; Jacobson &

Gottman, 1998; Waltz, Babcock, Jacobson, & Gottman, 2000; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000). The types of violence that these men may exhibit include fights with other males, assaults upon family members, and “non-violent” crimes such as theft, driving while intoxicated, etc. They are more likely to be diagnosed with antisocial and narcissistic personality disorders, but tend to evidence less depressive symptomology (Jacobson & Gottman, 1998; Tweed & Dutton, 1998) and may seem upon initial encounters to be pleasant, free from psychological distress, and perhaps even “charming.”

Borderline/Dysphoric batterers were defined as those who are more moderately abusive to partners in both frequency and severity and those who show higher levels of overall pathology and psychological distress (Hamberger, Lohr, Bonge, & Tolin, 1996; Jacobson & Gottman, 1998; Tweed & Dutton, 1998; Langhinrichsen-Rohling, Huss, & Ramsey, 2000; Waltz, Babcock, Jacobson, & Gottman, 2000). They are less likely to be convicted of assault towards strangers or non-intimate others and their range of abusive behaviors would be less likely to include a weapon (such as knife or gun) and more likely to include behaviors such as punching, kicking, or biting. They are more likely to be diagnosed with borderline personality characteristics or disorder and tend to be dysphoric. They might exhibit signs of psychological distress such as depression or anxiety.

The third and final group of batterers classified according to pathology is the family-only batterer who is not usually violent with those who are outside of the family (Hamberger, Lohr, Bonge, & Tolin, 1996; Waltz, Babcock, Jacobson, & Gottman, 2000; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000). This type of offender

shows less pathology than the above two groups and is typically more remorseful for his behaviors. Family-only offenders are less likely to show evidence of personality disorders and tend to engage in less frequent and less severe types of abuse. These offenders are more likely to evidence skills deficits and may appear to have difficulty communicating with others, difficulty expressing emotions, and difficulty managing and modulating distress.

Another recent construct to have emerged in the literature regarding the typologies of batterers is that of attachment patterns (Waltz, Babcock, Jacobson, & Gottman, 2000; Holtzworth-Munroe, Stuart, & Hutchinson, 1997; Dutton, Saunders, Starzomski, & Bartholomew, 1994; Holtzworth-Munroe & Stuart, 1994). The adult attachment literature regarding male batterers is based on the notion of developmental psychopathology that traces the paths from early development to adult pathology. Many of the research findings are consistent with Bowlby's (1988) work suggesting that violence may result from exaggerated forms of anxious-ambivalent attachment and from literature that suggests a relationship between aggression and disorganized attachment patterns in children. In order to further clarify the potential relationship between male battering behaviors and attachment styles, a further discussion of attachment theory is warranted.

Attachment Theory

Research on adult attachment styles draws from the work of Bowlby and Ainsworth. Bowlby developed the theoretical constructs of attachment theory and Ainsworth later expanded on Bowlby's work, classifying the attachment styles of infants into three categories, secure, anxious-ambivalent, and anxious-avoidant. The latter two

are less optimal and are also both considered to be insecure forms of attachment. In describing the basic differences between secure and insecure forms of attachment,

Bowlby writes:

Briefly, it seems clear that sensitive loving care results in a child' s developing confidence that others will be helpful when appealed to and in his becoming increasingly self-reliant and bold in his explorations of the world, cooperative with others, and also- a very important point- sympathetic and helpful to others in distress. Conversely, when a child' s attachment behavior is responded to tardily and unwillingly and is regarded as a nuisance, he is likely to become anxiously attached, namely, apprehensive lest his caregiver be missing or unhelpful when he needs her, and therefore reluctant to leave her side, unwilling and anxiously obedient, and unconcerned about the troubles of others. Should his caregivers, in addition, actively reject him, he is likely to develop a pattern of behavior in which avoidance of them competes with his desire for proximity and care and in which angry behavior is apt to become prominent.

Children with insecure attachment styles may also become very concerned over real or perceived threats of abandonment (which will later be related to the relationship styles of male batterers). When the child is in a state of constant worry or concern about abandonment, she or he will likely become as Bowlby states 'reluctant to leave her side,' or overly dependant. This worry can presumably create an inner sense of anxiety and frustration, leading to a preoccupation with the self and a lack of concern about others. When rejection by the parent is added to a predominate self-focus, anxiety, frustration and anger become chronic internal states for the child.

Bowlby and Ainsworth noted that children with anxious-ambivalent attachment styles often lash out at others, particularly those with whom they are most intimate. Bowlby (1984) describes abused children who are aggressive as, “depressed, passive, and inhibited, as ‘dependent’ and anxious, and also as angry and aggressive.” Their aggressive behaviors however, tend to be directed “especially toward an adult to whom the child is becoming attached” (Bowlby, 1984). At this point the child is developing a tendency to be angry and aggressive with those with whom they are closest. This behavioral style is very closely mirrored in the relationship of abusive men towards their female partners.

Attachment Styles in Children

As previously stated, Bowlby believed that attachment styles in infants continued throughout the lifetime and influenced adult relationships. Mary Ainsworth worked with Bowlby in the 1950’s and began studying attachment behavior in the late 1960’s as part of her studies on mother-child interactions. Through her research, she developed the “Strange Situation” which is now considered a classic study, exemplifying the three primary attachment styles.

During the Strange Situation, Ainsworth et al. (1978) had the mother and the child spend approximately twenty minutes in a playroom with the experimenter. The mother was then asked to leave the room for three minutes, leaving the child with the experimenter for a short time until her return. Upon her return, the mother would again leave, this time with the experimenter, leaving the child alone for an additional three minutes. Following this, the mother would then be re-united with the child. The purpose of the study was designed to elicit differences in children’s responses in coping with the

stress of separation (Holmes, 1993). The children were then classified into one of three categories according to the child's behavior after the initial departure of the mother, and the child's behavior upon her return.

Securely attached infants were typically distressed by the separation but greeted the mother warmly upon her return. They were capable of seeking and receiving comfort when needed and were considered easy to reassure. The insecure infants were subdivided into two and later three categories. Insecure-avoidant (also called anxious-avoidant) children showed few clear signs of distress when the mother left and ignored the mother when they were re-united. They remained "watchful of her and inhibited in their play" (Holmes, 1993).

Insecure-ambivalent (also called anxious-ambivalent) children were highly distressed by the separation but were not easily soothed at the mother's return. "They seek contact, but then resist by kicking, turning away, squirming or batting away offered toys. They continue to alternate between anger and clinging to the mother, and their exploratory play is inhibited" (Holmes, 1993).

Based on Bowlby's work, theory suggests that the infant feels the attachment figure is so vital to their survival that they will go to extreme lengths to protect the relationship and to keep it intact. This behavior can be seen as having an evolutionary necessity for infants. Bowlby states that the attachment "can be understood as having the function of contributing to the child's survival." Although this behavior is understandable for a young child, these behaviors become less understandable, and more convoluted, as the individual increases in age. However, these survival behaviors are remarkably similar to descriptions provided by the wives or partners of male batterers.

Attachment Theory and Battering

Attachment theory has contributed to theories of spousal abuse in that it better accounts for the anger and rage expressed primarily within the context of the marital relationship. Dutton, Saunders, Starzomski, and Bartholomew (1994) refer to this as “intimacy -anger” or “attachment rage” and take the definition from Bowlby (1984) and Ainsworth, Blehar, Waters, and Wall’s (1978) work with children. Dutton, Saunders, Starzomski, and Bartholomew (1994) summarize “intimacy anger” as being produced “when attachment needs are activated for a long time without being satisfied”(p. 1381). Such a situation would occur when the parent rejects the child or when there is a prolonged failure of the parent to meet the needs of the child.

The adult attachment literature regarding male batterers is based on the notion of developmental psychopathology that traces the paths from early development to adult pathology. Many of the research findings are consistent with Bowlby’s (1988) work suggesting that violence may result from exaggerated forms of anxious-ambivalent attachment and from literature that suggests a relationship between aggression and disorganized attachment patterns in children. Bowlby (1984) wrote about the relationship between violence within the family and attachment stating “...the aim of the angry behavior is the same- to protect the relationship which is of very special value to the angry person.”

Male batterers who are classified as having an anxious-ambivalent attachment styles have been characterized as having a high need for closeness with their partners but at the same time, a high level of discomfort with this closeness (Holtzworth-Monroe, 1997; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000). These men are

described as having high levels of jealousy, borderline personality disorder characteristics, and numerous trauma symptoms (probably due to experiencing or witnessing violence in the family as children) (Dutton, 1998). Additionally, they tend to have high levels of depression, anxiety, anger, and are anxious about abandonment. They are more dependent on their partners than men with more secure attachment styles but are less trusting. Holtzworth-Monroe hypothesized that their violent behaviors might result from their increased dependency, jealousy, and fear of abandonment and rejection.

Bowlby (1984) discussed the anxious attachment of violent husbands (and their partners) along with their subsequent fears of abandonment by stating:

“Each partner was deeply anxiously attached to the other and had developed a strategy designed to control the other and to keep him or her from departing.

Various techniques were in use, mainly coercive, and many of them a kind that to an outsider would appear not only extreme but also counterproductive. Behaviors such as suicide threats, seclusion, disallowing a wife to have her own money, and physical and emotional battering have been utilized to enable the batterer to maintain contact with his partner.”

