Treatment Proposal

Intimate Partner Violence, Attachment and Readiness to Leave

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Abstract

Intimate partner violence (IPV) has been known to be a systemic issue affecting the safety of individuals in every community, irrespective of age, socioeconomic status, race, religion, ethnicity and nationality with its consequences and implications affecting entire generations. Women struggle to consider the decision to leave the abusive relationship influenced by challenges such as economic resources, depression, fear of revictimization, concerns about support and emotional attachment. Emotional attachment has been identified as an influencing factor in the decision to leave or stay in the abusive relationship. Depression has been associated as direct consequence of IPV. This study examines the influence of high levels of attachment on the victim’s readiness to leave the abusive relationship after controlling for symptoms of depression. The hypothesis for this research states that there is a significant effect between high levels of attachment in female victims of ongoing IPV and their readiness to leave the abusive relationship after controlling for symptoms of depression. An average of 60 to 90 participants will be recruited from six domestic violence organizations in the Dallas/Fort Worth area. The research design for this study is quantitative descriptive, quasi-experimental with nonequivalent groups to find the causal relationship between variables. The researcher is using the Experiences in Close Relationship Scale-Short Form, the Decision to Leave Scale, and the Beck Depression Inventory to measure the constructs. Significant clinical findings will contribute to the development empirically-based treatment that will aid organizations in their goal to promote safety for victims of IPV.

*Keywords*: intimate partner violence, attachment, domestic violence, depression, readiness to leave

Intimate Partner Violence, Attachment and Readiness to Leave

Domestic violence has been known to be a systemic issue with consequences and implications affecting entire generations through lifetime (Binkley, 2013). The National Coalition Against Domestic Violence (NCADV) has denoted that the issue of domestic violence is an epidemic that has been affecting individuals in every community, irrespective of age, socioeconomic status, religion, race, ethnicity, or nationality (Binkley, 2013). Intimate Partner Violence (IPV) has been defined as emotional, physical or sexual abuse perpetrated against a former or current spouse, sexual partner, or by parties having a child in common (Rhodes, Cerulli, Dichter, Kothari, & Barg, 2010).

**Literature Review**

In 2007 the NCADV reported that 85% of the victims of domestic violence were women (Binkley, 2013). Previous investigations have studied the dynamics of IPV in an attempt to decrease the incidence of this problem with no significant success (Kuijpers, van der Knaap, & Winkel, 2012). The primary concern for addressing this issue is the safety of those victims, because women who choose to leave the relationship are at greater risk of revictimization once they leave the relationship and return (Kuijpers et al., 2012).

Women struggle to consider the decision to stay or leave the abusive relationship because of the influence of positive and/or negative reinforcements resulting from events they face after they leave the relationship (Bell, Goodman, & Dutton, 2007). Victims of IPV face various challenges as they consider the decision to remain in the abusive relationship or leave to preserve their lives and the lives of their children (Bell, et al., 2007). Some of these challenges are economic resources, fear of being re-victimized by the abuser, concerns about support and community resources, and emotional attachment (Bell et al., 2007). Emotional attachment has been identified as an influencing factor in the decision to stay or leave the abusive relationship (Gezen & Oral, 2013).

**IPV and Depression**

Research indicate that 64% of female victim of IPV report high rates of major depression and higher suicidal ideation as a result of physical violence against them (Karakoc, Gulsere, Tenekeci, & Mete 2014). Studies have consistently supported that physical violence and psychological abuse are associated with depression (Hazen, Connelly, Soriano, & Landsverk, 2008). One of the challenges of mental health providers is maintaining the safety of those victims and their children when they choose to continue to cohabitate with the perpetrator of the violence against them while treating their mental health conditions (Riggs & Kaminski, 2010).

**IPV and Attachment**

Research indicate that women’s attachment style influences their ability to manage violence at home or leave the relationship (Gezen & Oral, 2013). Attachment style has been identified as an influencing factor for women to return to the abuser after having left the abusive relationship (Griffing, Ragin, Sage, Madry, Bingham, & Primm, 2002).