Attachment in Adults

According to attachment theory, individuals internalize working models of the self, significant others, and the larger social world (Rothbard & Shaver, 1994). These working models are thought to be resistant to change and relatively stable as Bowlby (1979 p. 129) stated “from the cradle to the grave.” More recent research (i.e., Main et al., 1985, Hazan & Shaver, 1987, 1993; Paley, Cox, Burchinal, & Payne, 1993) has begun to look at how these styles continue into adulthood and “play a role in romantic

and parenting relationships” (Rothbard & Shaver p.49). Secure adults have been characterized as ‘more emotionally positive than insecure adults, more trusting of others, viewing others as more trustworthy, dependable, well-intentioned and good-hearted (Hazan & Shaver, 1987; Collins & Reid, 1990; Simpson, 1990; Wei, Heppner, & Mallinckrodt, 2003). They tend to view themselves as lovable and worthy, likable, appreciated, and easy to get to know. They tend to have higher self-esteem and feel more comfortable in social situations and also view relationships as a source of comfort (Hazan & Shaver, 1987; Feeney & Noller, 1990; Rothbard & Shaver, 1994, p.60).

Securely attached adults have also been found to have better marital adjustment. Holtzworth-Monroe (1997) found that securely attached adults report more positive beliefs about relationships, longer romantic relationships, and less jealousy in romantic relationships. A secure attachment style is positively related to marital satisfaction and more constructive communication.

Adults classified as Anxious-avoidant vary from both secure and anxious-ambivalent. If one were to think of attachment styles on a continuum, secure would be at one end, and anxious-ambivalent at the other. Anxious-avoidant adults would fall closer to anxious-ambivalent but may be thought as exhibiting less difficulty intra- and interpersonally. Anxious-avoidant individuals tend to get along less well with others, use ineffective coping strategies, are less likely to view themselves as likable, appreciated, and see others as less-well intentioned (Hazan & Shaver, 1987, 1990; Collins & Reid, 1990; Simpson, 1990; Rothbard & Shaver, 1994; Wei, Heppner, & Mallinckrodt, 2003). They tend to be dismissing of others and to avoid self-disclosure (Riggs, Jacobvitz, & Hazen, 2002). Additionally, they often prefer to be alone more frequently and associate

relationships with a fear of closeness, and see others as less dependable (Collins & Read, 1990).

Anxious-ambivalent attachment styles in adults have received much of the focus in the literature on male batterers. In general, adults with this attachment style have been characterized as seeing themselves as generally unlovable, as viewing close relationships as the primary way to gain a sense of security, and as seeing their partners as desirable but unpredictable and difficult to understand (Collins & Read, 1990). They associate relationships with jealousy, extreme emotions and strong desires for reciprocation (Rothbard & Shaver, 1994). Feeney and Noller (1990) also found that anxious-ambivalent subjects had lower family-related self-esteem than the other two groups and reported that they were more likely to experience love in a neurotic fashion. Idealization, mania, preoccupation, dependence, and heavy reliance upon their partner characterized their love of their partner. They may also be viewed as overly dependent and impulsive, and may behave in exaggerated and/or acting out ways (Riggs, Jacobvitz, & Hazen).

Bowlby (1988) described violent spouses as having more anxious-ambivalent attachment styles. He reported that they tended to dread loneliness and fear losing their spouses. He also stated that much of their violence was designed to keep their partners from leaving the relationship, indicating that their extreme fear (likely combined with the lack of appropriate interpersonal skills) leads to their controlling behaviors. This is highly consistent with observations by clinicians who have noted that battered women are most in jeopardy of being severely abused when she threatens to leave, or has left, the relationship. Holtzworth-Monroe (1997) found that violent men reported to be significantly more anxious about abandonment in relationships. At the same time, they

were more avoidant of dependency and significantly more uncomfortable with closeness. She further found that anxious-ambivalent men need more nurturance from their partners, and have a narrower focus on her. They are more dependants and tend to experience higher levels of jealousy than other men.

In this same research, Holtzworth-Monroe (1997) examined differences in the relationships of violent and nonviolent men who were both martially distressed and happily married. She found that both happily married men and violent men desired closeness but that the happily married men were not uncomfortable with their closeness to their wives. Conversely, violent men also desired closeness but were uncomfortable with their needs for such closeness. Nonviolent martially distressed men were more disengaged and likely to withdraw from marital interactions. One can see how these anxiously attached and distressed men might become violent when they begin to fear losing the relationship and closeness, which they so desire, but at the same time fear. These factors combined with a lack of interpersonal skills and concerns, and a history certain family of origin characteristics can soon lead to an explosive and lethal combination.

Although research has determined the importance of examining attachment styles of intimately violent men, recent research has called into question the validity of attachment types (Fraley & Waller, 1998). Current attachment research indicates that little evidence exists for true attachment typologies and holds to the importance of examining attachment dimensions rather than categories (Brennan, Clark, & Shaver, 1998). A need thus exists to revisit batterer attachment but from a dimensional rather than a categorical perspective.

Influences from the Family of Origin

What is categorically missing in the research on personality characteristics and male batterer is the role of families of origin structure. Feldman and Ridley (1995) stated in their comprehensive review of the literature “surprisingly little is known about the developmental pathways from early childhood through adulthood or about the specific mechanisms that contribute to the intergenerational transmission of familial violence” (p330). The literature that discusses families of origin focuses almost exclusively on either the effects of witnessing violence between the parents or the subsequent effects on the adult as a result of experiencing abuse as a child (to be discussed later). One aim of the current research is to further investigate the role of family of origin dynamics in the development of male battering behaviors, a topic that has yet to be examined. Before examining previous work related to this topic, it is important to provide an overview of the family structure model that will be used in the current study.

The Circumplex Model of Marital and Family Systems

The Circumplex Model of Marital and Family Systems was created to identify various factors related to family dynamics (Olsen, Sprenkle, & Russell, 1979). It may be used to classify dynamics with a given individual’s current family or within their “family of origin”. The family of origin may be defined as the family that the individual grew up in. Several of these constructs have been previously cited in assessing family dynamics.

Olsen’s Circumplex Model of Marital and Family Systems focuses on: family “cohesion,” “flexibility,” and “communication.” These three dimensions “emerged from a conceptual clustering of over fifty concepts to describe marital and family dynamics” (Olsen, 1990). In addition to describing family dynamics according to these three

dimensions, Olsen further labels these into two subtypes, either “balanced” or “unbalanced.” Each of the se two is then categorized into two levels for a total of four possible levels on each of the three dimensions.

According to the Circumplex Model of Marital and Family Systems, cohesion is defined as “the emotional bonding that family members have toward one another” (Olsen, Sprenkle, & Russell, 1979). Concepts related to cohesion include, emotional bonding, boundaries, coalitions, time, space, decision-making, and shared interests and recreation. The balanced levels of cohesion are “separated” and “connected,” while the unbalanced types are “disengaged” and “enmeshed,” these two being on opposite ends of the spectrum from each other. In the balanced family systems, separated and connected, families are said to be able to function as both independent from and connected to one another. Enmeshed families allow for too little independence from one another, and disengaged families are said to have “little attachment or commitment to their family” (Olsen, 1990).

Family flexibility is defined as “the amount of change in its leadership, role relationships, and relationship rules” (Olsen, 1990). Concepts related to flexibility include leadership, control, discipline, negotiation styles, role relationships, and relationship rules. The four levels of flexibility also fall into the categories of balanced and unbalanced. The two balanced types are “structured” and “flexible”, while the unbalanced types are “rigid” and “chaotic” (each unbalanced and opposite types). Structured and flexible family types have democratic or egalitarian leadership styles. Rigid systems are overly controlling and do not allow for change, while chaotic systems

are erratic and have no clear family leaders. In the flexibility dimension, balanced families are stable but open to change when necessary.

The third dimension is communication and is believed to be critical in facilitating movement in the other two dimensions. Concepts related to family communication include listening, speaking, self-disclosures, clarity, continuity tracking, respect, empathy, and attentive listening. Balanced family systems are said to have more positive communication than unbalanced systems.

As previously stated, the Circumplex Model of Marital and Family Systems has not been previously used in any published studies with a male battering population. However, the instrument developed to assess the family dynamics of this model, the Family Adaptability and Cohesion Evaluation Scales (or FACES), has been used in the assessment of populations such as violent couples, juvenile delinquents, sex offenders, and antisocial adolescents (Gaughan, 1995; Olsen, 1990).

In a study focusing on sex offenders, (Carnes, 1989) used the second edition of the FACES instrument and found that sex offenders had high levels of unbalanced family types in both their families of origin and in their current family system. Forty-nine percent of the sex offenders studied had unbalanced systems in their family of origin, compared to a non-offender control group who reported only nineteen percent of unbalanced systems within their family of origin. Sixty-six percent of the sex-offenders studied had current unbalanced systems while only nineteen percent of the non-offender had current unbalanced family systems.

Lehr and Fitzsimmons (1991) conducted a study with the third edition of the FACES, and examined the adaptability and cohesion in the relationship between violent

couples. This study sampled couples that requested marital therapy in a family service agency and found that violent couples were significantly more rigid on the adaptability dimension, but contrary to the hypothesized outcome, were significantly more disengaged on the cohesion dimension. Researchers had expected that the couples would be enmeshed (rather than disengaged) on the cohesion dimension. Seventy-one percent of the violent couples in the study skewed towards the disengaged end of the continuum while only ten percent of the non-violent couples fell at the enmeshed end.

The results were surprising because previous literature had speculated that violent couples would have a higher degree of enmeshment (Weitzman & Dreen, 1982 cited in Lehr & Fitzsimmons, 1991), thus making them “poorly adapted to the inevitable problems of stress and change in marriage” (pg. 260). It is notable though, that the violent couples were found to be in the unbalanced region on both of the respective dimensions.

Henggeler, Bur-Harris, Bourduin, and MacCallum (1991) found similar results in their study using the FACES-II with adolescent repeat-offenders, non-offenders, and young adult prisoners. The majority of adolescent repeat-offenders fell within the rigidly disengaged (and thus unbalanced) range while the majority of non-offenders fell within the balanced range on both the adaptability and cohesion dimension.