**IPV and Readiness to Leave the Relationship**

Attachment is a significant influential factor in the victim’s decision to return or remain in an abusive relationship (Griffing et al., 2002). Victims have difficulty realizing they are at greater risk of returning to the abusive relationship if in the past they have done so influenced by emotional attachment (Griffing et al., 2002). Some women choose to remain in an abusive relationship even though they desire for the abuse to end (Shurman & Rodriguez, 2006).

Although, they may have a clear knowledge and understanding of what they want in a loving relationship as well as what love is and is not; they find themselves unable to detach from the abusive relationship or their romantic partner (Smith, Nunley, & Martin, 2013).

**Literature Suggested Future Research**

The literature suggests recommendations for future research to address the influence and association of attachment style on the decision or readiness from a victim to stay or leave an abusive relationship (Griffing et al., 200). It would benefit the victim’s safety to provide empirical factors that eliminate their susceptibility to abuse and their decision to stay in an abusive environment (Dare, Guadagno, & Muscanell, 2013).

**Proposed Method**

Considering that victims of IPV find themselves unable to detach from their abusive relationship (Smith et al., 2013) and that 64% of the victims report higher rates of major depression and suicidal ideation (Karakoc et al., 2014); the proposed treatment method has the intention to identify the influence of attachment treatment in the victims’ readiness to leave the abusive relationship, by controlling the levels of depression and encouraging victims to choose safety.

The primary purpose for this research is to investigate if treating attachment issues in female victims of IPV will lead to increasing the readiness to leave an abusive relationship after controlling for symptoms of depression. The research question for this study is: Does treating attachment issues decrease symptoms of depression and increase readiness to leave an abusive relationship? The hypothesis for this research states that there is significant effect between high levels attachment of female victims of ongoing IPV and their readiness to leave the abusive relationship after controlling for their levels of depression.

The null hypothesis predicts there is no significant effect of high levels of attachment of female victims of ongoing IPV on their readiness to leave the abusive relationship after controlling for their levels of depression. The alternative hypothesis predicts that after controlling for depression, there is a significant effect of the high levels of attachment of female victims of ongoing IPV on their readiness to leave the abusive relationship.

The proposed study has the potential to provide information about the influence and possible benefits of addressing and implementing attachment-based relationship issues in their traditional psychotherapeutic treatment for domestic violence. An additional potential benefit is the possible positive influence of addressing attachment issues may control for symptoms of depression and in turn influencing the victims’ decision’s and readiness to leave the abusive relationship preventing future violence.

**Participants**

Participants for this study will be recruited from six organizations in the Dallas/Fort Worth area that only serve victims of domestic violence. These organizations are: Irving Family Advocacy Center, SafeHaven of Tarrant County, The Family Place, Genesis Women’s Shelter and Support, Hope’s Door, and New Beginning Center. Participants are females identified as victims of IPV who are currently in an abusive relationship, experiencing levels of depression between the mild and moderate clinical range and are not in the process of leaving the relationship.

Participants are currently receiving counseling services from the organizations previously recruited. The age of the participants are between 21 and 55 from the following ethnic groups: Caucasian, African American, and Hispanic. It is estimated that each organization may recruit an average of 10 to 15 participants, making the total average size of the sample between 60 to 90.

Each organization currently provides services free of charge that include individual and group counseling, children’s counseling, case management, advocacy services and shelter. Participants will be selected from those who are currently participating in group and individual counseling. Participants who volunteer to participate in the study will be offered a $25 gift card from the local grocery store and the opportunity to have legal services fees reduced by 50%.

Participants will be recruited by verbal invitation from their counselor with the indication that any potential participation will be anonymous and voluntary. Those who volunteer to participate in this study will receive an invitation packet that includes a written invitation, a detailed description of the study explaining its risks, benefits, and contributions; and an informed consent.

**Design**

The research design selected for this study is quantitative descriptive because it can describe the possible relationship between the chosen variables (Heppner, Wampold, Owen, Thompson, & Wang, 2015, p.286). A variable-centered research helps examine the relationship between the variables of attachment and readiness to stay in an abusive relationship (Heppner et al., 2015, p.287). The chosen design is a quasi-experimental study with nonequivalent group design to find if attachment influences the causal relationship of readiness to leave an abusive relationship after controlling for the effects of depressive symptoms (Warner, 2013, pp. 688-689).

**Procedure**

The researcher will obtain authorization from the director of clinical services of each organization to conduct the research. Each participating organization will assign one of their counselors as a site coordinator who will have the responsibility to ensure the procedure is conducted according to the study’s requirements and ethical standards. The researcher will deliver to each site coordinator a *study package* containing 30 of each surveys, questionnaires, and inventories to be completed. A sealed collection box will also be provided in the *study package* so that participants can deposit their surveys, questionnaires, and inventories in a sealed envelope once they have been completed.

Participants will be assigned randomly to two different groups; Group A and Group B. Both groups will be administered a pre-test of a Beck Depression Inventory (BDI), The Experiences in Close Relationship Scale-Short Form (ECR-RS), and The Decision To Leave Scale (DLS). Group A, a will receive 12 weeks of traditional non-directive support group psychotherapy where no treatment is implemented.

Group B, will receive a 12 weeks structured group psychotherapeutic treatment intervention, where treatment will implement attachment-based/relational curriculum in addition to the traditional psychoeducational information for domestic violence dynamics, risk and effects. At the end of the 12 weeks, each participant will receive a post-test of the BDI, ECR-RS, and DLS. Once all the surveys have been completed and placed in the sealed box; the site coordinator will notify the researcher to collect the box personally.

**Measures**

The measures used for this study will include The Experiences in Close Relationships Scale-Short Form (ECR-RS), The Decision to Leave Scale (DLS), and The Beck Depression Inventory (BDI). The predictive variable of attachment style will be measured using ECR-RS, (Wei, Russell, Mallinckrodt, & Vogel, 2007). The ECR-Short Form is a 12 item scale that measures attachment style in relationships (Wei et al., 2007). The ECR-RS has a mean of internal reliability of .85 (Wei et al., 2007).

The outcome variable of readiness to leave an abusive relationship will be measured using Decision to Leave Scale (DLS); (Hendy, Eggen, Gustitus, McLeod, & Ng, 2003). The DLS, is an instrument developed to help women in abusive relationships identify reasons, obstacles, or challenges perceived by them as determinant factors to leave or stay in that relationship (Hendy et al., 2003). The DLS has a Mean of internal reliability of .73 and mean test-retest reliability of .70 (Hendy et al., 2003).

The covariate variable of depression will be measured using the Beck Depression Inventory (BDI) which measures symptoms of depression (Wang & Gorenstein, 2013). The BDI-II is a self-administered instrument with 21 items assessing the intensity of depressive symptoms in individuals. According to Wang and Gorenstein (2013), the BDI-II has been shown to have internal consistency and retest reliability in the range of 0.73 to 0.96. The retest coefficients is reported to be 0.92 and 0.93 respectively (Wang and Gorenstein 2013).

**Statistical Procedure**

Once data has been collected, the researcher will use the statistical method of one-way analysis of covariance (ANCOVA) to control for the covariate of depression (Heppner et al., 2015, p. 248). The covariate of depression is considered in direct interest in this study because of its prevalence indicating that 64% of victims of IPV suffer from depression (Karakoc et al., 2014) which can also have the potential to be a confounding or interacting variable (Heppner, et al., 2015, p. 248).