Given the reported findings in the above-mentioned studies, one might realistically expect male batterers to have been raised in unbalanced family systems, although there is no empirical evidence to date to support this assumption. Additionally, the research based on the circumplex model may further elucidate findings by Caesar (1988) regarding the family dynamics within the families of origin of the batterers.

In this study, Caesar (1988) compared the differences in the families of origin of domestically violent and non-violent men. This study found that batterers were significantly more likely than non-batterers to have suffered, and witnessed, abuse in their family of origin (Caesar, 1988). This includes witnessing domestic violence between parents and being the victims of child abuse themselves. Battering and non-battering men also differed in the ways in which they were disciplined as a child. Batterers were more likely to have been punished by corporal methods including being disciplined with a switch, belt, or other object. Non-batterers were more likely to have been disciplined by grounding or restriction.

Caesar (1988) found no clear quantitative indicators revealing why those who witnessed violence as a child differed in their behaviors as an adult. However, qualitative data suggested several themes that addressed the issue. Among these varying themes, Caesar found that “batterers were more likely to idealize and protect the violent parent or the family or to rationalize their parents’ violence” (p. 56). The violent men in this study seemed to clearly identify more with the aggressor than with the abused parent and to have become involved in the fights, sometimes even becoming an ally or mediator, thus being “more enmeshed in the family conflict.”

The non-violent participants in the study appear to have been “disengaged from the turmoil” and to have been better able to individuate later in their lives (Caesar, 1988). These men were also more likely to acknowledge the mistakes made by the abusing parent, and thus are less likely to later behave in similar aggressive and abusive ways.

Although these notions were not specifically linked to the circumplex model of marital and family systems, one case easily seen is similarity in concepts and terms. The

study suggests possible themes that may shed light onto the dynamics that occur and may contribute to the development of the male battering personality.

Attachment and Family of Origin Dynamics

A topic related to the constructs studied in male batterers is that of attachment. Research has linked the constructs of attachment styles and family of origin dynamics, but again, no literature to date has linked these variables to adult battering behaviors. Research suggests that securely attached individuals are more likely to be raised in more functional, or as Olsen (1990) labels them, “balanced” family systems (Pfaller, Kiselica, & Gerstein, 1998). Securely attached individuals also report significantly higher levels of adaptability, cohesion, and satisfaction in their family of origin than did those who were classified as having either anxious-avoidant or anxious-ambivalent attachment styles (Pfaller, Kiselica, & Gerstein, 1998). Pfaller et al.’s study did not compare and contrast the differences in the styles of the families of origin between individuals labeled as anxious-avoidant and anxious ambivalent.

Diehl, Elnick, Bourbeau, and Labouvie-Vief (1998) examined the differences in attachment style, family context, and personality. This study used the four-category classification system of attachment styles proposed by Bartholomew and Horowitz (1991). In this type of classification system, secure remains the same, anxious-avoidant is renamed dismissing, and anxious-ambivalent is divided into two categories, preoccupied and fearful.

The study found that securely attached adults described their families of origin as more positive, characterized by more warmth, cohesion, and healthier conflict. Securely attached individuals described their current families as more satisfying, and tended to

score higher on healthier dimensions of personality such as ‘sociability, dominance, social presence, empathy, communality and capacity for status.’ Insecure attachment styles were associated with lower scores in satisfaction in their families of origin as well as with lower scores on healthy dimensions of personality, practically the exact reverse as the personality dimensions associated with secure styles. These patterns were most pronounced for individuals with preoccupied and fearful (or anxious-ambivalent) attachment styles.

Effects of Witnessing Violence & Experiencing Abuse

What is seen more frequently in the literature regarding male battering and family of origin influences is the discussion of the effects of either witnessing violence between the parents or experiencing childhood abuse. Much of the literature suggests that a child who witnesses a parent being abused may likely be at a higher risk for later becoming abusive themselves. In a meta-analysis of the literature on domestic assault, Hotaling and Sugarman (1986) found that husband to wife violence was associated with childhood witnessing of interparental assault in 88% of studies of the studies reviewed.

Dutton, Starzomski and Ryan (1996) conducted a study that suggests that a personality syndrome exists in assaultive men that has antecedents in the early experiences of these men. The study indicates that family of origin experiences may have effects beyond modeling of abusive behaviors. These effects include the development of a specific personality type associated with abusiveness. Dutton labels such individuals as having a ‘Borderline Personality Organization’ (BPO), which is similar in nature to that of an individual with borderline personality disorder. These men are described as having an attachment style that is anxious-ambivalent.

Dutton and Hart (1992) hold that experiencing childhood trauma may likely put an individual at a higher risk for later becoming abusive. They suggest that experiencing childhood trauma serves as “an etiological link between prior victimization and current use of aggression.” They go on to explain “those (adults) who were violent within the family had the highest incidence of violence in their families of origin.” The literature documents the effects for children, of witnessing violence between parents, as being at risk for greater depression, anxiety and lower self-esteem later in life (Forstrom-Cohen & Rosenbaum, 1985; Higgins & McCabe, 1994 in McNeal & Amato, 1998).

McNeal and Amato (1998) examined the long-term effects for children who witnessed violence between parents in a longitudinal study. They found that children who witnessed violence between their parents were at risk of developing a multitude of consequences including less closeness to their mothers and fathers, less overall life satisfaction, happiness, and self-esteem. They were also more likely to divorce and become abusive themselves. Drug and alcohol related problems were more common with these adult-children than children who did not witness violence between parents.

Although much research has been examined regarding the phenomena of male battering, more work is needed in order to better understand, prevent, and treat this often-difficult population. Past research has been criticized on a variety of levels and while no one study is without limitations, the present study will strive to avoid earlier criticisms of battering research.

In summary, the primary variables to be examined in the current research are differences in attachment dimensions and family of origin structure between batterer typologies. These variables are believed to be related to the tripartite typology of

batterers and to the severity and frequency associated with each type of batterer. The influences of witnessing interparental violence and/or experiencing childhood abuse will also be related though to a lesser degree as the effects of these factors are consistently documented in the literature.

CHAPTER III

METHOD

The purpose of the present study was to examine the differences between the proposed three subtypes of male batterers based on the tripartite typology of batterers, proposed initially by Holtzworth-Munroe and Stuart (1994). The study will empirically test for a typology of male batterers based on personality characteristics (Hamberger, Lohr, Bonge, & Tolin, 1996). Subsequently, attachment dimensions, levels and severity of violence, and family of origin dynamics will be examined to determine any differences between batterer types. It is anticipated that the resulting batterer typologies will be similar to the Holtzworth-Munroe and Stuart model (i.e., antisocial, borderline/dysphoric and, non-pathological batterers). The independent measure was the typology according to pathology and the dependent measures included family of origin dynamics, attachment dimensions, and severity of violence. The three types of batterers were compared to each other on self-report measures of family of origin dynamics, attachment style, and an examiner rated measure of severity of violence using a one-way analysis of variance (ANOVA), chi-square, and appropriate post-hoc analysis.

Approval to conduct this study was granted by the Institutional Review Board of Texas A & M University. Outlined in this chapter is the selection and demographics of the participants, a description of the measures administered, and the statistical analysis employed.

Participants

Participants consisted of 93 men referred to court-ordered treatment for anger management and domestic violence treatment groups. Participants live in primarily rural

areas of a small city in the southwestern region of the country. Most of the participants were placed on probation for committing an offense related to assault, but all participants had some established prior history of physically abusive behaviors with romantic partners.

Participants are primarily of lower and middle-income socio-economic status and 33.3 % are Hispanic, 31.2% are African-American, 14% are Caucasian, 12.9% are Asian, and 3.3% reported their ethnicity as "other." The mean age for the participants was 32.3 with a range of 18 and 58 years of age and a standard deviation of 10.3. Seventy percent of the participants reported having children and 72% reported that they are currently involved in a romantic relationship. The modal score for highest grade completed was 12, suggesting that most participants completed high school. The range of years of education was between 7 and 17 years.

Measures

Millon Clinical Multiaxial Inventory- III (Millon, 1997). The MCMI-III is a 175-item true/false questionnaire designed for use with clinical populations. This instrument is widely used with battering populations (Waltz, et al., 2000) and is comprised of 22 clinical scales that are comparable to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994). Scores exceeding 75 are typically considered to be clinically elevated. Internal consistency ranges from .66 (for the Compulsive scale) to .90 (for Major Depression). Test-retest reliability ranges from .82 to .96. Numerous studies regarding the MCMI-III's validity, including correlations with other widely used personality instruments are reported in the manual. For the purpose of this study, three scales of the MCMI-III (antisocial, borderline, and dependent

personality) were entered into a cluster analysis in order to derive the three subtypes of batterers. All participants produced valid administrations of the MCMI-III, determined by three validity items and three scales.

Demographic Form and Rating of Severity of Violence. A demographic form was used to collect information including age, ethnicity, marital status, number of children and education. An additional self-report form was also used to allow the participant to report the presence or absence and severity of any abuse he may have witnessed and/or experienced as a child. First, the participant was asked to report if he ever witnessed violence between parents as a child while growing up. If the respondent reported witnessing violence, he was then asked to report the types of abuse he had witnessed by circling any of the following applicable behaviors: pushing, shoving, grabbing, slapping, kicking, punching, biting, hitting with objects, threatening with a gun or weapon, abuse with a weapon, or sexual assault. The severity of violence witnessed, if applicable, was then scored based on a severity-weighted scale used for the Conflict Tactics Scale (see below). Scores are reported as ‘0’ if no violence was witnessed, and numerically if violence was witnessed, with higher numbers representing more severe violence.