**Validity**

**Internal Validity**

Considering that the study is examining the attachment of the female victim of IPV to the abuser; threats to internal validity have been considered to find if the independent variable is the cause of the dependent variable (Heppner et al., 2015, p. 146). The ambiguous temporal precedence is not foreseeable in this study because of no risk of limitations with recollection is considered (Heppner et al. 2015, p. 149). The study is utilizing random assignment to minimize the selection threat (Heppner et al., 2015, p.149). The threat of history effect and maturation are being considered due to the risk of participants in the treatment group having a positive response to the treatment and choosing to leave the relationship prior to the completion of the study or changes in the levels of depression (Heppner et al., 2015, p.146).

Regression is a treat to internal validity due to the participants chosen are experiencing symptoms of depression, this can be minimized using the control group and adjusting for regression toward the mean if necessary (Heppner et al., 2015, p. 146). The threat of attrition will be minimized by administering a pretest to examine and address any possible risks of attrition issues (Heppner et al., 2015, p. 146). Testing threats to internal validity is not considered due to the tests being administered only one time prior to the completion of the pre-test and post-test serving as the measure to compare groups and find out the effect and impact of treatment (Heppner et al., 2015, p. 146).

Instrumentation is not considered in this study due to the instruments are not electronically administered and the consistency of the measures have already been established (Heppner et al., 2015, p.149). The additive/interactive effects will be explored by interviewing the participants prior to the beginning of the study and reduce or prevent for any potential interactions (Heppner et al., 2015, p.149).

**External Validity**

The external validity issues are associated to the degree of the causal relationship across units, treatments, outcomes and settings is generalizable (Heppner et al. 2015, p. 141). This issue has been addressed by attempting to minimize the risks in each case with the following considerations. The heterogeneity of units type of validity will consider participants of female gender, and diverse race and ethnicity due to being Caucasian, African American and Hispanics (Heppner et al. 2015, p. 143). However, educational background is not being considered (Heppner et al. 2015, p.161). The treatment conditions will be structured by training the counselors assigned to the treatment group with the specificities of the curriculum to ensure there is no risk of threats to external validity (Heppner et al., 2015, p. 161).

The counselors assigned to the control group will not receive training due to the group will not receive treatment and the dynamics of the group will only be supportive. The outcomes will be measured by three specific instruments, the BDI, ECR-RS, and DLS. The setting for the study will only be agencies that serve victims of domestic violence exclusively (Heppner et al., 2015, p. 161).

**Statistical Validity**

Threats to statistical validity have been taken into consideration in an attempt to increase the confidence of the result and conclusion of the study that there is a true relationship between the variables (Heppner et al., 2015, p.143). The threats to statistical validity will be addressed as follows: low power statistical validity and inaccurate effect size will be minimized by choosing a sample size of an average of 60 to 90 participants (Heppner et al., 2015, p.143). The researcher will examine and ensure that assumptions of each statistical test is met (Heppner et al., 2015, p.143). The fishing and error-rate threat is not anticipated due to the researcher’s proposed hypothesis is specific and clearly stated (Heppner et al., 2015, p.143). The measures selected to conduct this study have been considered due to their adequate reliability and to minimize the threat of range restriction (Heppner et al., 2015, p.143).

In order to prevent or avoid unreliability of treatment implementation, all participants will receive the same counseling services by counselors duly trained in the attachment treatment to be implemented (Heppner et al, 2008, p. 141). The extraneous variance in setting is not anticipated because all participants will receive and complete their treatment in the same setting (Heppner et al, 2008, p. 141). The sample of the study is homogenous due to all participants being female victims of IPV experiencing depressive symptoms, this will minimize the threat of heterogeneity units (Heppner et al, 2008, p. 141).

**Results**

The researcher anticipates to reject the null hypothesis that states that there is no significant effect of the high levels of attachment of female victims of ongoing IPV on their readiness to leave the abusive relationship controlling for their levels of depression in favor of the alternative hypothesis stating that after controlling for depression, there is a significant effect of the high levels of attachment of female victims of ongoing IPV on their readiness to leave the abusive relationship.

If the findings reject the null hypothesis, then the researcher may have made a type II error decision (Heppner et al., 2015, pp. 141-142). The researcher is predicting that the outcome finds significant support of a strong relationship between high levels of attachment being a strong predictor of no readiness to leave an IPV relationship after controlling for depression.

**Discussion**

The strength of this study is the sample size and its homogeneity by all participants being currently in an ongoing IPV relationship. A limitation of this study is that is conducted only in the urban area of Dallas/Fort Worth. It would be necessary to replicate the same study in a rural area and investigate if the findings of the study are influenced by geographical area, socio-economic status, ethnicity or education.

No ethical concerns present a risk to the study at the moment. Anticipating that the outcome of the study is clinically significant, results will provide agencies and practitioners with information that will help them develop relevant and empirically based treatment curriculums to address issues of attachment associated with the victims’ readiness to leave their abusive relationship and their choice for safety.

**Suggestion for Future Research**

Future research should investigate if attachment issues associated to parents influence the victim’s level of attachment to their romantic partner and its influence on their readiness to leave an IPV relationship. After victims participate in a psychotherapeutic treatment focused on strengthening their sense of self and attachment issues; a study should be conducted to determine the influence of this specific treatment format and observe in a longitudinal study the impact of such treatment in future romantic relationship selection and therefore its influence and impact in remaining in a relationship free from IPV.

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**Appendix A**

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| Table 1 |  |  |
| *Addressing the Validity of the Proposed Measure* | |  |
| Type of Validity | Definition | Application to Proposed Measure |
| Construct Validity | How well the independent and dependent variables represent the constructs they were intended to measure. | This study represents them well because the sample is drawn from a population of female victims of IPV who have been identified as such and receiving services from a domestic violence agency. |
| Content Validity | The extent to which a measuring instrument covers a representative sample of the domain of behaviors to be measured | The combination of both instruments represent the facets of the sample and the behaviors being measured. |
| Criterion Validity | The extent to which a measuring instrument accurately predicts behavior or ability in a given area | Both chosen instruments have high validity to measure the behavior |
| Concurrent Validity | Measures the ability of the test to estimate present performance | Both chosen instruments have high validity and reliability at measuring present performance in this study. |
| Predictive Validity | Measures the ability of the test to predict future performance | The measure DLS will measure if participants in the group who remains in an abusive relationship is likely to leave the relationship or not. |
| Face Validity | The extent to which a measuring instruments appears valid on its surface | Both instruments appear valid with empirical evidence supporting their validity and reliability |
| Convergent Validity | When a measures of construct in fact is able measure that construct | The ECR-short form is proposed due to convergent validity at measuring attachment levels in relationships |
| Discriminant Validity | When the correlation of of measures of different constructs Should be smaller than correlations of measures of the same construct. | This form of validity is not anticipated in this study. |

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| Table 2 |  |  |
| *Addressing Threats to Internal Validity* | |  |
| Type of Threat | Definition | How it will be Addressed |
| History | An event that transpires during the time when the treatment is administered and may affect observations | Two groups are formed for this study with equal counseling opportunities and services. However, the likelihood of an event out of the researcher’s control may happen is always possible. |
| Maturation | Normal developmental changes in participants between pretest and posttest that might affect the results. | The proposed study is not utilizing pretest/posttest. |
| Testing | Changes in scores due to taking the test more than once | It is not foreseeable that the the participants may take the test more than once due to the nature of the study does not include a pre-test/post test. |
| Regression | Changes in scores due to the participants who score low on the pretest will score higher on the posttest | This study is not utilizing pretest/posttest. |
| Selection Bias | Differences between groups that exist before implementation of the treatment. | This study has formed two groups within the same sample population to determine correlation between variables. |
| Contamination | occurs when information about the experiment is communicated between groups of participants, which may lead to resentment, rivalry, or diffusion of treatment | Contamination is a threat if both groups communicate to each other about their experience responding to measures due to the possible influence of leaving or remaining in the abusive relationship. This threat will be prevented by individually administering the tests to participants and providing instructions about not sharing information with other participants during the course of the study. |
| Attrition | The effect of participants dropping out of a study |  |
| Instrumentation | Changes in the measuring device or procedure over the course of the study | There is no utilization of pretest/post test. The researcher will be the one coding and managing data to avoid instrumentation threat of validity. |
| Combination of Selection and Other Threats | Threats of validity across the selection of groups for one group but not the other group | This threat is not foreseeable in this research |
| Diffusion or Imitation of Treatment |  |  |
| Special Treatment or Reaction |  |  |