The participant was then asked to follow the same procedure for reporting any violence (abuse) he may have experienced as a child. If the participant reported experiencing abuse, he was asked to report which types of abuse from the same choices as above. Ratings for severity are the same as above as well as those of scoring. Thus, witnessing and experiencing violence within the family of origin was assessed by self-report and each respondent will receive one score for each variable.

Conflict Tactics Scale (CTS). The CTS (Straus, 1979) is a standardized scale designed to measure the severity and frequency of 19 tactics used in relationships to resolve conflict. The severity ratings are designed to measure reasoning abilities, verbal aggression, minor violence, and severe violence. The options include non-violent choices such as “discussed the issue calmly” to violent and aggressive tactics such as “used a knife or gun.” The frequency ratings allows the respondent to choose on a scale ranging from 0 (never) to 6 (over 20 times) indicating the number of times the particular behavior occurred. The CTS allows respondents to report their own use and frequency of behaviors as well as behaviors used by a parent or romantic partner. The coefficient alpha on the severity scale was .87.

In order to determine the participant’s own severity and generality of violence, the CTS was used. The severity of abuse variable refers to the type and frequency of violence the batterer has perpetrated against a romantic partner. A “Severity Weighted Scale” developed from the Conflict Tactics Scale was used to determine this. Items were taken only from the violence severity scale and not from the reasoning or verbal aggression scale. This scale allows for consideration of both the frequency and severity of abusive acts. The scale is computed by multiplying the severity weight for each item by the frequency; one score was obtained and higher scores reflect greater severity of violence. Generality of violence is defined as the presence or absence of violent acts outside the home. A score of “1” reflects that violence occurred only within the family and a score of “0” indicates the presence of violent acts outside the family. Data was based on information collected from police reports and witness statements and batterers self-reports were cross-checked with police reports and victim statements. Information

regarding past assaultive behaviors was also collected from the participant but discrepancies were resolved by utilizing data from the police reports.

Family Adaptability and Cohesion Evaluation Scale (FACES-III). The FACES-III (Olson, Portner, & Labee, 1985) was used to measure family of origin dynamics. Each participant received a score on family adaptability, cohesion, and family type. Family type is derived from the average of the family adaptability and cohesion score. The family type score will be used in the analysis to measure family of origin dynamics. Higher scores on all the scales are considered to reflect more functional family dynamics. The FACES III is a 20-item instrument. Cronbach's alpha is .77 for cohesion, .62 for adaptability and .68 for total scale or family type (Olson, McCubbin, Barnes, Larsen, Muxen, & Wilson, 1985).

Adult Attachment Scale (Collins & Reid, 1990). The AAS is a 21-item self-report instrument designed to measure adult attachment based on Bowlby's work and Ainsworth, Blehar, Waters, and Wall's (1978) original three-category classification system of secure, anxious-avoidant, and anxious-ambivalent attachment styles. The AAS was used to characterize attachment dimensions. Each participant received a score on the three attachment dimensions (comfort with closeness, comfort with dependency, and anxiety over abandonment). The Close scale measure the extent to which a person is comfortable with closeness and intimacy, with higher scores indicating greater comfort. The Depend scale measures the extent to which a person feels he/she can depend on others to be available when needed, with higher scores indicating a greater perceived ability to depend on others. Finally, the Anxiety scale measures the extent to which a person is worried about being rejected or unloved with higher scores indicating greater

anxiety. The AAS is one of the most widely used measures of adult attachment (Holtzworth-Munroe, Stuart, and Hutchinson, 1997). Cronbach's alpha for the AAS is .69 for close, .72 for dependency, and .75 for anxiety (Collins & Read, 1990).

Procedure

After the participants were referred for court-ordered anger management evaluations, they were individually screened for prior histories of physically abusive behaviors within the context of an adult romantic relationship. Screening procedures included a thorough review of the participant's individual files kept by the local probation department. This was then followed by an initial semi-structured clinical interview. Once an incident of a prior abusive episode was established, batterers were referred to a group meeting at a later time (approximately two to four weeks following their initial evaluation).

During the group evaluation, consisting of approximately twenty to thirty individuals on each occasion, the men were asked to participate in the current study. Participants were not asked prior to this as the above procedure and group evaluation is mandatory as a result of their probation. However, participants were instructed verbally and in written form that consent to participate in the present study was voluntary and that refusal to consent would in no way effect the conditions of their probation.

Participants were also informed that their individual test results will remain confidential and the limits of confidentiality were explained. Participants then received a written consent form and the examiner also read aloud the confidentiality and consent forms. Once participants provided consent, they were administered the assessment instruments. If any participant had trouble reading, an individual not affiliated with this

research took the participant into a separate room and read aloud the measures. Batterers were informed that the time required for participation in the current research should not consist of more than approximately two hours.

CHAPTER IV

RESULTS

The following chapter will present the statistical results of this research. Text and tables will be used to explain results of the cluster analysis and the primary analysis. First, the results of the cluster analysis are presented followed by the results of each of the six research questions.

Cluster Analysis

A two-stage clustering method was utilized for the 93 intimately violent participants. First a hierarchal cluster analysis using a between groups linkage method and squared Euclidean distance measure was utilized resulting in the emergence of a four cluster solution. The variables were the scores on the MCMI-III subscales for antisocial, borderline, and depressive. These three subscale scores were chosen as they most closely represent those discussed in the theorized typology by Holtzworth-Munroe and Stuart (1994).

Next, a K-means cluster analysis was conducted based on the four clusters derived from the hierarchical cluster analysis. All 93 participants were clustered into one of the four groups (see Table 1).

Table 1

| Number of Cases per Cluster | | |
|-----------------------------|---|--------|
| Cluster | 1 | 29.000 |
| | 2 | 12.000 |
| | 3 | 18.000 |
| | 4 | 34.000 |
| Valid | | 93.000 |
| Missing | | .000 |

Final cluster membership was determined by elevations on the three variables of the MCMI-III (Table 2) and cluster labels were chosen by the experimenter. Only scores on Cluster one meet or approximated clinical levels, therefore; the following clusters will be discussed as general patterns rather than as clinical disorders. Cluster 1 was labeled as the Borderline/Dysphoric group as scores on all three of the scales approximated a similar pattern to Holtzworth-Munroe's model for Borderline/Dysphoric the group. The subscale configurations for the Borderline/Dysphoric group are not unusual for this type of personality pattern (Holtzworth-Munroe, Meehan, Herron, Rehman, and Stuart, 2000). Depression is also a common characteristic of borderline individuals and they often elevate on this scale as well. Cluster 2 was labeled as the Antisocial group due to a moderate elevation on the antisocial scale only. Cluster 3 was labeled as the Depressive group, again due to a moderate elevation, and Cluster 4 was labeled the Non-pathological group, as there were no elevations on any of the clinical scales. Clusters 1,2, and 4 will be focused on during the presentation of the research questions, as they are the clusters that directly relate to the hypothesis.

Table 2

Final Cluster Means

| | Cluster | | | |
|-----------------|---------|----|----|----|
| | 1 | 2 | 3 | 4 |
| MCMI=antisocial | 72 | 65 | 39 | 25 |
| MCMI=Borderline | 68 | 25 | 37 | 9 |
| MCMI=Depressive | 75 | 15 | 65 | 22 |

Research Question One

To test the hypothesis that male battering typologies would be associated with different attachment dimensions, a series of one-way analyses of variance (ANOVA) were conducted, comparing the three types of batterers (Antisocial, Borderline/Dysphoric, and Non-Pathological) on each of the three attachment scores (depend, anxiety, and close). No specific control was made for experimenterwise error because specific a priori predictions were made.

Scores on the depend dimension (Question One ‘a’) indicated there was a significant difference between the three typologies, $F(2,72) = 6.08$, $p = .004$ (Eta squared = .14) (Table 3). To specifically test for the prediction that Antisocial batterers would be lower on this than other typologies, contrasts were run comparing the Antisocial group to the Borderline/Dysphoric and Non-Pathological groups. Antisocial batterers did not score significantly different from the other two groups, $t(72) = 1.72$, $p = .09$ (Levene statistic not significant, assume equal variances)(Table 4). Mean scores for the groups are as follows: Antisocial, $m = 3.44$, $sd = 0.52$; Borderline, $m = 2.79$, $sd = 0.70$; and Non-Pathological $m = 3.34$, $sd = 0.76$.

Table 3

ANOVA- AAS Depend Subscale- Question One ‘a’

| | Sum of Squares | Df | Mean Square | F | Sig. |
|----------------|----------------|----|-------------|-------|------|
| Between Groups | 6.054 | 2 | 3.027 | 6.076 | .004 |
| Within Groups | 35.873 | 72 | .498 | | |
| Total | 41.927 | 74 | | | |

Table 4

Contrasts Tests for AAS Depend Subscale- Question One ‘a’

| | | Contra st | Value of Contra st | Std. Error | T | df | Sig. (2- tailed) |
|---------------------------|--|--------------|-----------------------------|---------------|-------|------------|---------------------|
| AAS Depend Subscale | Assume equal variances | 1 | .7633 | .44487 | 1.716 | 72 | .091 |
| | Does not assume equal variances | 1 | .7633 | .35189 | 2.169 | 20.3 89 | .042 |

*Levene statistic not significant- assume equal variances

Because of the significant finding on the ANOVA, and yet the lack of a significant finding in the hypothesized direction on the contrast test (i.e., that the Antisocial group would be significantly different from the other two groups) a post-hoc analysis was conducted. A post-hoc Sidak test was run to determine where the significance lies (Table 5). Contrary to the prediction, significant differences were found between the Borderline batterers and the other two groups. Borderline batterers scored significantly lower than Non-Pathological batterers (mean difference = -0.55, $p = .009$) and Antisocial batterers (mean difference = .66, $p = .025$); Non-Pathological batterers were not significantly different from Antisocial batterers on this measure of attachment (mean difference = 0.11, $p = .96$).