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| Table 3 |  |  | |
| *Addressing the Threats to Statistical Conclusion Validity* | | |  | |
| Type of Threat | Definition | Application to Proposed Measure | |
| Low Statistical Power | The conclusion that no relationship exists when in fact a true relationship exists | The researcher is hypothesizing that there is a true relationship between the variables | |
| Violated Assumptions of Statistical Tests | When assumptions are violated, the researcher may be misled about the probabilities of making Type I and Type II errors | The researcher will rely on the results from the measures to interpret the data. Assumptions are not intended to be violated. | |
| “Fishing” and Error-Rate Problems | Conducting many statistical tests on a data set without stating specific hypotheses | This threat has been prevented by establishing a specific hypothesis for this research | |
| Unreliability of Measures | Introduce error variance and obscure the true state of affairs, such measures cannot be expected to be related to other measures | This threat has been prevented by choosing instruments with high validity and reliability. | |
| Restriction of Range | Occurs when an instrument designed to measure one variable Is not sensitive to the construct being measured at upper limit or at lower limit. When an instrument designed to measure pathology is used on a non clinic population. | The measures chosen have been selected for being sensitive to measure the construct at the upper limit an lower limit. | |
| Unreliability of Treatment Implementation | Variations in delivery of treatments may lead to variability in responding, increasing the error of variance | All participants will receive the same treatment and counseling services. | |
| Extraneous Variance in the Experimental Setting | Any aspect of the experimental setting that leads to variability in responding will increase the error variance | This study is expecting to not have this threat, however, there is a risk of occurring if environmental, history or maturation occurs which may affect the extraneous variance. | |
| Heterogeneity of Units | Differences in experimental units can lead to variability in responding | The sample of the study is homogeneous by all being female victims of IPV | |
| Inaccurate Effect Size Estimation | When effects detected in the study is inaccurately estimated | This is a possible threat that has been attempted to minimize by recruiting a large sample | |

Appendix B

**Experiences in Close Relationship Scale-Short Form (ECR-S)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Strongly Disagree | Disagree | Slightly Disagree | Neutral | Slightly Agree | Agree | Strongly Agree |

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

1. It helps to turn to my romantic partner in times of need.

2. I need a lot of reassurance that I am loved by my partner.

3. I want to get close to my partner, but I keep pulling back.

4. I find that my partner(s) don't want to get as close as I would like.

5. I turn to my partner for many things, including comfort and reassurance.

6. My desire to be very close sometimes scares people away.

7. I try to avoid getting too close to my partner.

8. I do not often worry about being abandoned.

9. I usually discuss my problems and concerns with my partner.

10. I get frustrated if romantic partners are not available when I need them.

11. I am nervous when partners get too close to me.

12. I worry that romantic partners won't care about me as much as I care about them.

Scoring Information: Anxiety = 2, 4, 6, 8 (reverse), 10, 12 Avoidance = 1 (reverse), 3, 5 (reverse), 7, 9 (reverse), 11

Wei, M., Russell, D. W., Mallinckrodt, B., & Vogel, D. L. (2007). The experiences in Close Relationship Scale (ECR)-Short Form: Reliability, validity, and factor structure. *Journal of Personality Assessment, 88,* 187-204.