Table 5

Post-hoc Sidak Tests- Multiple Comparisons for Dependent Variable: AAS Depend Subscale- Question One ‘a’

| (I) Cluster Number of Case | (J) Cluster Number of Case | Mean Difference (I-J) | Std. Error | Sig. | 95% Confidence Interval | |
|----------------------------|----------------------------|-----------------------|------------|------|-------------------------|-------------|
| | | | | | Lower Bound | Upper Bound |
| B/D | As | -.65709(*) | .24228 | .025 | -1.2494 | -.0648 |
| | Np | -.55088(*) | .17842 | .009 | -.9870 | -.1147 |
| As | B/D | .65709(*) | .24228 | .025 | .0648 | 1.2494 |
| | Np | .10621 | .23701 | .959 | -.4732 | .6856 |
| Np | B/D | .55088(*) | .17842 | .009 | .1147 | .9870 |
| | As | -.10621 | .23701 | .959 | -.6856 | .4732 |

*The mean difference is significant at the .05 level

**BD = Borderline/Dysphoric As = Antisocial,, Np = Non-Pathological

Scores on the anxiety dimension (question One ‘b’) indicated a significant difference between the three typologies $F(2,72) = 8.38, p = .001$ (Eta squared = .19) (Table 6). To specifically test for the prediction that Borderline/Dysphoric batterers would be higher on the anxiety dimension than other typologies, contrasts were run comparing the Borderline/Dysphoric group to the Antisocial and Non-Pathological groups. Borderline/Dysphoric batterers scored significantly higher on anxiety, $t = 3.23, p = .002$ (Levene statistic significant, does not assume equal variances) (Table 7) than the other two groups. Mean scores for the groups are as follows: Antisocial, $m = 2.11, sd = 0.54$; Borderline/Dysphoric, $m = 2.60, sd = 0.74$; and Non-Pathological, $m = 2.01, sd = 0.42$.

Table 6

ANOVA- AAS- Anxiety Subscale- Question One ‘b’

| | Sum of Squares | Df | Mean Square | F | Sig. |
|----------------|----------------|----|-------------|-------|------|
| Between Groups | 5.698 | 2 | 2.849 | 8.377 | .001 |
| Within Groups | 24.488 | 72 | .340 | | |
| Total | 30.187 | 74 | | | |

Table 7

Contrasts Tests for Question One ‘b’

| | | Contrast | Value of Contrast | Std. Error | T | df | Sig. (2-tailed) |
|----------------------|---------------------------------|----------|-------------------|------------|-------|--------|-----------------|
| AAS Anxiety Subscale | Assume equal variances | 1 | 1.0745 | .29199 | 3.680 | 72 | .000 |
| | Does not assume equal variances | 1 | 1.0745 | .32580 | 3.298 | 42.584 | .002 |

*Levene statistic significant- does not assume equal variances

Scores on the close dimension (question One ‘c’) indicate a significant difference between the three typologies $F(2,72) = 3.12, p = .050$ (Eta squared = .08) (Table 8) To specifically test for the prediction that Non-Pathological batterers would be higher on the close dimension than other typologies, contrasts were run comparing the Non-Pathological group to the Borderline/Dysphoric and Antisocial groups. Non-Pathological batterers were significantly higher on the close dimension, $t = 2.20, p = .032$ (Levene statistic not significant, assume equal variance)(Table 9) than the Borderline/Dysphoric and Antisocial batterers. Mean scores for the groups are as follows: Antisocial, $m =$

3.44, sd = 0.43; Borderline/Dysphoric, m = 3.34, sd = 0.59; and Non-Pathological = 3.71, sd = 0.62.

Table 8

ANOVA- AAS- Close Subscale- Question One “c”

| | Sum of Squares | Df | Mean Square | F | Sig. |
|----------------|----------------|----|-------------|-------|------|
| Between Groups | 2.132 | 2 | 1.066 | 3.116 | .050 |
| Within Groups | 24.629 | 72 | .342 | | |
| Total | 26.761 | 74 | | | |

Table 9

Contrast Tests for Question One “c”

| | | Contrast | Value of Contrast | Std. Error | t | Df | Sig. (2-tailed) |
|--------------------|---------------------------------|----------|-------------------|------------|-------|--------|-----------------|
| AAS Close Subscale | Assume equal variances | 1 | .6225 | .28380 | 2.193 | 72 | .032 |
| | Does not assume equal variances | 1 | .6225 | .27101 | 2.297 | 59.262 | .025 |

Research Question Two

To test the hypothesis that male battering typologies are associated with different family of origin dynamics, a one-way analysis of variance (ANOVA) was conducted. Results from the ANOVA show that there was no significant difference between the three groups in terms of family of origin dynamics (Table 10). Mean scores for the three

groups are as follows: Antisocial, $m = 3.66$, $sd = 1.56$; Borderline, $m = 3.59$, $sd = 1.55$; and Non-pathological, $m = 3.65$, $sd = 1.57$.

Table 10

ANOVA- Family Type- Overall FACES Family Type Score = Cohesion Plus Adaptability Scores- Question Two

| | Sum of Squares | Df | Mean Square | F | Sig. |
|----------------|----------------|----|-------------|------|------|
| Between Groups | .081 | 2 | .040 | .017 | .984 |
| Within Groups | 175.466 | 72 | 2.437 | | |
| Total | 175.547 | 74 | | | |

Research Question Three

Research question three hypothesized that male battering typologies are associated with different levels of severity of violence within adult romantic relationships. In order to test this hypothesis, a one-way analysis of variance (ANOVA) was run. Results from the ANOVA were not significant (Table 11) but an examination of the group means revealed a 45.8 point difference between the highest and lowest group means. Mean scores for the three groups are as follows: Antisocial, $m = 27.66$, $sd = 24.23$; Borderline/Dysphoric, $m = 70.96$, $sd = 110.34$; and Non-pathological, $m = 25.11$, $sd = 92.75$. One possible reason for the non-significant finding may be the large standard deviation.

Table 11

ANOVA- Current Severity of Violence with Partner- Question Three

| | Sum of Squares | Df | Mean Square | F | Sig. |
|----------------|----------------|----|-------------|-------|------|
| Between Groups | 36369.025 | 2 | 18184.513 | 2.074 | .133 |
| Within Groups | 631277.162 | 72 | 8767.738 | | |
| Total | 667646.187 | 74 | | | |

Given the differences between the mean scores for the three groups, further examination was conducted. Another one-way analysis of variance found that a score from an outlier in the Borderline and Non-pathological groups, once removed, resulted in a significant difference between the three typologies, $F(2,72) = 3.79$, $p = .027$ (Eta squared = .10) (Table 12). Mean scores for the groups were as follows: Antisocial, $m = 27.66$, $sd = 24.23$; Borderline/Dysphoric, $m = 64.69$, $sd = 86.64$; and Non-pathological, $m = 18.97$, $sd = 57.35$.

Table 12

ANOVA- Current Severity of Violence with Partner- Outliers Removed- Question Three

| | Sum of Squares | df | Mean Square | F | Sig. |
|----------------|----------------|----|-------------|-------|------|
| Between Groups | 34251.036 | 2 | 17125.518 | 3.792 | .027 |
| Within Groups | 325205.844 | 72 | 4516.748 | | |
| Total | 359456.880 | 74 | | | |

Post-hoc Sidak tests found that Borderline batterers scored significantly higher than Non-

pathological batterers (mean difference = 45.72, $p = .026$). Borderline batterers were not significantly different from Antisocial batterers (mean difference= 37.02, $p = .30$) and Antisocial batterers were not significantly different from Non-pathological batterers (mean difference = 8.69, $p = .97$) (Table 13).

Table 13

Post-hoc Sidak Tests-Multiple Comparisons- Dependent Variable: Current Severity- Question Three

| (I) Cluster Number of Case | (J) Cluster Number of Case | Mean Difference (I-J) | Std. Error | Sig. | 95% Confidence Interval | |
|----------------------------|----------------------------|-----------------------|------------|------|-------------------------|-------------|
| | | | | | Lower Bound | Upper Bound |
| Borderline | antisocial | 37.02299 | 23.06828 | .302 | -19.3686 | 93.4145 |
| | Nonpathological | 45.71907(*) | 16.98810 | .026 | 4.1908 | 87.2473 |
| Antisocial | borderline | -37.02299 | 23.06828 | .302 | -93.4145 | 19.3686 |
| | Nonpathological | 8.69608 | 22.56637 | .973 | -46.4685 | 63.8607 |
| Nonpathological | borderline | -45.71907(*) | 16.98810 | .026 | -87.2473 | -4.1908 |
| | antisocial | -8.69608 | 22.56637 | .973 | -63.8607 | 46.4685 |

*The mean difference is significant at the .05 level.

Research Question Four

To test the hypothesis that the typologies would be associated with different violence frequencies outside the family, a Pearson chi-square test was conducted. Results show that there was no significant difference between the three typologies in terms of

their presence or absence of violence outside the family, $X^2(2, N=75) = 2.02, p = .37$ (Table 14).

Table 14

Chi Square Test- Question Four

| | Value | Df | Asymp. Sig. (2-sided) |
|------------------------------|----------|----|-----------------------|
| Pearson Chi-Square | 2.015(a) | 2 | .365 |
| Likelihood Ratio | 2.012 | 2 | .366 |
| Linear-by-Linear Association | .887 | 1 | .346 |
| N of Valid Cases | 75 | | |

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.12.

Results show that 55.2% of the Borderline group exhibits family only violence while 44.8% exhibit violence beyond the family. 41.7% of the Antisocial group exhibit family only violence while 58.3% of this typology exhibits violence beyond the family, and 64.7% of the Non-pathological group exhibit family only violence while 35.3% exhibit violence beyond the family. A chi-square test was run for the Non-pathological group and this revealed results approaching significance, $X^2(1, N = 34) = 2.94, p = .08$ (Table 15). Thus while results were not significant, they do appear to differ in the predicted direction.

Table 15

Chi Square for Non-Pathological Group- Question Four

| | |
|---------------|-----------------------------|
| | Family Only Violence- NP |
| Chi-Square(a) | 2.941 |
| Df | 1 |
| Asymp. Sig. | .086 |

a 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 17.0.

Research Question Five

To test for the hypothesis that male battering typologies would report witnessing different levels of interparental family of origin abuse, a one-way analysis of variance (ANOVA) was conducted. Results show a significant difference between the three typologies, $F(2,72) = 3.62$, $p = .032$ (Eta squared = .09) (Table 16).

Table 16

ANOVA for Witnessing Abuse between Parents- Question Five

| | Sum of Squares | df | Mean Square | F | Sig. |
|----------------|----------------|----|-------------|-------|------|
| Between Groups | 278.746 | 2 | 139.373 | 3.619 | .032 |
| Within Groups | 2772.641 | 72 | 38.509 | | |
| Total | 3051.387 | 74 | | | |

Post-hoc Sidak tests found that Borderline batterers differed from Non-Pathological batterers (mean difference = 4.15, $p = .030$) but not from Antisocial batterers (mean difference = 3.21, $p = .356$). Antisocial batterers did not differ significantly from Non-pathological batterers (mean difference = .941, $p = .958$). Mean

scores for the three typologies were as follows: Antisocial, $m = 2.00$, $sd = 3.44$; Borderline/Dysphoric, $m = 5.21$, $sd = 9.24$; and Non-pathological, $m = 1.06$, $sd = 2.77$, (Table 17).

Table 17

Post-hoc Sidak Tests for Witnessing Abuse between Parents- Question Five

| (I) Cluster Number of Case | (J) Cluster Number of Case | Mean Difference (I-J) | Std. Error | Sig. | 95% Confidence Interval | |
|----------------------------|----------------------------|-----------------------|------------|------|-------------------------|-------------|
| | | | | | Lower Bound | Upper Bound |
| Borderline | antisocial | 3.207 | 2.130 | .356 | -2.00 | 8.41 |
| | nonpathological | 4.148(*) | 1.569 | .030 | .31 | 7.98 |
| Antisocial | borderline | -3.207 | 2.130 | .356 | -8.41 | 2.00 |
| | nonpathological | .941 | 2.084 | .958 | -4.15 | 6.03 |
| Nonpathological | borderline | -4.148(*) | 1.569 | .030 | -7.98 | -.31 |
| | antisocial | -.941 | 2.084 | .958 | -6.03 | 4.15 |

*The mean difference is significant at the .05 level.

Research Question Six

To test for the hypothesis that male battering typologies would report experiencing different levels of severity of family of origin abuse, a one-way analysis of variance was conducted. Results show a significant difference between the three typologies, $F(2,72) = 6.43$, $p = .003$ (Eta squared = .15) (Table 18).

Table 18

ANOVA for Experiencing Abuse- Question Six

| | Sum of Squares | Df | Mean Square | F | Sig. |
|----------------|----------------|----|-------------|-------|------|
| Between Groups | 618.201 | 2 | 309.100 | 6.431 | .003 |
| Within Groups | 3460.386 | 72 | 48.061 | | |
| Total | 4078.587 | 74 | | | |

Post-hoc Sidak tests found that Borderline batterers differed from Non-Pathological batterers (mean difference = 6.28, $p = .002$) but not from Antisocial batterers (mean difference = 3.73, $p = .322$). Antisocial batterers did not differ significantly from Non-pathological batterers (mean difference = 2.55, $p = .622$). Mean scores for the three groups were as follows: Antisocial, $m = 3.17$, $sd = 10.35$; Borderline, $m = 6.90$, $sd = 8.71$, and Non-pathological, $m = .62$, $sd = 2.22$, (Table 19).

Table 19

Post-hoc Sidak Test for Experiencing Abuse- Question Six

| (I) Cluster Number of Case | (J) Cluster Number of Case | Mean Difference (I-J) | Std. Error | Sig. | 95% Confidence Interval | |
|----------------------------|----------------------------|-----------------------|------------|------|-------------------------|-------------|
| | | | | | Lower Bound | Upper Bound |
| borderline | antisocial | 3.730 | 2.380 | .322 | -2.09 | 9.55 |
| | Nonpathological | 6.279(*) | 1.752 | .002 | 2.00 | 10.56 |
| Antisocial | borderline | -3.730 | 2.380 | .322 | -9.55 | 2.09 |
| | Nonpathological | 2.549 | 2.328 | .622 | -3.14 | 8.24 |
| Nonpathological | borderline | -6.279(*) | 1.752 | .002 | -10.56 | -2.00 |
| | antisocial | -2.549 | 2.328 | .622 | -8.24 | 3.14 |

*The mean difference is significant at the .05 level.

CHAPTER V

DISCUSSION AND CONCLUSIONS

This chapter presents a discussion of the results generated by this study. It also includes a discussion of the limitations of this study and recommendations for future research.

The goal of the present research was to empirically test for the theoretical typologies predicted by Holtzworth-Munroe and Stuart (1994) based on personality characteristics and to then examine the groups of batterers based on attachment, family of origin dynamics, generality and severity of violence, and childhood witnessing and experiencing of abuse. Data analysis for this research began with the cluster analysis in an attempt to see if the three proposed typologies would be found. Results were generally similar to those found in past research, particularly that of Hamberger, Lohr, Bonge, and Tolin (1996). However, support for a four-cluster solution was found in the present study, rather than that of a three-cluster solution. The three MCMI-III subscales, antisocial, borderline, and depressive, were chosen to use in the cluster analysis because these scales most closely fit those in the proposed theoretical typology by Holtzworth-Munroe and Stuart (1994). Results of the cluster analysis revealed four clusters labeled as: Borderline/Dysphoric (cluster 1); Antisocial (cluster 2); Depressive (cluster 3); and Non-pathological (cluster 4).

Cluster 1, the Borderline/Dysphoric group, consisted of 31.2% of the sample. This group was perhaps least like that originally proposed and was found to have moderately elevated scores on all three of the MCMI-III subscales including the antisocial scale. However, these results are consistent with the literature, which has

repeatedly found this group to be the most variable (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Waltz, Babcock, Jacobson & Gottman, 2000; Hamberger, Lohr, Bonge, & Tolin, 1996). Waltz, Babcock also found this group, called ‘Pathological,’ to score higher on antisocial measures than their ‘Generally violent/Antisocial’ typology and Holtzworth-Munroe, Meehan, Herron, Rehman, and Stuart (2000) found this typology to elevate most on MCMI-III subscales, representing the most distressed group in the sample.

Cluster 2, the Antisocial group, consisted of 12.9% of the sample. This group clearly demonstrated moderate elevations on the antisocial subscale and not on the borderline or depressive scales. These results are again consistent with the literature, which has generally found this group to elevate on antisocial subscales but not on other clinical scales such as depression (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Hamberger, Lohr, Bonge, & Tolin, 1996).

Cluster 3, the Depressive group, consisted of 19.4% of the sample. Cluster 3 displayed moderate elevations on the depressive scale and not on the borderline or antisocial. This cluster appears to be somewhat unique to this sample as previously reviewed literature has yet to find such a group, suggesting the need for further study.

Finally, cluster 4, the Non-pathological group, consisted of 36.6% of the sample. This group displayed no elevations on any of the three clinical scales. Findings, which, again, are consistent with findings in previous research (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Waltz, Babcock, Jacobson & Gottman, 2000; Hamberger, Lohr, Bonge, & Tolin, 1996). For the purposes of testing the hypothesis, clusters 1, 2, and 4 were chosen as they directly relate to the proposed the theoretical

typology. Further differences between the three typologies will be delineated in the discussion of the research questions.

Research Question One

The first research question hypothesized that the battering typologies would be associated with different attachment dimensions. This question specifically speculated that Antisocial batterers would be characterized by low dependence on others while Borderline/Dysphoric batterers would score highest on anxiety over abandonment, and Non-pathological batterers would be most comfortable with closeness. Support for the first portion of this hypothesis was not found, and in fact, Antisocial batterers scored closer to the Non-pathological group. This finding is inconsistent with previous research in which the Antisocial group was significantly less dependant in their relationships with partners (Waltz, Babcock, Jacobson & Gottman, 2000). Borderline/Dysphoric batterers were most anxious over abandonment, and Non-pathological batterers were most comfortable with closeness.

Interestingly, however, was the finding that Non-pathological batterers scored just under the Antisocial group on the dimension of dependency while Borderline/Dysphoric batterers scored lowest. Thus, Borderline/Dysphoric batterers scored in such a way as to indicate a lesser-perceived ability to depend on others than the Antisocial group. It appears that although Borderline/Dysphoric batterers desire closeness, they are also uncomfortable depending on others. These findings are consistent with Holtzworth-Munroe and Stuart's (1994) proposed typology and consistent with findings by Waltz, Babcock, Jacobson and Gottman (2000) who also found the three theoretical typologies to score similarly on attachment dimensions.

Research Question Two

The second research question hypothesized that male battering typologies would be associated with different family of origin dynamics. This hypothesis was not supported by the data. For this sample, there were no reported significant differences between the groups. This lack of differences could be attributed to a measurement problem with the FACES or simply the fact that the groups do not differ on family dynamics measured by the FACES.

Research Question Three

The third research question hypothesized that male battering typologies would be associated with different levels of severity of violence within adult romantic relationships. Antisocial batterers were predicted to exhibit the most severe levels of violence towards their current romantic partner, followed by the Borderline/Dysphoric group and then the Non-pathological group. Initial support was not found for the hypothesis that there are differences in levels of severity between the groups. However, upon closer examination, after recoding two extreme scores, the Borderline/Dysphoric group was shown to report the highest level of current severity of violence. The Antisocial group was not found to be significantly higher than the Non-pathological group.

These findings were inconsistent with the proposed theoretical typology, as the Antisocial group was expected to exhibit the most severity of violence in their adult romantic relationships. Previous testing of the model has supported the notion that Antisocial batterers are the most violent within relationships (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Waltz, Babcock, Jacobson & Gottman, 2000;

Hamberger, Lohr, Bonge, & Tolin, 1996). However, it is important to note that the antisocial men, more so than the other groups, tend to minimize or understate their partner violence (Gottman, Jacobson, Rushe, Shortt, Babcock, LaTaillade, & Waltz, 1995).

Research Question Four

The fourth research question hypothesized that male battering typologies would be associated with different violence frequencies outside the family. This question predicted that Antisocial batterers would be the most violent outside the family, followed by Borderline/Dysphoric batterers and then Non-pathological batterers. No significant differences between the three groups were found for their levels of “general violence”, perhaps due to the relatively small sample size, but results approaching significance for the Non-pathological group were seen.

This finding is also inconsistent with the theoretical model and with previous studies, which have generally found that Antisocial (or “Generally violent/Antisocial” batterers) exhibit the highest levels of violence outside the family (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Waltz, Babcock, Jacobson & Gottman, 2000; Hamberger, Lohr, Bonge, & Tolin, 1996).

Research Question Five

The fifth research question hypothesized that male battering typologies would be associated with witnessing different levels of interparental family of origin abuse (i.e., violence between their parents). This question predicted that Antisocial batterers would report witnessing the highest levels of interparental abuse, followed by the Borderline/Dysphoric and then Non-pathological groups. Results supported this

hypothesis and the most prominent difference was seen between the Borderline/Dysphoric and Non-pathological groups. No significant differences were seen between the Antisocial and Non-pathological group as was expected.

This finding is consistent with the proposed theoretical typology for the Non-pathological group. It was expected that this group would report witnessing the lowest levels of violence between parents. This finding has been supported in previous studies of the proposed typology (Hamberger, Lohr, Bonge, & Tolin, 1996). Previous results have been inconsistent in terms of the predictions for the Antisocial and Borderline/Dysphoric groups. Holtzworth-Munroe, Meehan, Herron, Rehman, and Stuart (2000) and Waltz, Babcock, Jacobson and Gottman (2000) each found their Family-only group (Non-pathological) to have witnessed the lowest levels of violence, but found no significant differences between the Antisocial and Borderline/Dysphoric groups.

Research Question Six

The sixth research question hypothesized that male battering typologies would be associated with experiencing different levels of severity of family of origin abuse (i.e., having themselves been abused). This question predicted that Antisocial batterers would report experiencing the most childhood abuse, followed by the Borderline/Dysphoric and Non-pathological groups. General support was found in that the three groups differed significantly, however, as in the case of previous questions, the Borderline/Dysphoric group reported experiencing the most and were the only group to differ significantly (from the Non-pathological group). This finding is consistent with the proposed theoretical typology for the Non-pathological group, but inconsistent for the Borderline/Dysphoric and Antisocial groups.

Conclusions

It appears that while differences in the three battering typologies were found, they were not always consistent in the direction predicted or in the manner proposed and generally supported by the literature. One explanation for this may be the unexpected outcome of the clustering, with cluster 1 (Borderline/Dysphoric) overall being more antisocial and “distressed” than the other groups. This pattern of general distress may be accounted for due to a history of greater family of origin abuse (including both witnessing and experiencing of violence) and from present difficulties as evidenced by their elevations on current severity of violence. Inconsistencies in these findings may be because this is not a representative sample of the population, or it may be that, again, distinctions between the Borderline/Dysphoric and Antisocial groups are not as clearly distinguishable as the proposed typology suggests. Secondly, while the Antisocial group did produce elevations, the elevations were not such as to be considered “clinically” significant.

The Non-pathological group is most consistent with the proposed typology and with previous literature. It seems that distinctions between the Borderline/Dysphoric and Antisocial groups are not always as clear and differences are not always in the manner predicted. It has been suggested that both conceptual and measurement work needs to be completed to further distinguish between these groups (Waltz, Babcock, Jacobson & Gottman, 2000). The findings of the present research support the call for further investigation of identification of group distinction. Again, the small sample size of the current study may factor into this and with a greater number of subjects clearer differences might emerge.

Regarding the predictor variables; it may be generally said that attachment dimensions seem promising in terms of potentially distinguishing between typologies. No support was found in this research for the family of origin as a variable. Severity and generality of violence have been helpful in distinguishing between groups in past research between typologies, and this was seen in the present research; however, not in the manner predicted by the typologies. Severity and generality of violence appear to be two variables that warrant further study, as the results are inconsistent. The results of the variables of experiencing and witnessing abuse in the family of origin appear to be much the same as that for severity and generality of violence. Here, again, differences were found but not in the manner predicted and results are inconsistent with previous findings.

Limitations

One limitation of the study is the restriction of generalizability due to the sample composition. Like many studies of male batterers, this study was limited to court mandated participants. Distinctions between batterers who are self-referred and those who are court-ordered for treatment are relatively unknown as samples of self-referred participants are relatively difficult to find. Additionally, the relatively small sample size may have contributed to some of the non-significant findings. Hamberger, Lohr, Bonge, and Tolin (1996) have suggested using a sample size of several hundred, although this would require tremendous effort, as male batterers are a notoriously difficult population to study.

Another potential limitation of this study is the reliance upon the self-reports of the batterers. While this study has made methodological improvements, as it does not rely solely on the self-report through the incorporation of information obtained from

police reports some use of self-report measures could not be avoided. It is unknown what role the effects of social desirability may have played upon these findings. It is likely that many of the batterers in this study who are on probation are likely to have given answers that they feel may present them in a more favorable light. As previously stated, the antisocial group would be expected to be most likely to minimize their violence.

Lastly, some previous literature has suggested the use of a non-violent martially distressed control group and this may be seen as a limitation of the present study. There is some debate about this, however, as it has been suggested that since the purpose of studies such as this one are to compare groups of martially violent men, meaningful comparisons with a nonviolent group would be impossible.

Suggestions for Future Research

A better understanding of the differences between male battering typologies is important for several reasons. Treatment matching would likely be greatly benefited from a clearer theoretical understanding of the type of person in treatment. Further, it has been suggested that certain treatment approaches may not be helpful, and may even be harmful, with certain types of batterers (Saunders, 1996). Consequently, continued research efforts in clearly distinguishing batterer types are highly recommended.

Specific suggestions include the need to further focus on the distinctions between the Antisocial and Borderline/Dysphoric groups, as these two typologies seem most inconclusive. Continued consistency with the use of instruments is also warranted. Further recommendations include the increased use of instruments that do not rely solely upon the self-reports of male batterers. Victim accounts and input would also be helpful

when such reports can be safely secured. And lastly, the use of larger participant groups, which include batterers who are not court-mandated, is warranted.

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APPENDIX A

STATEMENT OF CONSENT TO PARTICIPATE IN RESEARCH

Project Title:
Investigating a Batterer Typology: The Role of Personality Characteristics, Attachment,
And Family of Origin Dynamics

The Counseling Psychology program and the Department of Educational Psychology at Texas A&M University are committed to the protection of human subjects participating in research. Therefore, the following information is offered to assist you in deciding whether or not to participate in the present study:

I am aware that this study is being conducted to investigate differences in men who have been physically abusive to their partners and that this study is also designed to ultimately enhance the effectiveness of group counseling in eliminating partner abuse. I am also aware that it is anticipated that approximately 75 to 100 men who have been court-ordered to undergo an anger management evaluation will participate in the study. I am aware that I have been selected as a potential participant in this research because of my referral for an anger management evaluation.

I understand that my participation would require about 45 to 90 minutes in both the individual and group evaluations. I realize that I will be asked to complete several questionnaires concerning my relationship with my partner, or ex-partner, and the family in which I grew up. I realize that my responses on the questionnaires will be coded in such a manner that my name will not be attached physically to the information I contribute. I am aware that information collected for this study will be kept strictly confidential and will not be reported to the Brazos County Community Supervision and Corrections Department. I understand that this project is intended to benefit researchers in better understanding people who may be abusive towards their partners. I realize that the potential benefits to me include a greater awareness of my relationships with significant others. Otherwise, I understand that there may be no personal benefits to me for participating in this research.

I am aware that if, during the course of this evaluation, I disclose of knowledge that a child or mentally disabled person is being abused, this information must be reported to the proper authorities. I understand that this information will be reported in order to ensure the safety of the individual being harmed.

I also realize that participation in this research project is strictly voluntary and that I may stop participating at any time. Choosing not to participate will not affect the outcome of my anger management evaluation or my potential involvement in the group treatment. I realize that there are few, if any, possible risks or discomforts for me if I should choose to participate in this research.

I understand that if at any time I have questions about any procedures in this project, I am free to contact the investigator by mail or phone at:

David Lawson, Ph.D. or Lori Robinson, M.Ed.
Department of Educational Psychology
Texas A&M University
College Station, TX 77843-4225
(979) 845-9250; lrr6799@unix.tamu.edu

This research study has been reviewed and approved by the Institutional Review Board-Human Subjects in Research, Texas A&M University. For research-related problems or questions regarding subjects' rights, the Institutional Review Board may be contacted through E. Murl Bailey, Chair, IRB Coordinator of Human Subject' s in Research, Office of Vice Resident for Research and Associate Provost for Graduate Studies at (979)-458-4067.

I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study. I understand that my signature documents my willingness to participate in this research. I understand that I am entitled to a copy of this consent form, and I have been provided with one if I so desire.

Signature of Participant _____

Date _____

Signature of Investigator _____

Date _____

APPENDIX B

DEMOGRAPHIC INFORMATION FORM

Participant Information:

Name: _____

Phone Number Home: _____ Work: _____

Cell phone, pager, or other: _____

Address: _____

Age: _____

Occupation: _____

Highest Grade Level Completed: _____

Ethnicity: (Check one) Asian-American African-American Hispanic Caucasian Other: _____

Do you have children? If yes, how many?

Relationship Information: Married Living with someone Dating someone
 Not currently in a relationship**Partner information:**

Name: _____

Phone Number Home: _____ Work: _____

Cell phone, pager, or other: _____

Address: _____

Age: _____

Does this person know that you are attending this group? Yes No **Check one of the following:**

- I am attending this group because of an incident involving the partner above.
- I am attending this group because of an incident involving an ex-partner not listed above.
- Other: (If checked please explain below)

APPENDIX C

RATING OF SEVERITY OF VIOLENCE

Please answer the following questions as completely as possible and to the best of your knowledge.

1. While growing up, did you ever witness physical or sexual abuse or violence between your parents (or between one parent and their partner)?

Please circle the behaviors you witnessed:

Pushing shoving grabbing
 Slapping kicking punching
 Biting hitting with objects
 Threatening with a gun
 Using a weapon such as knife or gun
 Sexually assaulted
 Other: _____

Please indicate the level of severity of the violence you witnessed, ranging from 1-5, with 1 being mild and 5 being most severe, use your best judgment to decide.

2. Were you ever physically, sexually, or emotionally abused, or neglected as a child? (Please circle those above that apply). Please circle the abuse you experienced.

Pushed shoved grabbed neglected: denied food, shelter or clothing
 Slapped kicked punched emotionally abused: insulted, threatened,
 Bitten hit with objects degraded, humiliated
 Threatened with a gun
 Had a weapon such as knife or gun used against you
 Sexually abused
 Other: _____

Please indicate the level of severity of the violence you experienced, ranging from 1-5, with 1 being mild and 5 being most severe, use your best judgment to decide.

APPENDIX D

CONFLICT TACTICS SCALE (Straus 1979)

No matter how well a couple gets along, there are times when they disagree on major decisions, get annoyed about something the other person does, or just have spats or fights because they're in a bad mood or tired for some other reasons. They also use different ways of trying to settle their differences. I'm going to read a list of some things that you and/or (spouse/partner) might have done when you had a dispute, and would first like you to tell me for each one how often you did it in the past year.

| Frequency of: | You | | | | | | | Partner | | | | | | |
|---|-----|---|---|----|----|-----|-------|---------|---|---|----|----|-----|-------|
| | 1 | 2 | 5 | 10 | 20 | +20 | Ever? | 1 | 2 | 5 | 10 | 20 | +20 | Ever? |
| a. Discussed the issue calmly. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| b. Got information to back up (your/his/her) side of things. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| c. Brought in or tried to bring in someone to help settle things. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| d. Argued heatedly but short of yelling. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| e. Insulted, yelled, or swore at other one. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| f. Sulked and/or refused to talk about it. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| g. Stomped out of the room or house (or yard). | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| h. Cried. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| i. Did or said something to spite the other one. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| j. Threatened to hit or throw something at the other one. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| k. Threw or smashed or hit or kicked something. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| l. Threw something at the other one. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| m. Pushed, grabbed, or shoved the other one. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| n. Slapped the other one. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| o. Kicked, bit, or hit with a fist. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| p. Hit or tried to hit with something. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| q. Beat-up the other one. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| r. Threatened with a knife or a gun. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| s. Used a knife or gun. | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |
| t. Other _____ | 1 | 2 | 3 | 4 | 5 | 6 | X | 1 | 2 | 3 | 4 | 5 | 6 | X |

APPENDIX E

FAMILY ADAPTABILITY AND COHESION EVALUATION SCALE

FACES III- David H. Olson, Joyce Portner, and Yoav Lavee

| | | | | |
|--------------|-----------------|-----------|------------|---------------|
| 1 | 2 | 3 | 4 | 5 |
| ALMOST NEVER | ONCE IN A WHILE | SOMETIMES | FREQUENTLY | ALMOST ALWAYS |

DESCRIBE YOUR FAMILY NOW:

- _____ 1. Family members ask each other for help.
- _____ 2. In solving problems, the children' s suggestions are followed.
- _____ 3. We approve of each other' s friends.
- _____ 4. Children have a say in their discipline.
- _____ 5. We like to do things with just our immediate family.
- _____ 6. Different persons act as leaders in our family.
- _____ 7. Family members feel closer to other family members than to people outside the family.
- _____ 8. Our family changes its way of handling tasks.
- _____ 9. Family members' like to spend free time with each other.
- _____ 10. Parent(s) and children discuss punishment together.
- _____ 11. Family members feel very close to each other.
- _____ 12. The children make the decisions in our family.
- _____ 13. When our family gets together for activities, everybody is present.
- _____ 14. Rules change in our family.
- _____ 15. We can easily think of things to do together as a family.
- _____ 16. We shift household responsibilities from person to person.
- _____ 17. Family members consult other family members on their decisions.
- _____ 18. It is hard to identify the leader(s) in our family.
- _____ 19. Family togetherness is very important.
- _____ 20. It is hard to tell who does which household chores.



APPENDIX F

Adult Attachment Scale (Collins & Read, 1990, Collins 1996)

Your Name _____ **Date** _____
 _____ **Counselor's Name** _____

Please read each statement and circle the word or phrase that is most characteristic of you:

- | | | | | | |
|---|------------|----------|----------|-----------|------|
| 1. I find it difficult to allow myself to depend on others. | not at all | Slightly | somewhat | generally | very |
| 2. People are never there when you need them. | not at all | Slightly | somewhat | generally | very |
| 3. I am comfortable depending on others. | not at all | Slightly | somewhat | generally | very |
| 4. I know that others will be there when I need them. | not at all | Slightly | somewhat | generally | very |
| 5. I find it difficult to trust others completely. | not at all | Slightly | somewhat | generally | very |
| 6. I am not sure that I can always depend on others to be there when I need them. | not at all | Slightly | somewhat | generally | very |
| 7. I do not often worry about being abandoned. | not at all | Slightly | somewhat | generally | very |
| 8. I often worry that my partner does not really love me. | not at all | Slightly | somewhat | generally | very |
| 9. I find others are reluctant to get as close as I would like. | not at all | Slightly | somewhat | generally | very |
| 10. I often worry my partner will not want to stay with me. | not at all | Slightly | somewhat | generally | very |
| 11. I want to merge completely with another person. | not at all | Slightly | somewhat | generally | very |
| 12. My desire to merge sometimes scares people away. | not at all | Slightly | somewhat | generally | very |
| 13. I find it relatively easy to get close to others. | not at all | Slightly | somewhat | generally | very |
| 14. I do not often worry about someone getting too close to me. | not at all | Slightly | somewhat | generally | very |

| | | | | | |
|---|------------|----------|----------|-----------|------|
| 15. I am somewhat uncomfortable being close to others. | not at all | Slightly | somewhat | generally | very |
| 16. I am nervous when anyone gets too close. | not at all | Slightly | somewhat | generally | very |
| 17. I am comfortable having others depend on me. | not at all | Slightly | somewhat | generally | very |
| 18. Often, love partners want me to be more intimate than I am comfortable being. | not at all | slightly | somewhat | generally | very |

VITA

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EDUCATION

Ph.D., Counseling Psychology, Texas A&M University, 2005.

M.Ed., Counseling and Guidance, Southwest Texas State University, 1995.

B.A., Psychology, University of Texas at Austin, 1992.

COUNSELING RELATED WORK EXPERIENCE

2004-Present: *Therapist Supervisor*, Settlement Home, Austin, TX.

2002-2003: *Psychology Intern*, Nova Southeastern University Community Mental Health Center, Fort Lauderdale, FL.

2001-2002: *Center Therapist*, Brazos County Rape Crisis Center, Bryan, TX.

2000-2002: *Therapist/Evaluator*, Brazos County Community Supervision and Corrections Department, Bryan, TX.

1998-1999: *Therapist*, Texas A&M University Counseling and Assessment Center, College Station, TX.

1996-1998: *Resident Therapist*, Pegasus Schools, Lockhart, TX.

DOCTORAL PRACTICA EXPERIENCE

Practicum in Group Treatment for Male Batterers, Brazos County Community Supervision and Corrections Department (Fall 1998-Spring 2001)

Practicum in Psychotherapy with College Students, Student Counseling Service, Texas A&M University (Fall 2001)

Practicum in Supervision and Consultation, Texas A&M University (Spring 2001)

Practicum in Psychological Assessment, Counseling and Assessment Clinic- Texas A&M University and Federal Corrections Institute (Fall 2000)

Practicum in Pediatrics, University of Texas M.D. Anderson Cancer Center (Spring and Summer 2000)

Practicum in Counseling with Older Adults, Texas A & M University (Fall 1999)

Practicum in Counseling, Counseling and Assessment Center- Texas A&M University (Fall 1998, Spring 1999, Summer, 1999)